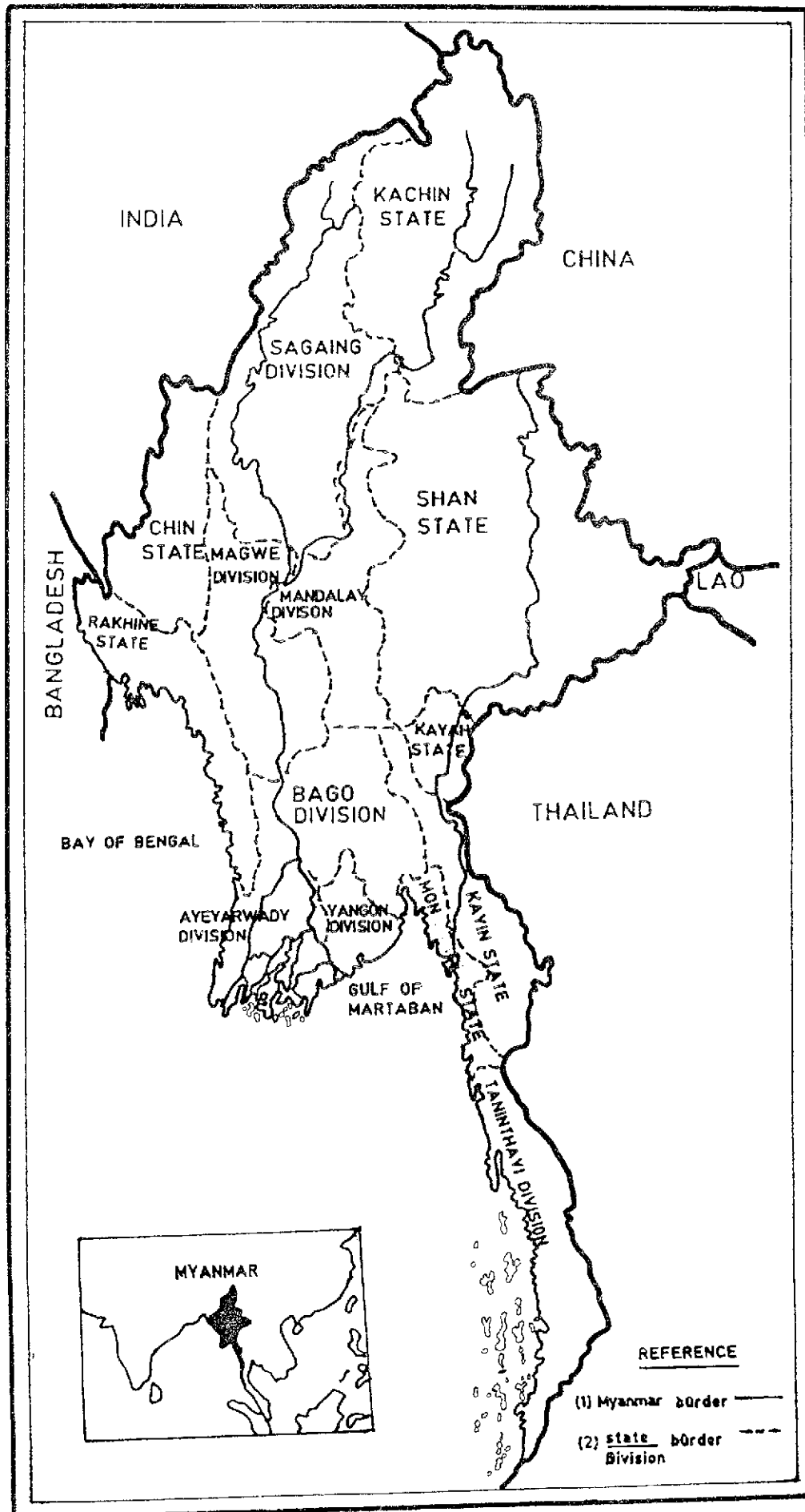International Conference on Population and Development
5 - 13 September 1994
Cairo, Egypt

MYANMAR

NATIONAL REPORT ON POPULATION

National Population Committee
Ministry of Home Affairs
Government of the Union of Myanmar

UNION OF MYANMAR

INDIA

KACHIN STATE

CHINA

SAGAING DIVISION

BANGLADESH

CHIN STATE

MAGWE DIVISION

SHAN STATE

MANDALAY DIVISON

RAKHINE STATE

LAO

KAYAH STATE

BAGO DIVISION

THAILAND

BAY OF BENGAL

AYEYARWADY DIVISION

YANGON DIVISION

MON STATE

KAYIN STATE

GULF OF MARTABAN

TANINTHAYI DIVISION

MYANMAR

REFERENCE

(1) Myanmar border ———

(2) state border – – –
Division

PREFACE

This report is prepared for the 1994 International Conference on Population and Development (ICPD). The National Population Committee, headed by the Director General of Immigration and Manpower Department (IMD) with members from the Institute of Economics, Ministry of Education, the Department of Health, and the Department of Planning and Statistics, Ministry of Health and the Assistant Director from IMD acting as secretary, is formed for the preparation of this report.

A national level seminar on the Draft Report was conducted to present the draft report and to establish public awareness of population issues with support from UNFPA. Director Generals and high level officials from departments which are concerned with population related activities and planning attended the opening ceremony. The Minister for Home Affairs inaugurated the seminar which was participated by high level officials from departments mentioned above. The seminar was reported in various news media. The draft report was revised as per suggestions received at the seminar.

The demographic statistics, population policy issues and programme profiles in the report generally cover the period 1970-2020 as recommended in the suggested outlines from the secretariat of the ICPD. The format and content of this report follow those outlines as closely as possible.

Chairman

National Population Committee

MYANMAR

NATIONAL REPORT ON POPULATION

CONTENTS

Introduction

1.   The Union of Myanmar, located in South East Asia, lies between 9° 32' N and 28° 31' N latitudes and 92° 10' E and 101° 11' E longitudes with an area of 261227.8 square miles (approximately 676577.8 square kilometers). It shares common borders with Bangladesh and India in the west, China in the north and north-east, Laos and Thailand in the east. The Bay of Bengal lies in the west and the Andaman sea in the south of the country. The land border extends about 3800 miles and the coastal line stretches 1385 miles.

2.   For administrative purposes, the country is divided into 7 states and 7 divisions. In 1983, there were only 314 townships. The number of townships has gone up to 320 in 1993. These townships were regrouped into 55 districts in 1993. Each township is again divided into wards (urban) and village tracts (rural). There are a total of 2190 wards and 13756 village tracts as per 1983 Population Census over the whole Union.

3.   The people of Myanmar is made up of 135 ethnic groups belonging to 8 major nationalities viz. Kachin, Kayah, Kayin, Chin, Bamar, Mon, Rakhine and Shan. According to 1983 Population Census, Bamars form a majority of the total population and reside all over the country; a relatively large number of Bamars live in the central, and delta regions, and in the lower part of the country. Kachins live in the upper north, the Shans in the north-east and the east, Chins in the western mountainous region, Kayahs in the hilly region, and the Kayins in the south eastern region and in the delta areas. The Mons are found in the southern part of the country, and the Rakhines in the western coastal region.

4.   In 1983, 90 percent of the population are Buddhists, 5 percent Christians, 4 percent Islams and less than 1 percent other religions.

5.   Myanmar is still an agricultural country in spite of its effort to increase the rate of industrialization. Since independence, the country has followed different economic systems : a capitalist type economic system from 1948 to 1962, a centrally planned economic system from 1962 to 1988, and a market-oriented economic system from 1988 onwards. The government has taken relevant measures to induce the operation of market forces, to develop the private sector and to attract foreign direct investment.

I. Demographic Context

6.   Myanmar is rich in natural resources . It has sufficient manpower to exploit its resources. But it needs appropriate technology for enhancing the productivity of labour. At

the current rate of growth of the economy (Financial Year 1990-91 GDR growth rate 2.8%), the momentum of the growth of population is likely to aggravate the availability of capital needed to increase the level of investment. People are well aware of the growth potential of the economy. Despite its human and natural resources, the rate of development is slow compared to neighbouring countries. They have come to feel that the current rate of population growth, although not high, needs to be regulated: first, for slowing down the population momentum, second, for raising the skill level of labour, and third, for improving the quality of life.

A. Past Trends

7.   The main source of demographic data in Myanmar is the periodic national census. It has a long tradition of taking censuses starting from 1872. The information on the area covered, population size, density of population per square mile are given in Table 1.

Table 1. Population, Area Covered and Density by Census Year

Census Year	Area covered (square miles)	Population	Density (sq. mile)	(sq. km)	Remarks
1872	88,566	2,747,148	31	12	Lower Myanmar
1881	87,220	3,736,771	43	19	Lower Myanmar
1891	171,430	7,722,053	45	17	
1901	226,209	10,490,624	46	18	
1911	230,839	12,115,217	52	20	
1921	233,707	13,212,192	57	22	
1931	233,492	14,667,146	63	24	
1941	261,757	16,823,798	64	25	
1953	n.a	2,940,704	....	....	252 towns only
1954	n.a	2,679,719	....	....	Selected V.Ts only
1973	261,228	28,921,226	111	43	
1983	261,228	35,307,913	135	52	

Source: Immigration and Manpower Department; BURMA, 1983 Population Census; 1986.
Note: n.a = not available.

8.   The post World War II census was planned to be carried out in 3 stages. The first stage covered 252 towns in 1953 and the second stage covered 3159 village tracts in 1954. The third stage designed to cover the rest of the country could not be carried out due to the then unsettled conditions of the country. The first nation-wide census after independence was taken in 1973 and the second in 1983. The third, the 1990 round of censuses, due in 1993

was postponed as the country was preoccupied with the National Convention held for reaching a concensus needed for drafting the New Constitution of Myanmar.

9.   In taking the postwar censuses internationally accepted concepts and definitions are used. Since the coverage of the vital registration system is limited, censuses have become the major source of population statistics. They also provide retrospective information on fertility history required for estimating the levels of fertility through indirect techniques.

B. Current Trend

10.   The size of population was 28.9 million in 1973 and had grown to 35.3 million in 1983. It was estimated at 40.7 million in 1990. The population is unevenly distributed among the regions. In 1983, Ayeyarwady Division, the most populous region in the country had 14.1 percent of the total population. It was followed by Mandalay Division, 13.0 percent; Yangon Division, 11.2 percent; Sagaing Division, 10.9 percent; and Bago Division, 10.8 percent. Kayah State had the least population with only 168 thousands ie. 0.5 percent of the total population. The regional distribution of the population is given in Table 2.

Table 2. Population Distribution, Density and Sex Ratio
by State and Division, 1973 and 1983

State/ Division	1973 Total Population ('000)	Density sq. ml.	Density sq.km.	Sex Ratio	1983 Total Population ('000)	Density sq. ml.	Density sq.km.	Sex Ratio
Union	28,921	111	43	98.9	35,308	135	52	98.6
Urban	6,818	....	....	100.4	8,466	....	....	99.1
Rural	22,103	....	....	98.4	26,842	....	....	98.4
States								
Kachin	738	21	8	99.0	905	26	10	98.0
Kayah	127	28	11	104.4	168	37	14	102.7
Kayin	858	73	28	98.3	1,055	90	35	97.8
Chin	323	23	9	94.3	369	27	10	94.7
Mon	1,314	277	107	100.3	1,680	354	137	100.3
Rakhine	1,712	121	47	99.8	2,046	144	56	97.9
Shan	3,180	53	20	103.0	3,717	62	24	98.6
Divisions								
Sagaing	3,119	85	33	95.3	3,862	106	41	95.1
Tanintharyi	719	43	17	101.3	917	55	21	100.0
Bago	3,180	209	81	98.2	3,800	250	96	99.0
Magway	2,635	152	59	95.6	3,243	187	72	96.3
Mandalay	3,668	257	99	97.2	4,578	320	124	97.4
Yangon	3,189	812	314	103.0	3,966	1,010	390	100.5
Ayeyarwady	4,157	306	118	99.1	4,994	368	142	98.9

Source   (1) Immigration and Manpower Department; 1973 Population Census (Union Volume);1978.
        (2) Immigration and Manpower Department; Burma, 1983 Population Census; 1986.

Population Growth

11. The average annual intercensal growth rate of population before the Second World War (1901-1941) was about 1.14 percent. It was 2.3 percent between 1941 and 1973 and 2.02 percent between 1973 and 1983. The growth rate during the period 1983-1990 was estimated at about 1.9 percent. The current rate is moderately high by international standards. This rate is much higher than Thailand's growth rate of 1.4 percent, but it is less than Bangaladesh's growth rate of 2.2 percent and India's 2.0 percent for 1981-91 period. The size of population had increased from 16.8 million in 1941 to 35.3 million in 1983. During the 42 year period, 1941-83, the population has more than doubled. Between 1983 and 1990 the growth in population is about 15.3 percent.

12. The urban population increased from 6.4 million in 1973 to 8.6 million in 1983. The proportion urban was 23.6 percent in 1973 and 24.1 percent in 1983. The annual rate of increase of urban population during the decade was 2.47 percent as against the total population growth rate of 2.02. With estimated proportion of urban population being 25.0 percent for the year 1990, the level of urbanization is considered to be minimal. The low rate of urban population growth may be attributed to :

(1) Decentralization programmes of industries;

(2) Extension of higher education and health facilities to major urban centres;

(3) Extension of education and health facilities to rural areas;

(4) Government emphasis on agricultural development and regional development projects in border areas; and

(5) Improvement of communication systems throughout the country.

The growth of urban population, even though minimal, will have some pressure on the existing urban infrastructure. Moreover, the transition of the country from the centrally planned economic system to market-oriented economic system will definitely accelerate the rate of urbanization.

Gender Composition

13. The gender composition is measured by means of the sex ratio. It is defined as the number of males per hundred females. In both 1973 and 1983 censuses, the gender composition of the population shows an excess of females over males. The sex ratio for 1973 was 98.9 males per hundred females and 98.6 in 1983. The excess of females can be traced back to the gender composition of the indigenous population of the pre-war censuses. However, a relatively larger number of males over females is usually expected to be found in urban areas. The urban population had a sex ratio of 100.4 in 1973 and 99.1 in 1983. In 1991 Population Changes and Fertility Survey(PCFS), among the movers, the extent of movement

from rural areas to urban areas was found to be about 30 percent. The influx may have been caused by the movement of young adults into urban areas in search of work.

Age Composition

14. The age structure of the country reflects a young population. However, the proportion of population below 15 years of age has been declining continuously for the last two decades, from 41.5 percent in 1973 to 38.6 percent in 1983 and 35.0 percent in 1990 as shown in Table 3.

Table 3. Selected summary measures, 1973, 1983, 1991

Summary Measures	1973 Census	1983 Census	1991 PCFS
Household Size	4.97	5.19	5.22
Broad Age Group (percent)			
Less than 15	41.5	38.6	35.0
15 - 59	52.5	55.0	57.8
60+	6.0	6.4	7.2
Median Age (years)			
Male	18.9	19.9	21.6
Female	19.3	20.6	23.1
Dependency Ratio	0.90	0.82	0.73
Child Women Ratio (percent)	65.0	54.0	43.0
Sex Ratio	98.9	98.6	95.0
Singulate Mean age at marriage			
Male	23.8	24.5	26.3
Female	21.2	22.4	24.5
Marital Status			
Male			
Never married	42.6	45.0	46.8
Married	52.2	50.6	48.9
Widowed	4.1	3.4	3.3
Divorced	1.1	1.0	1.0
Female			
Never married	37.4	40.0	42.7
Married	50.8	49.1	45.8
Widowed	10.0	9.2	9.5
Divorced	1.8	1.7	2.0

15. The total dependency ratio (number of young and old dependents for every person in the working age group of 15-59) was 0.90 in 1973. It had fallen from 0.90 in 1973 to 0.82 in 1983 and then to 0.73 in 1990. The decline was 18.9 percent during 1973-1990; the young

dependency ratio has fallen by 26.6 percent while the old dependency ratio has increased by 20.2 percent during the said period.

16. The proportion of population aged 5-14, the school age population, has decreased from 26.4 percent in 1973 to 25.4 in 1983 and 21.7 in 1990. The decline was 3.8 percent during 1973-83, and it was 14.6 percent during 1983-90. However, the actual number had increased from 7.6 million in 1973 to 8.9 million in 1983 and then to 9.3 million in 1990. The continued increase in the school-age population during the previous decades, the substantial increase, called for increased requirements of national resources for educational development.

17. The proportion of working age (15-59) population has increased continuously from 52.5 percent in 1973 to 55.0 percent in 1983 and then to 57.8 percent in 1990. The proportion of persons in labour force when compared to total population (ie. crude labour force participation rate) had also risen from 33.7 percent in 1973 to 35.8 percent in 1983 and to 40.5 percent in 1990 (1990 LFS). Differences in the definition of LF calls for clarification prior to any comments about these rates. The 1983 census excluded all unemployed seasonal workers from the labour force whereas the 1990 LFS, conducted at the peak season of agricultural activities, had the least seasonal fluctuation. An alternative measure ie. the proportion of persons in labour force to population 10 years and over, also called the refined labour force participation rate (LFPR), is found to be 53.2 percent in 1990. The LFPR for males seemed to be about twice as much as that of females in 1990.

18. Of the total labour force, in 1973, the share of the workforce was 63.8 percent engaged in agriculture, 13.0 percent in industry and 23.2 percent in services whereas , in 1983, it was 64.6 percent in agriculture, 11.3 percent in industry and 24.1 percent in services. In 1990 LFS, it was 64.5 percent in agriculture, 12.1 percent in industry and 23.4 percent in services.

19. The proportion of women in their reproductive ages (15-49) to women of all ages was 46.3 percent in 1973 and 48.7 percent in 1983. It was 52.1 percent in 1990. In absolute terms, an increase of about 1.8 million during the decade 1973-83 and 1.9 million during 1983-90. On the other hand, the proportion never-married for females 10 years of age and over had increased from 37.4 percent in 1973 to 40.0 percent in 1983, while the proportion married had dropped from 50.6 percent to 49.0 percent during the same period. The proportion never-married for both sexes also followed the same trend; 39.6 percent in 1973 increasing to 42.1 percent in 1983. The proportion married was found to be decreasing from 51.1 percent in 1973 to 49.4 percent in 1983. The ever married proportion had declined for all age groups during 1973-90; from 59.6 percent in 1973 to 55.3 percent in 1990.

20.   The singulate mean age at marriage for males was 23.8 years in 1973, 24.5 in 1983 and 26.3 in 1990. The same for females had risen from 21.2 years in 1973 to 22.4 in 1983 and to 24.5 in 1990. The average age at marriage has risen by 3.2 years during 1973-90. For males it was the highest for Yangon at all these years - 1973, 1983 and 1990 with 25.3, 25.9 and 27.7 years respectively.

Fertility and Mortality

21.   Population change has a great impact on development efforts. When economic growth is underway, the change in the size and composition of a population may function as cause, as effect, and as equilibrating agent. The change in all closed populations is usually brought about by changes in fertility, mortality and in both.

Past and Current Fertility

22.   Vital statistics covered over 90 percent of the total urban population. It covered 92 percent of the total urban population in 1992. Thus the crude birth rate (CBR) from vital registration does reflect the changing levels of fertility for urban areas. The peak figure for CBR was observed in 1951 as 46.1 live births per thousand population. It declined gradually from 39.2 per thousand in 1971 reaching the lowest value of 26.9 in 1980 and then remained between 28.3 and 28.6. In 1990, the urban CBR was observed to be 28.4.

23.   Information on fertility history of women within the reproductive ages was gathered in the 1983 census and in 1991 PCFS. The CBR for the whole country was estimated at 34.8 for 1983 and 24.4 for 1990.
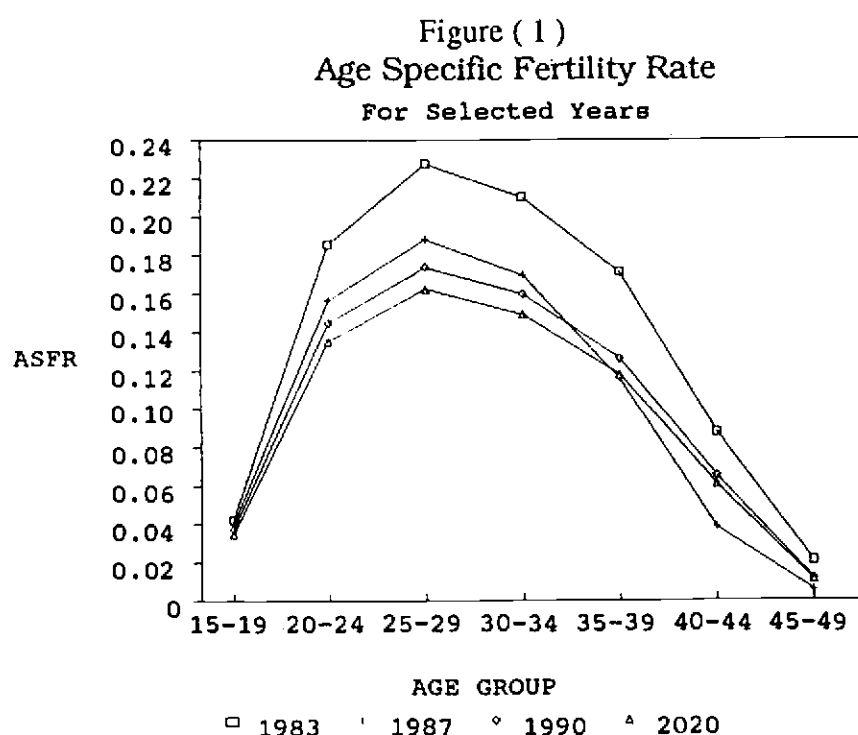
24.   The Total Fertility Rate (TFR) has declined from a high level of 5.7 in 1973 to 4.7 in 1983 and then to 3.6 in 1990: a 36.8 percent decline over 17 years during 1973-90, and 23.4 percent just over 7 years during 1983-90. An urban-rural differential also exists in TFR; in 1983 urban TFR was 3.4 and rural TFR 5.2. A sharp decline in fertility was observed in urban areas. As expected, Yangon Division in which the capital city is located has the lowest TFR.

25.   The age specific fertility rates in 1983 and 1991 PCFS show a late fertility pattern with the peak at age group 25-29 as can be seen in Table 4 (Figure 1). Both urban and rural seemed to follow the same pattern.

Table 4. Age Specific Fertility Rates For Selected Years

Age Group	1983[1]	1987[2]	1990[3]	2020[4]
15-19	0.0425	0.0403	0.0373	0.0348
20-24	0.1855	0.1564	0.1445	0.1350
25-29	0.2274	0.1882	0.1737	0.1622
30-34	0.2102	0.1695	0.1597	0.1491
35-39	0.1712	0.1154	0.1261	0.1176
40-44	0.0878	0.0384	0.0651	0.0609
45-49.	0.0208	0.0055	0.0117	0.0109

Note: [1] 1983 Census; Immigration and Manpower Department; 1986.
[2] Vital Statistics; Central Statistical Organization; 1993.
[3] 1991 PCFS; Immigration and Manpower Department; 1992.
[4] Projected Rates; Immigration and Manpower Department; 1993.

Figure (1)
Age Specific Fertility Rate
For Selected Years

AGE GROUP
□ 1983   ' 1987   ° 1990   ᴬ 2020

26.   The decline in fertility is quite remarkable even though there has been no explicit national population policy either to limit or to encourage birth spacing until recently. Nevertheless, the knowledge, the availability, and the practice of contraceptives have spread among the people. This decline in fertility is partly due to the rise in age at marriage. However, the current level of fertility is still moderately high. With the recent launching of a draft proposal on population policy and the programme on birth spacing, a gradual decline in fertility can cause a reduction in the growth of the population.

Past and Current Mortality

27. The vital data available for 1990 represent 90 percent of the total urban population and 40 percent of the total rural population. The crude death rate (CDR) for urban areas shows a downward trend from 1975 onwards, reaching the lowest level of 6.4 per thousand in 1987. The CDR from PCFS for 1990 was 9.1 per thousand for the whole country and 7.9 and 9.6 for urban and rural areas respectively. The fall in the level of mortality is also reflected by the rates of infant mortality (IMR). However, IMR is still moderately high with 94 per thousand live births as observed in 1991 PCFS. Sex differential exists in IMR; IMR for males was 98 and for females 89. A variation in both CDR and IMR is observed among different regions. The pattern of the mortality curve from PCFS data shows the common U shape.

28. The expectation of life at birth derived from the 1973 and 1983 censuses for the period 1983-88 was 55.8 years for males and 59.3 for females. It was 57.4 for males and 60.9 for females for 1988-93.

Migration

29. Data on migration are very limited in Myanmar. The 1973 and 1983 censuses did not include questions on migration. A considerable variation in population growth rates of states and divisions suggest the existence of internal migration. The higher population growth in the urban areas with a lower level of fertility may be taken as an indication reflecting the movements of people from rural to urban areas. International migration exists but is supposed to be negligible in the recent decades. But it is becoming more significant with the country's movement towards open policies and a move to privatised economy. The size of temporary movements of people across the border at check points is on the increase particularly in connection with the development of border areas and border trade.

30. There are attempts to trace the movement of people within the country. Efforts were made in the recent 1991 PCFS to collect information on migration like place of birth, duration of residence, and place of residence 5 years prior to the survey. About 2.4 million people were found living away from their places of birth. The volume of lifetime migrants was about 8 percent. Out of a total of 2.4 million movers, 38.6 percent were from urban to urban, 30.4 percent from rural to urban, 18.1 percent from rural to rural, and 12.9 percent from urban to rural. Among those who left their regions of birth, the net gain was about 0.6 million for Yangon Division, 0.2 million for Shan State while the net loss was 0.2 million for Ayeyarwady Division and 0.1 million for Magway Division respectively.

C. Future Outlook

31. Adequate information on population changes is needed for formulating, implementing and evaluating development programmes. It is therefore important to have a fair knowledge of the current and future size and structures of the population. A number of population projections are usually made on the basis of assumed levels and trends of mortality and fertility. Migration is ignored for it has little or no influence on growth.
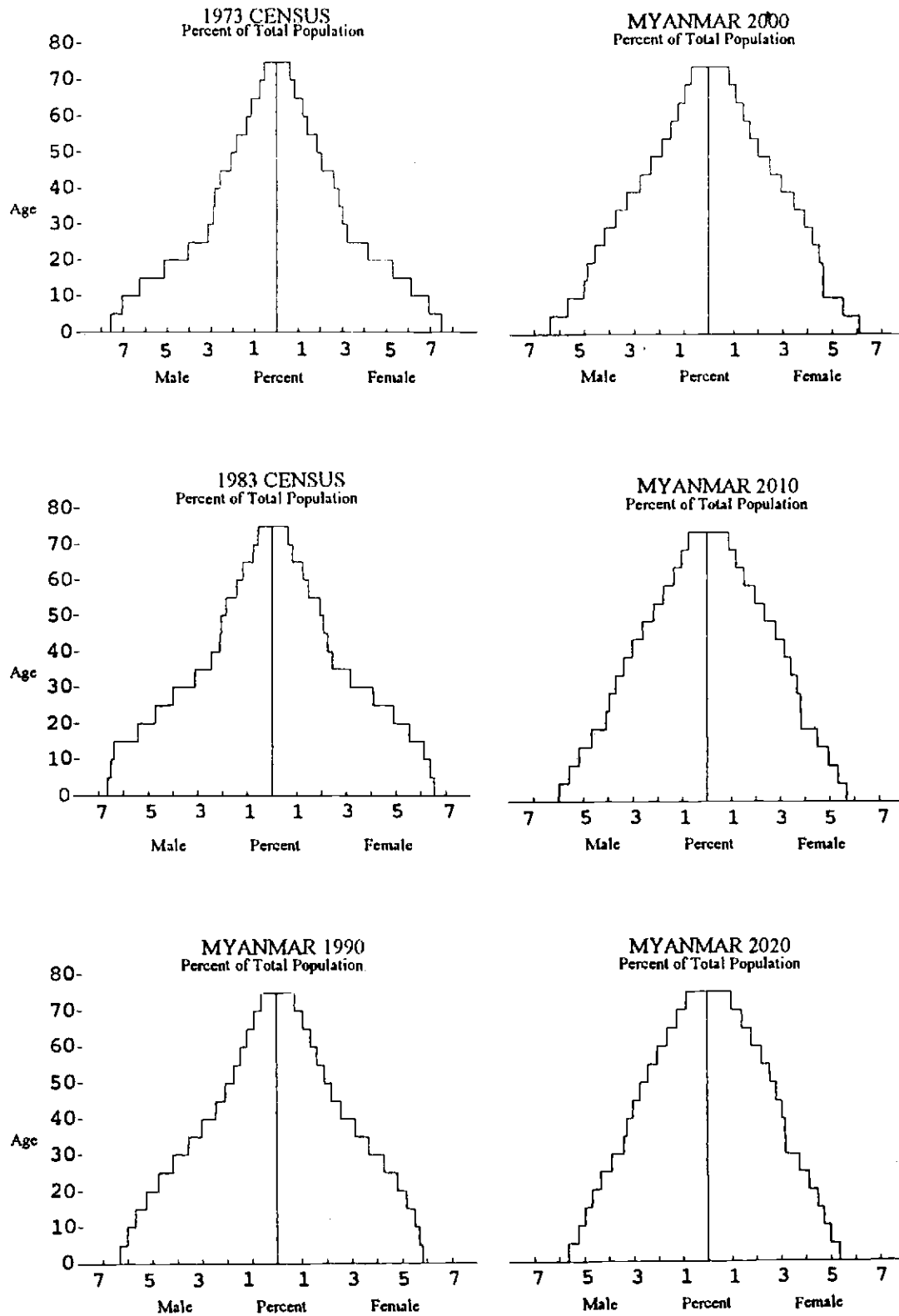
32. The base year population by age and sex is derived from the 1991 PCFS. Prior to interpolation, the sample population was adjusted for uncovered areas and underenumeration in the 0-4 age group, and then smoothed for irregularties caused particularly by age misstatements. The smoothing of age-sex data was done by Strong Method using Demographic Analysis Software (DAS) package. The population pyramid for the smoothed base year distribution is presented in Figure(2). The shape of the 1990 base year population may be considered as expansive for there were larger numbers of people in the younger ages. The projection is made by using demographic cohort component method.

33. Myanmar population has increased from 35.3 million in 1983 to 40.7 million in 1990. It is expected to increase up to 49.1 million in the year 2000 and to 68.5 million in the year 2020. The low variant United Nations' population projection for Myanmar gives an estimate of about 51.2 million in the year 2000 and 68 million for the year 2020. The estimated population and growth rates for the period, 1990 - 2020, are presented in Table 5 and the population pyramids illustrated in Figure (2).

Table 5. Projected Population with Growth Rates, 1995 to 2020

Year	Country Projection		U.N Projection	
	Population ('000)	rate of growth (%)	Population ('000)	rate of growth (%)
1990	40,786	....	41,825	....
1995	44,757	1.86	46,438	2.11
2000	49,101	1.85	51,229	1.98
2005	53,710	1.79	55,894	1.76
2010	58,476	1.70	60,315	1.53
2015	63,405	1.62	64,430	1.33
2020	68,543	1.56	68,017	1.09

Figure (2)
Population Pyramids for Selected Years

1973 CENSUS
Percent of Total Population

MYANMAR 2000
Percent of Total Population

1983 CENSUS
Percent of Total Population

MYANMAR 2010
Percent of Total Population

MYANMAR 1990
Percent of Total Population

MYANMAR 2020
Percent of Total Population

34.   In the projected population, the proportion under 15 years is expected to decline from 35.0 percent in 1990 to 34.96 in 1995 and to 34.22 in the year 2000. It will keep declining to 30.88 percent in the year 2020. The proportion of the elderly (population aged 60 and over) was 7.11 percent in 1990 and is likely to increase to 7.49 in 1995, to 7.82 in 2000, and then to 10.05 in 2020 (Table 6). In absolute terms, the elderly population of 2.9 million in 1990 will reach 6.9 million in the year 2020.

Table 6. Percentage Distribution of Population by Broad Age Groups
(1990 - 2020)

Year	Sex	Total	Broad Age Groups			
			under 15	15-49	50-59	60+
1990	Male	100.00	36.32	50.77	6.40	6.51
	Female	100.00	33.73	51.55	7.01	7.71
	Total	100.00	35.02	51.16	6.71	7.11
1995	Male	100.00	34.96	51.65	6.55	6.84
	Female	100.00	32.57	52.17	7.13	8.13
	Total	100.00	33.76	51.91	6.84	7.49
2000	Male	100.00	34.22	51.84	6.81	7.13
	Female	100.00	32.19	51.96	7.34	8.51
	Total	100.00	33.20	51.90	7.08	7.82
2005	Male	100.00	34.07	51.17	7.31	7.45
	Female	100.00	32.49	50.76	7.90	8.85
	Total	100.00	33.28	50.96	7.61	8.15
2010	Male	100.00	33.39	50.84	7.89	7.88
	Female	100.00	31.90	50.26	8.54	9.30
	Total	100.00	32.64	50.56	8.21	8.59
2015	Male	100.00	32.42	50.62	8.43	8.53
	Female	100.00	31.04	49.82	9.12	10.02
	Total	100.00	31.73	50.22	8.78	9.27
2020	Male	100.00	31.51	50.35	8.87	9.27
	Female	100.00	30.24	49.35	9.57	10.84
	Total	100.00	30.88	49.85	9.22	10.05

35. The crude birth rate for the period 1990-95 is estimated at 28.44 live births per thousand population. This rate is assumed to decline up to 23.96 during the period 2015-2020. The extent of decrease over the whole period, 1990-2020, is 15.8 percent. ie. an average of 2.6 percent every 5 years. The TFR for the period 1990-95 is estimated at 3.59 and is expected to fall up to 3.35 in 2015-2020 . Assumptions on fertility measures are presented in Table 7.

Table 7. Assumptions on Fertility Measures, 1990-2020

Period	CBR	TFR
1990-1995	28.44	3.59
1995-2000	28.00	3.54
2000-2005	27.02	3.49
2005-2010	25.72	3.44
2010-2015	24.61	3.39
2015-2020	23.96	3.35

36. The crude death rate for the period 1990-95 is 9.87 deaths per thousand population and is expected to decline up to 8.39 in 2015-2020; the extent of decline would be about 15.0 percent over the 30 year period. The expectation of life at birth for the period 1990-2020 is as shown in Table 8.

Table 8. Assumptions on Mortality Measures, 1990 - 2020

Period	CDR	expectation of life at birth		
		males	females	total
1990 - 1995	9.87	58.56	62.55	60.44
1995 - 2000	9.49	60.27	63.90	61.99
2000 - 2005	9.08	61.82	65.22	63.43
2005 - 2010	8.72	63.21	66.47	64.76
2010 - 2015	8.44	64.50	67.63	65.99
2015 - 2020	8.39	65.37	68.44	66.83

37. The crude birth and death rates for the projected years are illustrated in Figure(3) and the expectation of life at birth by sex illustrated in Figure (4).

Figure (3)
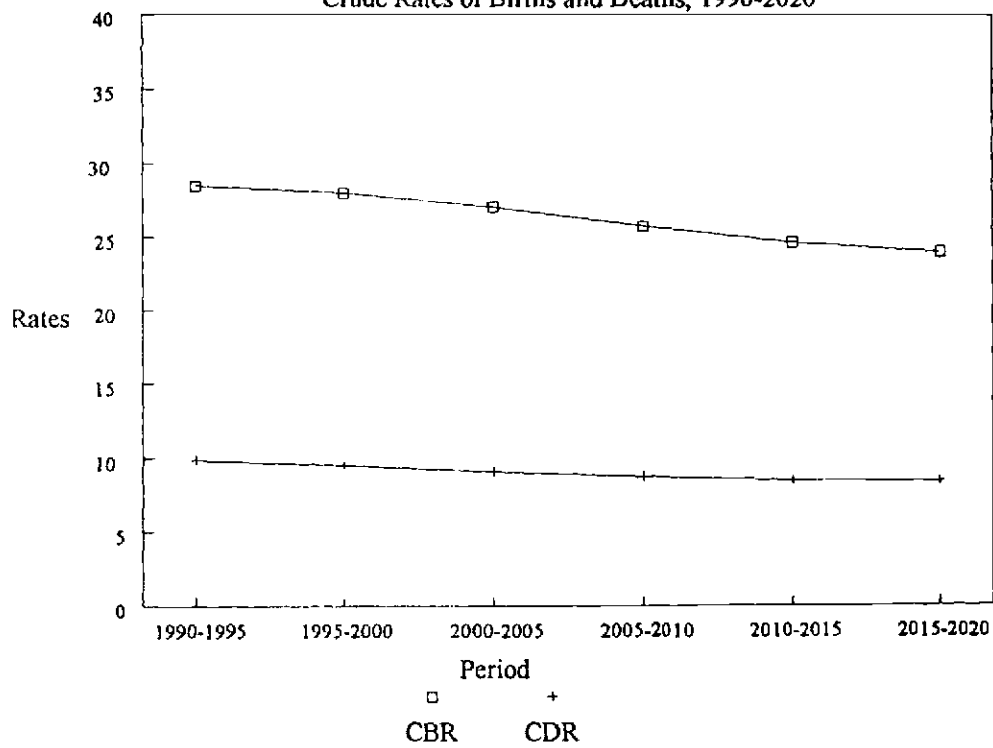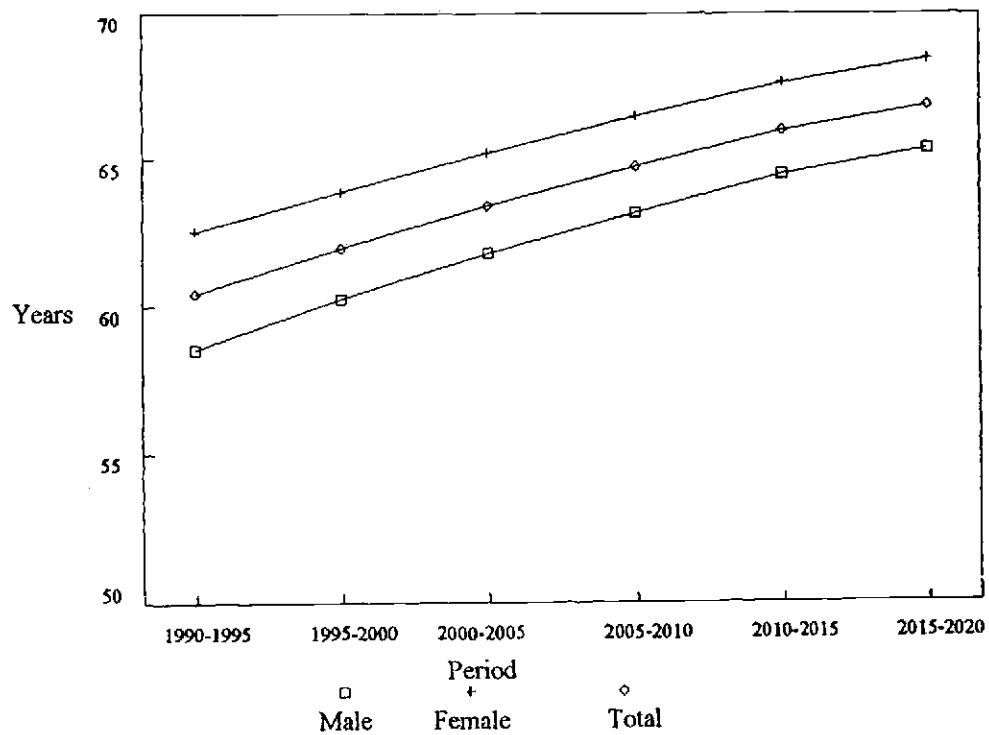### Crude Rates of Births and Deaths, 1990-2020

Figure (4)
Expectation of Life at Birth, 1990-2020

II. The Population Policy, Planning and Programme Framework

A. National Perception of Population Issues

38.   Myanmar is rich in natural resources. Since its independence, the people perceived the country as under-populated, and were confident that the country could support a population much larger. The government was reluctant to favour any programme to control population growth. However, the trends of fertility and mortality observed in the 1970s and 1980's tend to reflect some signs of strain on social services related to population. The fertility rates of Myanmar were high during 1970s and 1980s, and they are still moderately high. Since 1990, every year about 750,000 persons are added to the existing population. The growth of population at this rate creates a burden not only at the family but also at the national level.

39.   The mortality rates of some vulnerable age groups in Myanmar have been high. The country made tremendous effort to raise the level of living, and to provide adequate health care services for bringing down the mortality at all ages; the level of mortality has dropped. The mortality decline is very slow whereas the level of fertility has remained moderately high. Very recently, there are new gains in the field of mortality reduction with slow decline in fertility level. Thus the population size will be larger in the future and it will call for new efforts and expenditures in the field of social and economic development.

40.   It is clear from the current rates of population growth, structure and composition, the future size might impose some constraints on social and economic development of the country. Owing to a moderately high fertility in the past, the population of Myanmar has a large proportion of young people. There is the high dependency ratio and only 1.7 persons of working age to support each child under 15. The growth of young population demands more resources for education, health and other social services. It also makes more difficult to achieve the goals of health for all and universal education by the year 2000.

41.   The growth of young population in the country indicates the need for the creation of employment opportunities for the expanding of labour force. The size of labour force was estimated at 14.2 million in 1989 and it is projected to be between 20 and 21 million in 2003. The growing trend of labour force, apparently, indicates the need to formulate realistic human resource development plans, to provide efficient training programmes and to build proper organizational facilities.

42.   Although there was a significant growth in the size of the population during the last two decades, the expansion of urban population remains relatively slow. The proportion of

urban population was 23.6 percent in 1973 and 24.1 percent in 1983. The growth rate of urban population within a decade is 2.47 percent. The change of the urban population size is not significant. This slow growth of urban population may be attributed to government's decentralization programmes of industries, education and health facilities and diversifying and balancing investment in rural development programmes.

43.   Myanmar women enjoy equal social status with men and shared opportunities and responsibilities in social, economic and political activities. The customary law, operative for centuries, ensure a position that meets the demand of present day norms and concepts of equality. Women can earn, own and inherit property in their own right. Children inherit their parents property equally regardless of sex. Women retain their names after marriage. Education as well as employment are not discriminated. Women can pursue any discipline and can follow any profession except where physical strength is needed. At the family level, they have full authority to participate in all financial and social decision making.

44.   Of all women aged 5 years and over 71.3 percent were literate in 1983 as against 57.4 percent in 1973. Among literate, 47 percent were women in 1983 as against 28.9 percent in 1973.

45.   The share of women in labour force was 33.1 percent in 1973 and it was 36.0 percent in 1983. Of all women aged 10 years and over, 30.9 percent were in labour force in 1973 and 34.4 percent in 1983. According to 1990 Labour Force Survey, the annual rate of increase in the share of women labour force was 3.5 percent against 2.2 percent increase for men.

46.   The literacy rate has increased by 24.2 percent and the labour force participation rate by 12.4 percent during 1973-83. The greater involvement of women in education and employment increases the opportunity of decision-making in all walks of life and would contribute towards the successful implementation of population programmes. These would lead to the further decline in fertility and infant and early child mortality.

B. Evolution of Population Policy in the Country

47.   Myanmar has maintained a pronatalist policy since independence. Among several reasons for this pronatalist stance, the important issues are:

   (1) the country is considered to be under-populated,

   (2) availability of abundant natural resources such as arable land, forests and marine
        resources,

(3) low population density, and

(4) perception of population growth as an asset for development.

Even though there was no explicit policy on regulating fertility and limiting population growth, Myanmar has indirect population policy aimed at the improvement of health, economic and social development. It recognizes that fertility control is desirable if it improves maternal and child health. The State allows termination of pregnancies and female sterilization only for maternal health concerns. In 1974, a National Population Commission was formed with senior government staff to formulate and implement a national policy on population. A pronatalist policy, the population programmes, and the functions of the National Population Commission are confined at regulating the current rate of population growth.

48.   Since independence there was the general consensus that mortality for Myanmar was high and undesirable. To bring down mortality Myanmar launched a series of People's Health Plans,(PHP) from 1978 to 1990. A sharp decline of mortality had witnessed some increase in life expectancy. Just before the end of the 3rd PHP, there were a series of public awareness activities in Myanmar. World Population Day commemoration is observed every year starting from 1990. Seminars on Population and Development were also conducted through the joint efforts of the Ministry of Education and UNFPA. During 1990-1991 a population projection model, "Rapid Awareness of Population Information on Development (RAPID)",was introduced in Myanmar and the information was disseminated to the political leaders and managers at different level. A National Health Committee (NHC) was formed with top level officials of the State. The NHC held regular meetings to perform policy analysis and development programmes on health and health related issues. A number of population issues such as population projection for Myanmar, factors determining optimal population size, RAPID population projection model etc. were submitted and discussed at the NHC meetings. Finally the NHC provided a mandate to establish a proposal for drafting a National Population Policy and a National Plan of Action. The National Population Policy and Plan of Action were drawn by conducting a seminar with the participation of scholars, managers and staff from different sectors.

C. Current Status of Population Policy

49.   A seminar for drafting a National Population Policy was conducted in June, 1992. Senior staff from different sectors, professionals, technicians and representatives from UN agencies participated. The rationale for the development of a National Population Policy is:

(1) the population, both its quantitative and qualitative aspects are considered as an
        integral part of national development,

(2).the improvement in the quality of life comes from reduced population growth, and

(3) the government's recognition on the intimate relationship between population, environment and development.

50.   The ultimate goal of the Population Policy is to contribute to an improvement of the quality of life of the people through better health conditions, higher educational levels and increased employment opportunities. The objectives and goals of population policy are set to assure a rational balance between population, in qualitative and quantitative terms, and the process of socio-economic development towards improving the lives of people. The objectives and goals of the proposed Population Policy are:

(1)   To promote awareness among the citizens the population issues and the impact of rapid population growth on development

(2)   To provide the necessary information and education about the benefits of a reasonable family size

(3)   To improve the health status of the population especially women and children by lowering morbidity and mortality rates

(4)   To create greater employment opportunities

(5)   To increase participation of women in the development process

(6)   To assure a more balanced regional development

(7)   To give greater access to quality birth-spacing services for all married couples

(8)   To reduce the incidence of unsafe illegal abortions and unwanted pregnancies

(9)   To strengthen the institutions for the collection and analysis of demographic data and the utilization of these data for socio-economic development planning

(10)   To regulate the process of urbanization and population distribution pattern to support the comprehensive national development and to minimize regional disparities.

51.   Targets of Population Policy were based on the current trend of fertility, mortality, morbidity and some social indicators. The targets of proposed Population Policy are:

(1)   To set the aim of population policy at attaining replacement level of TFR 2.1.

(2)   To reduce the rate of infant mortality from the present rate of approximately 98 per 1000 live births to no more than 50 per 1000 live births by the year 2000.

(3)   To provide quality, safe, effective and affordable birth spacing services in all government health institutions.

(4)   To reduce the under 5 mortality rate (U5MR) from the present 150 per 1000 live births to 70 by the year 2000.

(5)   To reduce maternal mortality rate (MMR) from the present 123 per 100,000 live births to 62 by the year 2000.

(6) To reduce percentage of under 3 malnutrition (moderate and severe) from the present 40 to 20 by the year 2000.

(7) To increase the net enrollment ratio at primary level from the present 62 to 100 by the year 2000.

(8) To increase the percentage of children completing primary school from the present 25 to 80 by the year 2000.

(9) To increase the total adult literacy rate, especially the female literacy rate from the present 78 percent to 89 percent by the year 2000.

(10) To reduce the percentage of births occurring within 30 months of previous birth from the present 23 to 0 by the year 2000.

(11) To increase the percentage of births attended by trained health personnel from the present 68 to 100 by the year 2000.

52.   Population Policy objectives and goals would be realized by the following strategies and programmes:

(1) Providing birth spacing services.

(2) Adopting information, education, communication measures on population issues.

(3) Promoting the role and status of women.

(4) Increasing men's responsibility in population programmes.

(5) Reaching the information of population, family life and reproductive health messages to young age groups and equipping them for social and cultural development.

(6) Improving health and nutrition situation of people.

(7) Fostering a more balance population distribution through adequate infrastructure and services for growing rural and semi-urban population, upgrading of communication and transport facilities and better urban management measures.

(8) Establishing legal reforms to support the Population Policy.

(9) Introducing effective research, monitoring and evaluation of Population Policy.

53.   The organizational structure and mechanisms for implementing the National Population Policy are well established. The National Health Committee (NHC) remains as the highest and most powerful policy making body. Under the NHC, the National Population Council (NPC) will be established to help the government in implementation of the National Population Policy and promote the measures and programmes which will put the National Population Policy in good shape. The NPC will be responsible for integrating population in programmes concerned with economic and social development. It will also be responsible for conducting policy analysis and providing guidelines to policy making body. Because

implementation of the national population policy is a complex and multi-sectoral activity, all sectors of the government as well as communities and NGOs need to participate. The NPC is expected to develop appropriate machinery to facilitate close interaction and cooperation among the government, community, NGO and private sector.

D. Population in Development Planning

54. Myanmar has been known to use the demographic and population data in all stages of development plan. Major sources of data are decennial censuses, the vital registration system and research. A series of decennial censuses has been conducted since 1872 except during World War II. Vital registration system was established since 1907 and data of vital events were collected, analysed and published every year. During the intercensal period, research studies, surveys and population projections were done to supplement census data. Very recently, RAPID population projection models were used for planning purposes; whether long term, medium term national, sectoral and area development planning.

55. Three major organizations in Myanmar - Immigration and Manpower Department, Central Statistical Organization and the Institute of Economics - collect, analyse and publish demographic and population data. The published data were made available for use by other sectors including the planning sector, viz. National Planning and Economic Development.

E. National Population Programme Profile

56. Various health and population programmes at the macro and micro levels had been implemented in Myanmar especially after independence. Since 1978, the government introduced a series of medium term National Health Plans (NHPs) named People Health Plans (PHPs) to provide essential health care and promote health status of the people. PHPs were replaced by NHPs in 1990 and the second NHP was developed and implemented in 1993. Both PHPs and NHPs were based upon the Primary Health Care (PHC) approach to achieve national health objectives.

57. Maternal and Child Health (MCH) services form as major components in promoting the health status of community through PHC delivery. Main objectives of MCH services are:

(1) Reduction of mortality and morbidity among mothers and children,
(2) Promotion of nutritional status,

(3) Provision of health care during pregnancy and child birth, and

(4) Spacing of births.

A drastic fall of maternal and infant mortality and morbidity were observed during PHP and NHP period. MCH programmes were carried out with the coordinated efforts of government, international agencies, non-governmental organizations (NGOs), private sector and the community at large. Recently major thrust comes from the NGOs, private sector and community. International assistance from different sources and technical cooperation are also explored for the success of these programmes.

58.   Information, Education and Communication (IEC) Programmes on Population were introduced during the late 1980s. **World Population Day** celebration has been conducted every year since 1990. Yearly Workshops and Seminars on **Population and Development** were convened among the technical personnel, government staff and international agencies. A computerized population projection programme, **RAPID** was developed in May, 1990 through the joint effort by the Ministry of Health, UNICEF and a private non-profit organization, the Future Group. The information obtained from the programme was disseminated to the political leaders, government staff, and technical personnel from different institutions. Myanmar has also sent its technical personnel to international conferences and training programmes under the programmes of international cooperation. Although informal population information programmes exist, formal population education programmes in schools, universities and other institutions are of recent introduction. Thus it is necessary to promote formal education programmes on population in the country.

59.   As mentioned earlier the population data is collected through three tier system, i.e. censuses, vital registration system and research studies. Analysis and publication are done at the departments concerned. The published data and findings are utilized - for national as well as sectoral population planning. The collection of data through three tier system have many problems in coverage, validity and timeliness of data. For different reasons, some of the geographic regions in the countries are not covered by the census. Similarly, vital registration system covers only 90 percent of total urban population and 40 percent of total rural population. Most of the research studies and surveys conducted were of small scale for want of resources and technology. Thus they can provide only limited information. The most difficult problem that restrict utilization of data is timeliness. Due to various constraints, the data obtained from the three tier system is late. Therefore, sometimes planners from various sectors have to use data which is rather out-dated.

60.   In Myanmar Society, women are treated equally with men and autonomous in decision making and management of family matters. There are no legal, institutional or other

barriers to equity with men and women. Furthermore, women participate in development programmes at managerial or policy making levels. Major areas for promoting women's role in development are maternal and child health, social welfare, literacy and income generation programmes.

61. The transition from a centrally planned economy to a market oriented economy will definitely accelerate the rate of urbanization. However, the shift in the economic system coupled with the government's efforts to promote trade in remote border areas, the government's emphasis on agricultural development and establishment of agrobased industries, and efforts to extend higher education and health facilities to secondary cities and major urban areas indicate that the country is heading towards a more balanced regional development. On the other hand, exploitation of non-renewable resources needs to be controlled so as to prevent environmental degradation caused by human settlement.

62. The Government's new effort on balanced population distribution and regional development is the introduction of development programmes for underdeveloped areas near the border where the tribal people reside. The government established health, education, transport and communication, electricity supply facilities in 14 underdeveloped regions of Myanmar. Agriculture, livestock and income generation activities are also promoted in these areas. Improving social and economic conditions of the ethnic people prevent uneven population distribution and environmental degradation.

63. Population research is conducted by institutions and organizations from Education, Home Affairs, Health and Labour Ministries. Population research provides information for policy analysis and development, planning and operational aspects of population programmes. Although research activities are in progress, there are some areas which need improvement. Technical cooperation and coordination of research activities, dissemination of research findings and securing funds for research need to be improved.

64. Myanmar, like many other developing countries, faces environmental problems arising from population growth and slash and burn practice of cultivation by people. Major environmental problems encountered are deforestation and loss of biological resources. Shifting cultivation and excessive collection of fuel-wood cause deforestation. Some biological resources have dwindled considerably because of human exploitation and loss of habitat. To prevent environmental degradation, measures to conserve environment have been in practice since 1856 under the rule of King Mindon. The King introduced the systematic forest management and biological conservation by allowing teak extraction only under Royal Permission and establishing sanctuaries. Successive governments followed the rule established by King Mindon and used selective falling system in teak extraction. At present, the government has formed the National Commission for Environmental Affairs (NCEA) to

act as national focal point for environmental matters and coordinate the work of various line ministries. The NCEA will also collaborate with the National Population Council (which will be formed in the near future) developing environment policies, plans and promoting environmental concern. Subsequently NCEA will create an environment friendly atmosphere in the country through coordination with National Population Council and other line ministries.

65. Over 50 percent of population in Myanmar is composed of young age group. Measures and programmes which provide opportunity to acquire values and skills to enable youth contributing social and economic development of the nation have been introduced by successive governments. Programmes being implemented are IEC for health, drug abuse campaigns, non-formal training of Buddhist Culture in family life, dissemination of Child to Child Message for Health, school health programmes, training on reproductive health, sports and physical fitness and other educational programmes. The Government also promotes employment opportunities for youths by introducing market economy system, promoting private sector and encouraging foreign investments. However, most of the programmes for youths are necessary to strengthen for sustainability.

66. The elderly population (age 60 years and above) constitutes 7.11 percent (2.9 million) of total population. Present social and health situations of the country indicate the growth of elderly population in the future. Major support for the elderly has been provided by the families, which is the tradition and culture of Myanmar People. The National Health Plan (1993-96) includes programme for health care of the elderly. Institutions for the care of elderly have been established and run by government as well as voluntary organizations and missionaries. However, the number is insufficient so that programmes for the elderly need to be expanded in view of the growing elderly population.

67. Relief Programmes of disasters are being implemented by the collaboration of the Ministry of Health, the Ministry of Social Welfare and NGOs such as Red-cross Organization, Myanmar Maternal and Child Welfare Association (MMCWA), Myanmar Medical Association (MMA) etc. These programmes are running quite well with the support of the government, communities and NGOs.

68. HIV / AIDS infection is an enormous threat to the country because of the rising regional and global trends. Prevention and control programmes of this fatal infection started since 1989 when HIV(+) persons were detected in the country. The intervention measures such as IEC campaigns, surveillance activities, control of sexually transmitted diseases etc. are accomplished with full support from the government and the community.

III. The Operational Aspects of Population and Family Planning Programme Implementation

A. Political and National Support

69.   The government realizes the importance of population programmes in achieving progress. It also accepts the fundamental premise that the population, in both its quantitative and qualitative aspects, must be considered as an integral part of development. In addition, it sees population aggravates such problems as high mortality and morbidity, pressure on social services, lack of employment opportunities, high dependency ratios, urban deterioration and environmental degradation. The National Population Policy was drafted and national population programme was introduced to regulate population growth. The objectives and strategies adopted are mentioned in the **Current Status of Population Policy**.

70.   Effective implementation of population programmes have produced favourable results in social and economic development. The mortality and morbidity patterns by age and sex have changed. The fertility rates are decreasing. Literacy and educational programmes for women have reduced women's illiteracy level. Urban population growth and pollution of air, water and soil is much lower compared to neighbouring countries. Further success can be expected from the ongoing and additional population programmes in the future.

B. National Implementation Strategy

71.   National Population Policy has been implemented through a number of population strategies. One of the measures, birth spacing programme, was introduced in 1991 in Myanmar. The programme started in one township in lower region of Myanmar with the assistance of an NGO, Family Planning International Assistance (FPIA). The programme was extended to two additional townships in 1993 and it is running well. In 1992, Ministry of Health introduced a larger birth spacing programme in twenty townships (which is about 1/10 of total country population) in the country by the assistance of UNFPA.

72.   A combination of service delivery strategies has been used in Myanmar birth spacing programmes. After collection of birth spacing information from the community, birth spacing services were delivered through health centres, clinics, community health workers and voluntary organizations such as MMCWA and MMA. The Government and NGOs work together both in data collection, training, implementation and evaluation of service delivery.

73.   MMCWA is a huge voluntary NGO which has many branch organizations throughout the country. Most of its members and staff are women from different social strata and they are dedicated to health and welfare of women, children and families. Involvement of MMCWA at all levels in birth spacing programme promotes the coverage and outreach of the services. The MMCWA can provide services to underserved areas and population groups. Basic health workers such as midwives, lady health visitors and auxiliary midwives are also providing services for birth spacing. Cooperation between government health services and NGOs in delivery of birth spacing services make the programme more effective and efficient.

74.   The problems encountered during the implementation are inadequate supply of contraceptives, lack of financing mechanism for the programme and need for training resources. To overcome these problems, the programme must be totally community based and free distribution of contraceptives should be replaced with alternative financing mechanisms for supply of contraceptives. Community cost sharing and cost recovery mechanisms for birth spacing programme are tried by both government and NGOs. There are some difficulties in practising these mechanisms because of lack of experience and skill. There are also some problems with training due to financial, human and time constraints. All of these problems and constraints might be reduced as the programmes go on.

75.   There are many other programmes aimed at reducing mortality and morbidity of population, regulating internal migration and achieving balanced distribution of population. The programmatic issues such as training, logistics, strength and weakness of strategies are mentioned in the section of National Population Programme Profile.

C. Monitoring and Evaluation

76.   Monitoring of the programme activities has been carried out by the staff concerned both from the central as well as peripheral level. Reports of activities and achievements are being sent to the central level through routine information system.

77.   Monitoring and supervising visits to the operational level by responsible persons from the government departments, international and national NGOs have been carried out on regular or ad-hoc basis. Because birth spacing programmes are just at the early stage, evaluation has not been done yet. This activity will be carried out in the near future by the organizations concerned. Since birth spacing programme has been implemented only a year, it is rather difficult to see the impact or to do cost-benefit investigations of the programme.

26

D. Financial Aspects

78.	Myanmar birth spacing programmes are currently financed by the government, UN agencies (UNFPA), NGOs and the community. The Government allotted manpower, transportation, equipment and buildings in the townships where the birth spacing programmes are operated. The UN agencies such as UNFPA and international NGOs such as Family Planning International Assistance, World Vision International provide funding for training, doing surveys and contraceptive supply. National NGOs and communities provide training facilities, building, transportation and other assistance for operation of the programmes.

79.	Contraceptive supply is the essential and key factor for running the birth spacing programmes effectively. UNFPA and international NGOs can provide contraceptive supplies to a certain period only. Therefore, at the present time, mechanisms have to be developed to acquire regular supply of contraceptives for sustainability of the programme. There has been continuous supply of contraceptives from the existing commercial outlets throughout the whole country. Thus everybody can buy and use contraceptives from those small shops. To promote utilization of contraceptives by married women of reproductive age and maintain regular supply, community cost sharing schemes are tried in some townships. The national NGOs such as MMCWA have a lot of potential to accomplish these schemes. Other mechanism which can be used is sale of contraceptives with reduced market price from cooperatives or regular commercial outlets.

80.	Major financial sources for other population programmes, such as population information programmes etc., are similar to the birth spacing programme. The government and communities provide major portion of funds and the UN agencies (WHO, UNICEF, UNDP, UNFPA), NGOs and private sector assist in training, providing supplies and equipment and technology development. More technical cooperation and mobilization of funds among developing countries or between developed and developing countries will be done in the future. Private sector involvement in population programmes are also being encouraged.

E. The Role and Relevance of the World Population Plan of Action (WPPA) and other Instruments

81.	The World Population Plan of Action (1974), the Mexico recommendations (1984), the Amsterdam Declaration and the International Development Strategy for the Fourth United Nations Development Decade are very much relevant and provide the broad policy framework for undertaking population policies and programmes for the country. Although

the recommendations are relevant and necessary to follow, there are some constraints and difficulties to formulate them. Technical incapability and scarcity of resources are major constraints to formulate recommendations and strategies which conform with the national cultural, social and economic policies. Development of cooperation mechanisms among international and national levels which promote technology transfer and resource mobilization are crucial components to overcome the current constraints for formulation of recommendations.

IV. National Action Plan for the Future

A. Emerging and Priority Concern

82.   In Myanmar, general disease morbidity and mortality trends are declining slowly. However, according to recent studies, morbidity and mortality trends of some regions and population subgroups are still high. Infants, children and mothers of reproductive age from rural and underdeveloped areas are quite susceptible to disease and adverse conditions. Morbidity and mortality patterns of these population subgroups and sub regions may be much higher nowadays owing to the increasing incidence of sexually transmitted diseases and HIV/AIDS with grave consequences for health, well-being and productivity of people.

83.   Reduction of morbidity and mortality depends very much upon the improvements in the quality of health services delivery, implementation of programmes targeted at the most disadvantaged groups and the achievement and maintenance of a higher quality of life. In Myanmar, maternal and child health and birth spacing (MCH) programmes have played an important role in influencing morbidity and mortality, population growth, improving quality of life and human resources development. Thus there is a pressing need to strengthen these programmes and adopt innovative approaches. Moreover, empowerment of individual, families and communities to plan and decide as well as to design and implement programmes based on their own needs is an urgent measure to be undertaken.

84.   Moderately high fertility and population growth of the nation aggravate the problems of youth and ageing such as high dependency ratio, pressure on social services, lack of employment opportunities and environmental degradation. The population of Myanmar has a large proportion of young people. Total dependency ratio is 0.90 in 1973, 0.82 in 1983 and 0.73 in 1990. In addition, with some improvements in mortality and morbidity there will be some growth of youth and ageing population. The increasing number of young people as well as ageing population will definitely exert pressure on social services such as education, health and other welfare services.

85.   The growth of young people is another issue. More employment opportunities are necessary for the 20 to 21 million young working people expected in year 2003. Increasing population and labour force would dwindle natural resources and bring about environmental degradation. Some areas of degraded forests in the country are being cut down and converted to cropland, while some areas are increasingly used for fuel-wood extraction and livestock breeding. Thus there is an urgent need to address these problems in some regions of the country.

86.   National and international population movement have increased in scale and complexity. Although migration, at present, is within the manageable limit, policy and programme measures should be prepared for emerging issues in this field.

87.   The status and rights of women in Myanmar are equal with men in legal, social, economic and family decision-making matters. The importance of women's contribution to social and economic development is also fully recognized. Despite some progress in gender responsive programmes, there is the need to promote women's role in resource management, maintaining environmental quality and decision-making relating to population and sustainable development.

88.   The interrelationship between rapid population growth and poverty is complex. As a result of population growth and its consequences, the number of poor, underserved people are increasing in some population groups and sub regions. Most of the health and education services do not reach these groups and places. The existing programmes for these population groups need to be strengthened. To serve these population groups human resources development is an important factor. Fertility control programmes which limit population growth should be well supported for development of human resource because they enhance people's employment, education, skill and capability development.

89.   A series of diverse and complex population programmes are required to tackle the problems of population and development in the country. There are a number of ongoing programmes. Many programmes require large amount of human and financial resources. The need for mobilizing additional resources is greater today than ever before.

90.   Population data, research and information dissemination are important components in population policy analysis, development, formulation and implementation. While considerable progress has been made in information and database development in the country during recent years, there remains an urgent need to improve the content, quality and timeliness of data. National skills for research, policy analysis and the development of integrated management information system need to be strengthened and upgraded. Finally it is necessary to promote the utilization of relevant data for decentralized and local level planning.

29

B. Outline of Policy Framework

91.   The Government recognizes economic and social development of a nation greatly depend on its population and its resources. It also agrees that a relatively rapid population growth must be controlled for economic take-off, prosperity and for well-being of people over different regions of the country. A decision was therefore made to reduce the rate of population growth through birth-spacing. The National Population Policy recently drafted which conforms to the present social, economic and defence policies of the State was developed.

92.   A national level organization for population matters, the National Population Council (NPC) will be established after the drafting of the National Population Policy. The NPC after its formation, will formulate and implement the National Population Policy in cooperation with the government departments, voluntary organizations and the people. Analysis of the existing policies will also be done by the NPC. There are institutions and organizations in the country collecting population data, disseminating population information, conducting population research and implementing population programmes. The NPC will coordinate all these activities to achieve the population goals of the country. Thus the NPC will be the national focal point as well as the coordinating body regarding population matters.

93.   The objectives, goals and targets of population policy are mentioned in the section **Current Status of Population Policy.** To achieve the objectives and targets of national population policy, specific programme measures are introduced on a trial basis. Birth spacing programme is introduced on the basis of promoting maternal, child health and family well-being. Population information, education and communication activities are undertaken through mass media, interpersonal means and training in institutions for sustainable development. Enhancement of role and status of women in the families as well as in the field of policy and management has been promoted through educational programmes to achieve population objectives. Attempt has been made at integrating population information, family life education and reproductive health education in the school curriculum and extra-curricula activities of youth. More employment and job opportunities will have to be created through market-oriented economic system giving priority to employment of young people.

94.   The government is committed to provide essential health care through the primary health care approach. The emphasis is still on prevention of diseases and provision of healthy life styles. The second National Health Plan (1993-1996) has been developed and started to implement. Innovative approaches on technical cooperation, health care financing and private sector involvement for achieving national health objectives are being accomplished.

95. The emerging issue of national and international migration and population distribution is recognized and actions have been taken to improve the living conditions of people in rural areas. A more comprehensive urbanization policy has been developed and integrated into the overall development process while ensuring effective economic interdependence among cities, towns and villages. Policies for promoting development of underdeveloped regions and population groups were formulated and being implemented. A Ministry, **Development of Border Areas and National Races**, was created to coordinate the activities for development of underserved areas and population groups. The programmes will be expanded to promote balanced population distribution.

96. At present, demographic and related information are compiled from censuses, annual reports on vital registration and research publications. The NPC will coordinate the activities of line ministries for obtaining comprehensive, reliable and timely data. The information is made available for use in policy analysis and development. Legal reforms, enforcement and enactment will be established ,where necessary, for implementing of national population policies.

C. Designing of Programme Activities

97. The achievement of the national population policy goals and objectives is a complex and multi-sectoral activity. All government sectors, international agencies, national as well as international NGOs, private sector and communities will be involved in implementation. The NPC will help the Government in the definition and the implementation of the national population policy, coordinating measures and programmes which will put national population policy in place.

98. With regard to overall population programme management, the NPC will be responsible for policy development and coordination of cross-sectoral programmes. The NPC will also act as a focal point for facilitating technical and resource cooperation among national and international organizations. There are some units in different ministries concerned with training, information and research. The mechanisms for strengthening these institutions need to be developed and coordinated by the NPC. The institutions and organizations are required to conduct monitoring and evaluation functions jointly or separately. The joint review of programmes will be conducted annually. The reports will be submitted to the NPC which will use the findings and recommendations to modify the programme activities.

D. Resource Mobilization

99.   It is rather difficult to mention total cost of population programmes and its details. It can be definitely said that many national level population programmes are being implemented and expanded. Therefore, large amount of resources both human and financial will be required. Technology transfer and technical cooperation between developing and developed countries as well as among developing countries are also necessary. At present, mobilization of resources both domestic and international are being accomplished. Some mechanisms for cooperation with international organizations especially international NGOs are being explored. At the same time domestic resource mobilization are undertaken through cost-recovery, cost-sharing and user-charges mechanisms.

V. Summary and Conclusion

A. Summary

100.   The Union of Myanmar is located in South East Asia between the two most populous countries as neighbours. Its total population is 40.7 million in 1990 with the growth rate of 1.9 percent. The relatively high growth rate of the country in the past leads to the age structure of a young population with total dependency ratio of 0.73 in 1990. This high proportion of young people demands more social and economic resources. The proportion of working age population (15-59 years) has increased continuously. During the 1973-83 decade the proportion of working age population has increased by 11.4 percent while the labour force participation rate 6.2 percent only. Thus the labour force expansion calls for creation of more employment opportunities.

101.   The urban population had increased from 6.4 million in 1973 to 8.6 million in 1983. The annual rate of increase during the decade is 2.47 percent as against the total population growth rate of 2.02 percent. The rate of urbanization over the ten year period (1973-83) is minimal. This slow rate of urbanization may be attributed to government's decentralization programmes of industries, education and health facilities and balancing investments in rural development programmes. Nevertheless, internal and international population movement have increased in scale and complexity during recent years and policy and programme measures need to be reviewed for the future.

102.   The crude birth rate (CBR) of the country was 34.8 for 1983 and 24.4 for 1990. Total fertility rate (TFR) has declined from a high level of 5.7 in 1973 to 4.7 in 1983 and 3.5 in 1990. The decline no fertility is quite remarkable even though there has

been no explicit national population policy on fertility control. The decline in fertility is partly due to the rise in age at marriage.

103. The Crude Death Rate (CDR) shows a downward trend from 1975 onwards reaching the lowest level of 9.1 per thousand for the whole country in 1990. However, infant mortality rate is still moderately high with 94 per thousand live births in 1990. The expectation of life at birth for (1990-95) was 60.4 years for both sexes.

104. Myanmar has adopted and maintained pronatalist policy since its independence. It also considered its population growth contributes to social and economic development. Thus, there was no explicit policy to intervene fertility and population growth. Myanmar also tried to bring down mortality especially that of the vulnerable group (mothers and children) by introducing a series of Peoples Health Plans (PHPs). Thus, there was a sharp decline of mortality with some increase in life expectancy. However, the mortality does not go down to the desired level and there is the general consensus that population programmes need to be introduced. Thus, the National Health Committee provided a mandate to establish the proposal for a draft National Population Policy and a National Plan of Action. The ultimate goal of Population Policy is to contribute improvement of the quality of life for population through better health conditions, higher educational levels and increased employment opportunities. A national level committee, National Population Council (NPC), is to be established to help government in implementation of the National Population Policy. The NPC will support the government by doing policy analysis, review and coordination of population activities.

105. Various population programmes at the macro and micro level have been introduced in Myanmar after independence. The medium term People Health Plans and National Health Plans were implemented through primary health care approach since 1978. Maternal and child health, school health, sports and physical education for youths, disaster relief are major programme areas in the People Health Plans and National Health Plans. Information, education and communication programmes on population have been introduced since 1989. Although informal IEC programmes on population were introduced, formal IEC programmes are just introduced in the schools.

106. Myanmar women have always been treated equally with men and shared opportunities and responsibilities in social, economic and political activities . They actively participate in development programmes at managerial or policy making levels. Major programmes for promoting women's role in development are maternal and child health, social welfare, literacy and income generating programmes. Measures and programmes which provide opportunity to acquire values and skills to enable youth to contribute social

and economic development of the nation have been introduced by successive governments. The elderly population, age 60 years and above, constitutes 7.11 percent (2.9 million) of total population. Major support for the elderly has been provided by the families, which is the tradition and culture of Myanmar people. Although institutional care for elderly has been established, it is necessary to expand. Programmes preparing for and relief of disasters are also implemented by the collaboration of Ministry of Health, Ministry of Social Welfare, non-governmental organizations and communities.

107.   In Myanmar, population distribution is not homogenous and differences among regions are large. The government has introduced development programmes for balanced population distribution and regional development through the Border Areas and National Races Development Ministry. Myanmar has also encountered environmental problems due to population growth and traditional cultivative practices. At the present time, the government has formed the National Commission for Environmental Affairs for developing environmental policies, plans and coordinating programmes.

108.   HIV / AIDS infection is an enormous threat to the country because of the rising regional and global trends. Prevention and control of this fatal infection started since 1989 when HIV(+) persons were detected in the country. The intervention measures have been incorporated to the population and family health programmes.

109.   Myanmar has used demographic and population data in various types of development planning. Major sources of data are decennial censuses, vital registration system and research. Recently, computerized population projection models have been used for national, sectoral and area development planning.

110.   Monitoring of the population programmes has been carried out by the staff concerned both from the central as well as peripheral level. Reports of activities and achievements are being sent to the central level through routine information system. Sectoral reviews have been conducted annually and annual reports published.

111.   Population programmes in Myanmar are currently financed by the government, communities, UN agencies, non-governmental organizations and private sector. The government and communities provide major portion of fund, UN agencies, non-governmental organizations and private sector assist in training, providing supplies and equipment and technology development. At present, the government is trying to mobilize resources nationally and internationally and introduce alternative financing mechanisms.

B. Conclusion

112. The current rate of population growth is not so high, but there are signs of educated unemployment and under employment. The current development projects for building of infrastructure are being carried throughout the country and they do generate employment opportunities for semi-skilled and unskilled workers. It is to be stressed that there is a strong interaction between employment and basic needs.

113. In Myanmar, the welfare of workers is also considered. The distribution of essential household commodities at reasonable prices and introduction of free-coupon system for transport to office and factory workers. In 1989 and 1993, the government took an unprecedented step in increasing substantially the wages and salaries of all strata of government employees. Regarding shelter, government employees are allotted plots of land in urban sattelite towns and they are also given long term housing loans.

114. The proposed national population policy highlighted the strategies and programme measures for achieving national population goals. Every effort should be made to achieve these goals. The surest way to achieve is investment in technology and human resource development. Every day new problems arise from uncontrolled population growth and unbalanced population distribution. Therefore the action brooks no delay. It must begin now.