Gender Issues

Myanmar

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1. Introduction

The Gender Specialist has not had the opportunity to travel to Myanmar, and thus been able to obtain only limited data on women and gender issues in the country. Some basic documents are retained in the reference
library of the project. A list of available references is included as an attachment. The most critical cross-border issues include the complex set of trade and politics related socio-economic problems, the illicit drug trade and abuse, the spread of HIV/AIDS, internal and cross-border trafficking of women and children for labour exploitation including prostitution and tourism industries; impact of conflicts and indigenous refugee populations abroad, internally misplaced people, and increasing feminisation of poverty and poor nutrition particularly in the rural areas. This report includes some of the critical data and highlights the key issues, which will help the readers to obtain a new window for looking at the cross-border areas and the importance of regional dialogue and co-operation.

### 2. Population context

The official country name of Union of Myanmar was adopted in 1989, although in several documents and reports the name Burma is frequently used. The country covers 261,000 sq miles, with a population of 48.3 million people. The urban population is approximately 26 %. The refugee population outside the country is approximately 300,000 in Thailand, 20,000 in China and 21,000 in Bangladesh. Myanmar has approximately two million internally displaced people. The birth rate is 2.1 % and life expectancy 59 years. Adult literacy rate is 19.4 % and school attendance 26.7 %.

The main languages spoken are Arakanese, Burmese, Chin, Kachin, Karen, Karenni, Mon, Shan, Wa, English and more than 1000 minority dialects. The main religions are Buddhist (85 %), Animists (5 %), Christian (4.5 %), Muslim (4 %) and Hindu (1.5 %). Myanmar's ethnic diversity is an important factor in the delivery of services benefiting women and children. No less than 67 separate ethnic groups have been identified – with different languages, dialects, customs and traditions.

The infant mortality rate is 79 per 1000 (Human Rights Year Book 1997-98) and the under-5 mortality rate was 150 per 1000 (UNICEF, 1996). There are differing estimates of the maternal mortality rates, in Myanmar. The WHO and UNICEF (1996) estimated that the rate equals 580 deaths per 100,000 live births by employing a model based on the general fertility rate and the proportion of live births attended by a trained birth attendant. (ESCAP/UN, 1998). The preliminary results of the Myanmar Maternal Mortality Survey conducted with UNFPA indicate that the rate could be 232 per 100,000 live births, whereas the National Programme of Action for the Survival, Protection and Development of Myanmar's Children in the 1990's (NPA) published in 1993 estimates of 149 per 100,000 live births. However, one has to keep in mind that it is estimated that 80 % all births in Myanmar take place at home, and that 32 % of all births are not attended by trained health personnel. A further consideration is that at present the statistics of MMR are limited to data collected from hospital records. This is a clear indication that one has to be aware of the paucity of the data.

**Development Indices** have been recently frequently reported in making analyses on the level of human development in the UN system countries. The **Human Development Index** (HDI) ranking for Myanmar was in 1995, 131 of the 174 countries (UNDP, 1998) and indicates thus low human development - low life expectancy at birth, a low educational attainment and standard of living. A **Gender-Related Development Index** (GDI) ranking was 120 out of 163 countries, indicating the gender inequality in life expectancy, educational attainment and standards of living – with a difference of +11. This means that there is still plenty to do to build human capacities of women, who live with substantial gender disparities, even according to the official UN statistics, and according to the qualitative information on the situation of women reveal even more disparities and discrimination against women.

### 3. Situation of Rural Families, Women and Children

A vast majority of the people live in the rural areas are affected with poverty and approximately 68 % of workforce are employed in agriculture. According to UNICEF (1995), only 47 % of the population has access to safe drinking water, and approximately 54 % has access to sanitation facilities. Environmental degradation and underdevelopment of the water, sanitation and energy sectors have adverse effects on the lives of women and children in particular. As women and young girls traditionally collect water and fuelwood they have to walk longer and longer distances each day. Furthermore, diarrhoea diseases, and respiratory infections are major killers of children in Myanmar (UNIFEF, 1995) as they are directly linked with contaminated water and unhygienic surroundings, including high concentration of smoke in homes generated by woodburning stoves.

Regarding the family and community environments, Myanmar has a strong tradition of volunteerism, particularly in rural areas, where the entire community takes part, provides funds and labour. Traditionally
village elders and chiefs have acted as community leaders, exercising administrative and judicial authority, and although traditional structures have increasingly weakened and "died out" they continue to prevail in smaller communities and remote areas. Extended families remain the norm in Myanmar, and in many ethnic groups (including the Burman majority) daughter often resides in her parents home – indicating a matrilinear custom. However, male dominance prevails in family relationships and management of property.

Women in Myanmar continue to bear primary responsibility for the well-being of the family and for child rearing as well as child bearing. Because the girls and women in Myanmar do not generally bear the extremes of discrimination and social repression prevailing in some parts of South Asia and the Middle East, the national and even international communities tend to overlook at the problems and constraints of women. However, throughout the life cycle women experience different treatments and inequalities that have a negative impact on their own health and development. Majority of women in Myanmar do not have negotiating skills to reduce the vulnerability in their sexual and reproductive lives. Already the paucity of information on women's reproductive health in Myanmar is in itself an indication that many of their needs are unrecognised.

While the Government has ratified the Convention of Elimination of All Forms of Discrimination against Women in Burma on August 1997, women are continuously discriminated and violated in several ways. Gender discrimination severely restricts women's rights to express their legitimate interests in social and political affairs, and the ethnic women are particularly vulnerable. The following points highlight a few of the critical issues:

- Like men, women who become politically active are harassed and arbitrarily arrested; despite of ratifying the Women's Rights Convention, a number of well-known women leaders have been arrested;
- Women, children and elderly are used extensively for all forms of forced labour – including infrastructure projects and to act as porter in war zones;
- There is extensive rape and sexual abuse and violence cases against women by the military; ethnic women are frequently raped while being detained by the military for forced labour or pottering;
- Women migrant workers in Thailand are violated in a number of ways – physically, verbally and sexually.

Regarding the health and nutrition issues, maternal malnutrition and the under-nutrition of adolescent girls are critical questions. Given the established association between poor maternal nutrition and low birthweight of children and growth-retarded babies, there is a severe concern. Low birthweight can lead to growth failure and retarded adults. The major micronutrient deficiencies in Myanmar include iodine deficiency (prevalence rate of goitre is over 33 %), and anaemia in pregnant women. Malaria prevalence is extremely high in border areas, in some mountainous areas, and in large areas of Kayah, Kayin, Rakhine and Shan States.

### Table 1: Prevalence of Stunting at the Age of School Entry in 1990 and 1991 – Union of Myanmar

<table>
<thead>
<tr>
<th>State/Division</th>
<th>Height/Age 1990</th>
<th>&lt; -2 SD (%) 1991</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayeyarwady</td>
<td>20.7</td>
<td>34.2</td>
</tr>
<tr>
<td>Bago</td>
<td>29.5</td>
<td>38.9</td>
</tr>
<tr>
<td>Chin</td>
<td>20.7</td>
<td>49.8</td>
</tr>
<tr>
<td>Kachin</td>
<td>33.3</td>
<td>38.2</td>
</tr>
<tr>
<td>Kayah</td>
<td>27.0</td>
<td>54.3</td>
</tr>
<tr>
<td>Kayin</td>
<td>30.0</td>
<td>43.9</td>
</tr>
<tr>
<td>Magway</td>
<td>44.6</td>
<td>41.5</td>
</tr>
<tr>
<td>Mandalay</td>
<td>23.6</td>
<td>28.6</td>
</tr>
<tr>
<td>Mon</td>
<td>25.0</td>
<td>46.1</td>
</tr>
<tr>
<td>Rakhine</td>
<td>40.5</td>
<td>23.4</td>
</tr>
<tr>
<td>Sagaing</td>
<td>30.2</td>
<td>41.6</td>
</tr>
</tbody>
</table>
The above data indicates clearly that nearly half of the primary school children in Myanmar are malnourished. The estimated prevalence of stunting at the age of school entry, which indicates past or chronic malnutrition, has increased from 29.1 percent in 1990 to 40.5 percent in 1991. Malnutrition not only increase the risk of contracting life-threatening diseases but also negatively affects performance in all school activities (UNICEF, 1995).

There are also gender disparities in primary education. In 1993 the national ratio of girls to boys in primary school was reported to be 48.4: 51.6. However, the proportion of girls and boys is more or less the same in urban and rural areas, despite the fact that the retention and completion rates are much lower for the rural areas. In some areas of the country net enrolment rates for girls are much lower than for boys, such areas include Shan, Kayin and Mon states, where net enrolment rates for girls are: 55.3, 62.9, and 68.3 percent respectively (UNICEF, 1995).

This information should nevertheless interpreted with caution as there is circumstantial evidence and observations from the field suggest that fewer girls than boys enroll in schools in some areas of the country and that gender gaps therefore may be underreported.

### 4. Trafficking in Women and Children

Myanmar is both a country from which nationals are trafficked into Thailand and a transit country for traffickers to move Chinese from Yunnan province in to Thailand. Many of those trafficked are found to be from the minorities but this is not exclusive of ethnic Burmans and Chinese. The estimates of women and girls from Myanmar, trafficked into Thailand have been consistently quoted as 20,000 to 30,000 with 10,000 new recruits each year (Asia Watch, 1994). This is only looking at those trafficked into brothels which is one type of sex industry. Given the vast majority of the 917,689 illegal immigrants in Thailand recognised by the RTG are from Myanmar, it is safe to say the number of those trafficked from Myanmar into Thailand is considerably higher.

In 1997, the Union of Myanmar attended several regional conferences and presented papers on the trafficking situation in Myanmar. These papers gave some background to the issues surrounding trafficking. They have published a Plan of Action on the commitment to child trafficking. In November 1997, at the "Regional Conference on Illegal Labour Movements: The Case of Trafficking Women and Children", the delegates from Myanmar announced the establishment of a national mechanism for the prevention of trafficking in women, which will establish committees at the townships, District and State Divisions. The plan is to be implemented by the Department of Social Welfare and provide opportunities for liaison with various national committees and to operate with similar committees in neighbouring countries.

According to the UN Working Group on Trafficking in the Mekong Sub-region, there has been only limited response of the GOM and the focus has been only on a few high profile cases. Overall, the response has been more punitive than protective. For example, Myanmar has imposed restrictions on girls under 25 years of age in the eastern Shan State from travelling across the boarder to Thailand unless accompanied by a legal guardian. Such a response limits the rights of young women and places them further under the control of others.

There are key issues and various interventions currently undertaken and planned to address the many aspects of trafficking in the Mekong Subregion. These include categories such as:

- Prevention
- Laws, policies and the judicial system;

<table>
<thead>
<tr>
<th></th>
<th>Shan North</th>
<th>Shan South</th>
<th>Tanintharyi</th>
<th>Yangon</th>
<th>Union of Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>22.8</td>
<td>34.6</td>
<td>41.3</td>
<td>19.5</td>
<td>29.1</td>
</tr>
<tr>
<td>1990</td>
<td>29.1</td>
<td>34.6</td>
<td>41.3</td>
<td>19.5</td>
<td>29.1</td>
</tr>
<tr>
<td>1991</td>
<td>29.1</td>
<td>34.6</td>
<td>41.3</td>
<td>19.5</td>
<td>29.1</td>
</tr>
<tr>
<td>Source:</td>
<td>National Nutrition Centre, 1991</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

The above table shows the stunting prevalence in different regions of Myanmar in 1990 and 1991.
• Protection, assistance, return and reintegration;

• Research and advocacy; and

• Sub-regional co-ordination.

For example two cross-boarder projects have been undertaken primarily focusing HIV/AIDS information and prevention. These are being implemented by the World Vision International in Kawthaung-Ranong and Tachileik-Mae Sai. A third cross boarder site has been planned for Myawaddy-Mae Sot. These boarder areas are the points where most migrants from Burma enter Thailand and through which the majority of women and children from Burma are trafficked (UN Working Group, 1998).

Box 1. Sexual Trafficking of Children from Myanmar Across International Boarders.

| With the growth of sex tourism and the commercial sex trade in neighbouring countries of the region child abuse and exploitation has assumed a new form: sexual trafficking of children across international boarders. The number of Myanmar girls working in Thai brothels has been conservatively estimated between 20,000 to 30,000, with approximately 10,000 new recruits brought yearly. The majority is between 12 and 25 years old. According to one NGO, and average of seven Myanmar girls per day were trafficked into Thailand in 1992 via the boarder check point of Mae Sai. In some communities in eastern Shan State, around 20 percent of girls between the ages of 15 and 25 can be found in Thai brothels at any given time. Of 19 teenage CSWs rescued from a brothel in Chiang Mai in 1991 and returned to their homes in Shan State, 17 were found to be HIV positive. Only a few NGOs are beginning to work on this in Myanmar. |

Box 2. The Inadequate Child Law - No Mention for Any Penalty for Trafficking in Children.

| “When the girls and women from Burma once arrive in Thailand, the abuses of these girls are extreme. They are forced to have as many as fifty clients a day. In most cases the young girls are prevented from leaving the brothels. When they do manage to escape, the girls are often too ashamed to return home. By that time they are found to be HIV positive. Those that are ‘rescued’ in Thai police raids, are detained by the Thai authorities on immigration charges and are held for months in detention centers where they face further abuses. From there they are deported to Burma where again they face arrest under immigration laws for having left the country illegally.” |

(Source: Human Rights Yearbook, 1997-98: Burma)

5. HIV/AIDS Prevalence with a Focus on Shan State

The HIV/AIDS prevalence in all the GMS countries is alarming, and Cambodia, Myanmar and Thailand are the three countries of the GMS region, which are the highest incident countries in Asia due to a sharp increase in HIV incidences during the late 1990’s.

Spread of HIV/AIDS is a serious concern for both men and women in Myanmar. The predominant mode of transmission is among the Intravenous Drug Users (IDUs), and heterosexual transmission with men frequenting commercial sex workers and passing it on to their permanent partners. Myanmar has a very rapidly widespread and serious HIV epidemic in the region largely due to the cross-boarder movements, increasing trafficking and tourism development. According to the UNAIDS Report, at the end of 1997, there were 440,000 cases of which 92,000 were women, and 7,100 children between (0-14 years of age). The number of orphans was 14,000.

The most extensive study has been carried out by the UNDP in Myanmar titled “Wheeling and Dealing: HIV/AIDS and Development on the Shan State Boarders”. It covers an extensive analysis of patterns of trade developments, boarder movements, transport and truckers, socio-economic issues, and internal and international migration movements and intensification of economic issues relevant to the spread of HIV/AIDS in Eastern Shan State. The research focused on two features of world-wide trend in the 1980’s which have had consequences on local life situations. One was the dramatic shifts in investment and trade throughout the Southeast region, the other was the withdrawal of government was critical in fostering the many cross-boarder
zones throughout the region. One of these is the "borderless zone" sometimes called the "Golden Rectangle".

The following Boxes are extracted from the above report:

**Box 3. An Extract from "Socio-economic Change and Opportunities.."**

"It is more than a coincidence that the HIV and AIDS pandemic now cursing through these boarders has arisen in tandem with economic deregulation and liberalisation. And in large part, the pace and geographic spread of HIV/AIDS is connected to larger, externally driven economic forces in ways similar to changing marketing networks, the organisation of transport, or people' movements. But it would be a mistake to conclude that governments or local organisations are unable to greatly influence what occurs within their territories; whether this be an economic activity or the problem of HIV. The Economic and political forces will greatly influence the events in Eastern Shan State may appear to be overwhelmingly significant with respect to HIV, but the role of government and local organisations in alleviating the spread, mitigating the impacts and assisting the communities to cope with the effects should not be underestimated".

(Source: D.Porter: "Wheeling and dealing:..", UNDP, 1994)

**Box 4. Diversity and Great Disparities amongst Villages and Households...**

...in terms of access to land and water, proximity to services and markets, the availability of draught animals, and housing conditions. It should not be pointed out that those households are both remarkably resilient and extremely vulnerable. Resilience must be understood in terms of the ability to cope with environmental change, resettlement, the predations of war and ill-health, and not least, to maintain family and cultural life in face of situations, which find greater than 50 percent of the upland population unable to provide sufficient food for more than six months each year. But such people are also extremely vulnerable to HIV /AIDS. Their chronic ill-health and under-nutrition may increase susceptibility to infection...

... There is a depressing sense of inevitability in accounts of this situation but the plight must highlighted. It shows more clearly than any other example how HIV and AIDS have become a development issue and must begin to be dealt with through mainstream development responses.”

(Source: D.Porter: "Wheeling and dealing:..", UNDP, 1994)

In the summaries and opportunities Porter (1994) emphasises that as Myanmar is actively participating in various regional fora designed to foster economic development and many of these are supported by multilateral agencies, there is a need to have a clear concern about the HIV epidemic. Furthermore, the investment-oriented discussions on infrastructure development, the formation of economic centres and economic co-operation should not neglect the close relation between these discussions and the transmission of HIV/AIDS including regional consultations.

**6. Policy and Planning Focus in Rural Development**

According to the Development plans the aim is to achieve equitable development and social justice through sustainable economic growth, human resource development and sustainable use of the country’s natural resources. Therefore, in order to achieve the above in the context of agricultural and rural production, according to FAO (1997) policy-makers and planners need to:

- collect gender-desegregated local data and conduct gender sensitive agricultural censuses and formulate gender-sensitive policies and plans based on needs assessment;
- train field staff in gender sensitive and participatory planning and programme implementation;
- acknowledge women as farmers, instead as merely wives of male farmers and to improve the extension system to reach both women and men farmers;
- identify and respond to agricultural and household technology needs of women, in close collaboration
among agricultural researchers, implementing agencies and grassroots workers;

- support women in their marketing activities, by providing local marketing information, improving transportation and storage facilities, improving processing and packaging techniques and provision of credit;

- conduct adult education to increase literacy among women in order that they can understand and adopt new technologies;

- provide legal literacy education and support to women in order to improve their access to and control over resources;

- pay attention to basic household food security, nutrition and health issues of the population including HIV/AIDS,

7. Closing Note and Appreciation

This Summary Country Report summarises in varying details some of the key points discussed with the informants both on gender issues and several other social concerns and dimensions, particularly, HIV/AIDS and trafficking of women and children. The information reported is a mix, which can be used as a learning reference by the readers about the wide variety issues when working on the feasibility studies during Phase II, and when developing project ideas and approaches for Phase III.

The Gender Specialist wants to express sincere appreciation to all the colleagues, Gender Focal Points and Staff Assistants in numerous offices and to many past and present colleagues and friends, who have given their time and shared their information sources and networks and collected and sent documents and data.

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