Myanmar has experienced growth in Dietary Energy Supply (DES). Dietary quality remains poor, low on protein and vitamins and with high carbohydrates. Most household expenditures are related to food.

Amid a declining trend over recent years in nutritional outcomes, poor quality of diet is largely responsible for persistent high levels of stunting and underweight, along with high levels of anaemia, iodine and Vitamin A deficiencies.

Myanmar is making significant efforts to address the nutrition situation. The country launched its entry into the global Scaling Up Nutrition (SUN) movement in May 2013.

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</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>106.4</td>
<td>76.1</td>
<td>58.5</td>
<td>56.0</td>
<td>43.7</td>
<td>52.3</td>
<td>41.1</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td>71</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Under 5 mortality</td>
<td>45</td>
<td></td>
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</tbody>
</table>

**Underweight women (BMI < 18.5 kg/m²)**
- 16.5 % in 2009

**Overweight adults (BMI >= 25 kg/m²)**
- 25.4 % in 2009

**Proportion of infants with low birth weight**
- 9 % in 2009-2010

**Anthropometry (Table 1.1)**

Source: FAOSTAT FBS: 2014 update
Source: Myanmar MICS 2009 - 2010 / WHO Global Database on Child Growth and Malnutrition 2013
Source: Inter-agency Group for CME (2013)

**Key Indicators**

- BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents

**Underweight women (BMI < 18.5 kg/m²)**
- 16.5 % in 2009

**Overweight adults (BMI >= 25 kg/m²)**
- 25.4 % in 2009

**Proportion of infants with low birth weight**
- 9 % in 2009-2010

**Source:** Noncommunicable Disease Risk Factor Survey 2009 / MICS 2009-10
• Cereals remain the most important source of food energy (50%), but their contribution to overall DES has decreased
• Products from animal origin increased notably; for example, meat, milk and eggs have increased 446%. Vegetable oils have also increased 52% and are also significant contributors to DES
• The diet is evidently rice-based, with rice contributing to 92% of cereals

Source: ILOSTAT Database Consumer Price Indices 2014

• General inflation was correlated with food inflation
• Families spent more than 70% of their income on food. While cereals contributed 52% to food intake; they only affected 17% of food expenditure at household level

Figure 2.3 Share of food expenditure (2006)

Sources: UN_FAO RAP based on national HIES, ECS, SES, HLSS_2013 Update, Myanmar
Food Utilization

Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence. In Myanmar, water and sanitation conditions have been improving during the past 20 years, especially in rural areas. These improvements have contributed to the reduction in malnutrition among under-5 children shown in Fig. 1.3.

Water and Sanitation

Figure 3.1 Access to Improved Sanitation
From 1991 to 2012:
• Access to improved sanitation increased 46% in 21 years, but 24% of the population still does not have such access
• Disparities between rural and urban areas have decreased significantly

Figure 3.2 Open Defecation
In 2012:
• 5% of the population practiced open defecation

Figure 3.3 Access to Improved Water Sources
From 1990 to 2012:
• Access to improved water sources increased 54% during 22 years
• Disparities in access between urban and rural areas remain, although they have been reduced to a 14% difference

Food Safety

Figure 3.4 Diarrhoea
• Diarrhoea among young children ranges from 5% to 8%, and is slightly more common among the poorest wealth quintiles

Management of Diarrhoea (Table 3.1)

Zinc
Share of children under age 5 with diarrhoea receiving zinc treatment

Existing policy framework
Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea
Myanmar - Food and Nutrition Security Profiles

Nutrition and Health

Figure 3.5 Exclusive Breastfeeding
• Early initiation of breastfeeding stands at 76%
• Exclusive breastfeeding rate for children aged 0-5 months is 24%

Figure 3.6 Complementary Feeding
Introduction of complementary feeding is timely for 81% of children

Figure 3.7 Duration of Breastfeeding

Figure 3.8 Child Malnutrition and Poverty
Stunting and underweight are more than twice as common in the poorest quintile as in the wealthiest
Wasting exhibits a poor outcome in all quintiles
• Overweight is not a public health issue overall, but is more prevalent in wealthier quintiles

Figure 3.9 Vitamin A
• Vitamin A supplementation (60%), not a satisfactory coverage rate.
• Severely high rates of Vitamin A deficiencies (37% of pre-schoolers) indicate that Vitamin A is lacking in the daily diet

Micronutrient Status

Figure 3.10 Iodine (Table 3.2)
Households consuming iodized salt (2008-2012)/a  93 %
Iodine deficiency (Urinary Iodine Concentration <100µg/L) among school-age children (2006)/b  22.3 %

*Optimal IUE 100 - 199µg/L
Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues

1. National Food and Nutrition Policy

In 2002 an inter-sectorial Technical Working Group with participants from 19 departments was designated by the Central Board for F&N to take a multi-sectorial approach to nutrition forward and decided to develop a Food and Nutrition Policy, and produce departmental profiles with nutrition related activities.


Monitoring by Central Board for Food and Nutrition under the National Health Committee NPAFN updating process initiated in 2011, has not been finalized and approved; the plan is multi-sectorial in its approach.


Nutrition related issues covered in these policies | Covered | Comments
--- | --- | ---
Maternal and Child Undernutrition
- Child undernutrition | yes |
- Low Birth Weight | yes |
- Maternal undernutrition | yes |
Obesity and diet related NCDs
- Child obesity | both |
- Adult obesity | |
- Diet related NCDs | yes |
Infant and Young Child Nutrition
- Breastfeeding | yes |
- Complementary feeding | yes |
- Int’l Code of Marketing of BMS | |
Vitamins and Minerals
- Supplementation:
  - Vitamin A children/women | both |
  - Iron Folic Acid children/women | both |
  - Zinc children | ? |
  - Other vitamins & min child/women | ? |
- Food fortification | yes |
Food Safety | yes |
Food security | ? |
Food Aid | yes |
Nutrition and Infection | ? |
Gender | ? |
Maternal leave | 12 weeks |

Social Protection policies or legislation including food or nutrition component

Social protection programmes are offered by sector Ministries. They include cash transfers to families with three or more children, subsidies for medical care for pregnant women, assistance to rural families, and school feeding programmes for Early Childhood Development. A total of 99 per cent of the population has no access to predictable social protection. Discussion on social transfers for poverty alleviation have been initiated (UNICEF-ODI document 2011).

Food safety policies or legislation


Monitoring by Food and Drug Board of Authority. Department of Developmental Affairs (DDA) is responsible for food hygiene and food safety of food manufactures and food stalls; street food quality is handled by City Development Committee. Food safety activities are coordinated by Food and Drug Board of Authority.

Other policies addressing food security
### Demographic Indicators (Table - 5.1)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size (thousands) /a</td>
<td>52,797</td>
<td></td>
</tr>
<tr>
<td>Average annual population growth</td>
<td>0.85 %</td>
<td>2012</td>
</tr>
<tr>
<td>Proportion of population urbanised</td>
<td>33.2 %</td>
<td>2012</td>
</tr>
<tr>
<td>Number of children &lt;5 years (thousand)</td>
<td>4,393</td>
<td></td>
</tr>
<tr>
<td>Education level of mothers of under-fives: None (%)</td>
<td>10</td>
<td>2009-2010</td>
</tr>
<tr>
<td>Life expectancy at birth (Years) /a</td>
<td>Male</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>67.1</td>
</tr>
<tr>
<td>Agriculture population density (people/ ha of arable land /b)</td>
<td>2.9</td>
<td>2006-2008</td>
</tr>
<tr>
<td>Employment in agriculture sector (% of total employment) /c</td>
<td>62.7 %</td>
<td>1998</td>
</tr>
<tr>
<td>Women employed in agriculture sector (% of total female employment) /c</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Economic Indicators (Table - 5.3)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP annual growth rate /c</td>
<td>2.8 %</td>
<td>1990</td>
</tr>
<tr>
<td>GDP per capita (PPP) (constant 2011 international dollars) /c</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gini index /c (100= complete inequality; 0= complete equality)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Poverty gap ratio /e</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Income share held by households /c</td>
<td>Poorest 20%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Richest 20%</td>
<td>-</td>
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</table>

### Adolescents (Table - 5.2)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a</td>
<td>12</td>
<td>2012</td>
</tr>
<tr>
<td>Adolescent girls aged 15-19 currently married or in union /d</td>
<td>7.4 %</td>
<td>2009-2010</td>
</tr>
<tr>
<td>Women aged 20-24 who gave birth before age 18 /d (%)</td>
<td>13</td>
<td>2000-2007</td>
</tr>
</tbody>
</table>

### Sources:
- b/ FAOstat 2013 Update;
- c/ World Bank, World Development Indicators Database, 2014 Update;
- d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified)
- e/ UN Statistics Division, MDG database 2013 Update.
- f/ Myanmar Multiple Indicator Cluster Survey 2009 - 2010