

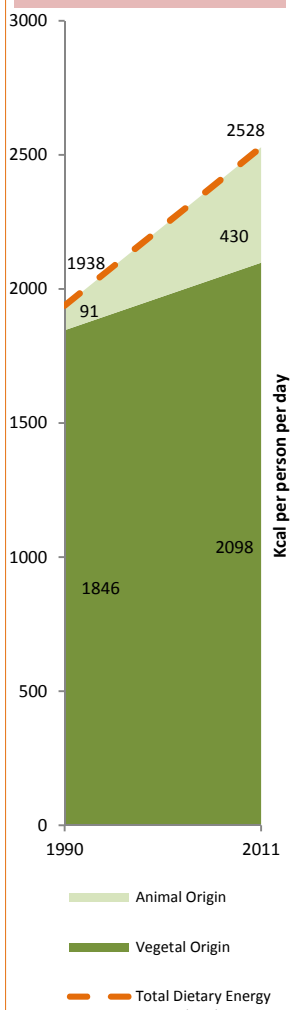


Key Indicators

- 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.
- While there have been improvements in child nutrition, poor diet quality has contributed to high levels of stunting and underweight, along with high levels of anaemia, iodine and Vitamin A deficiencies. In addition, low levels of exclusive breastfeeding, a lack of diversity in the food supply, and inadequate access to improved sanitation have also played a role in child malnutrition.
- 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.

Figure 1.1 Food Availability
From 1990 to 2011:

- DES increased 30%
- Animal-origin supply increased 373%
- Vegetal-origin products increased 14% and remain the major DES source



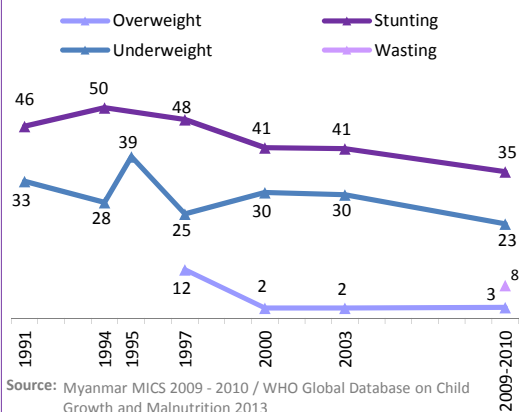
Source : FAOSTAT FBS: 2014 update

Figure 1.2 Undernourishment and Economic Growth

No Data

Figure 1.3 Child Malnutrition From 1991 to 2009:

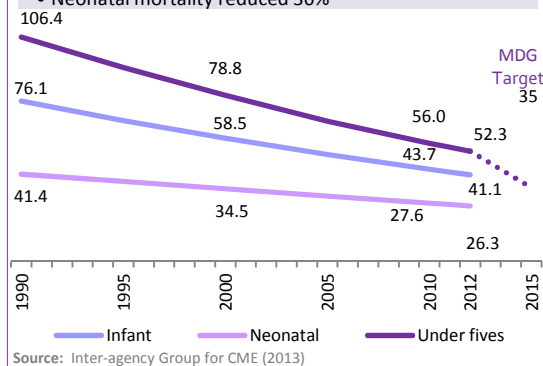
- Stunting declined 24%, but remains very high, at 35% of young children
- Underweight declined 31%, but also remains very high, at 23%
- Wasting in 2009 was 8%, a poor outcome
- Overweight reduced from 12% to 3%



Source: Myanmar MICS 2009 - 2010 / WHO Global Database on Child Growth and Malnutrition 2013

Figure 1.4 Child Mortality From 1990 to 2012:

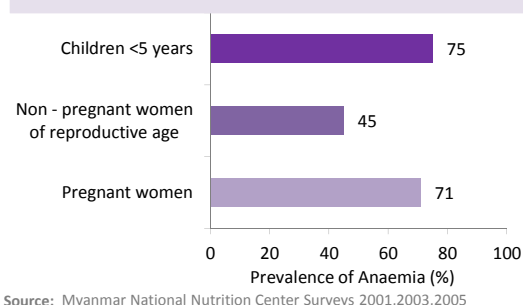
- Under-5 mortality reduced 51%, insufficient progress to achieve the Millennium Development Goal (MDG) target
- Infant mortality reduced 46%
- Neonatal mortality reduced 36%



Source: Inter-agency Group for CME (2013)

Figure 1.5 Anaemia

- Anaemia is a severe public health issue, extremely high among pregnant women (71%), and children under 5 (75%) and also high in non-pregnant women (45%)



Source: Myanmar National Nutrition Center Surveys 2001,2003,2005

Anthropometry (Table 1.1)

Underweight women (BMI < 18.5 kg/m ²)	16.5 %	2009
Overweight adults (BMI ≥ 25 kg/m ²)	25.4 %	2009
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents		
Proportion of infants with low birth weight	9 %	2009-2010

Source: Noncommunicable Disease Risk Factor Survey 2009 /MICS 2009-10



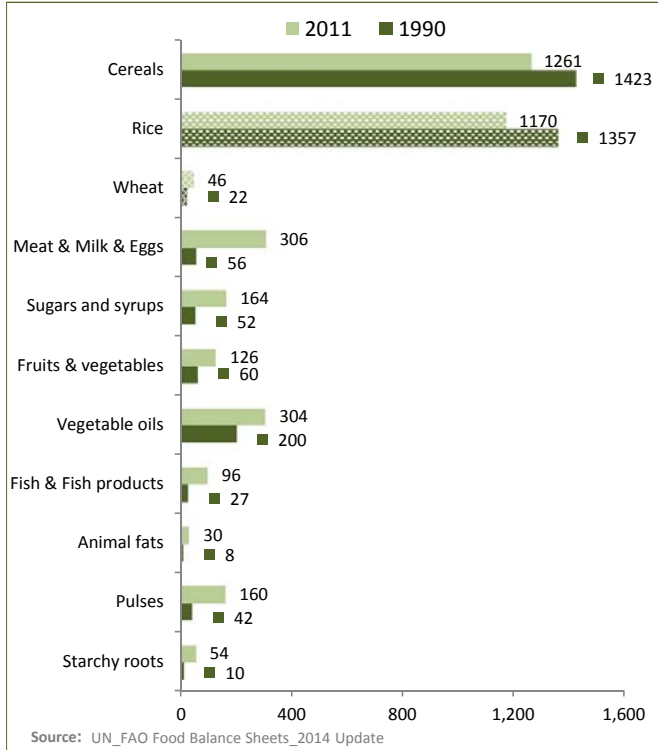
Food Availability / Food Access



Food Availability

Figure 2.1 Food supply by food group

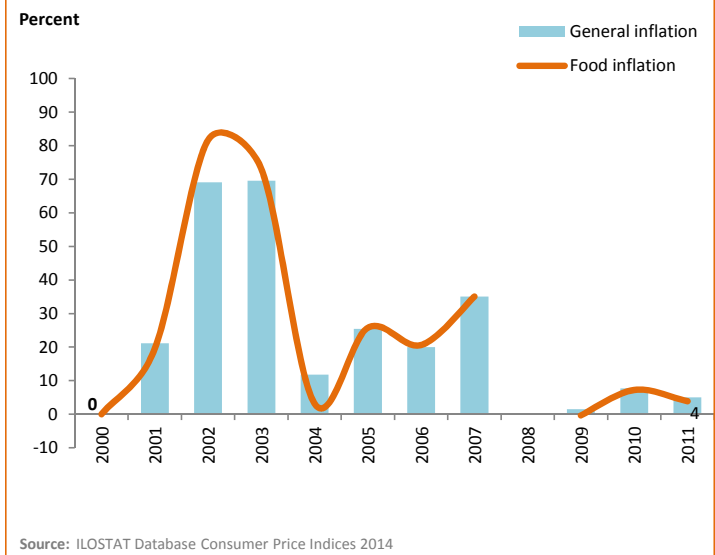
(kcal/person/year) Total dietary energy supply= 2,528 (2011)



- 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

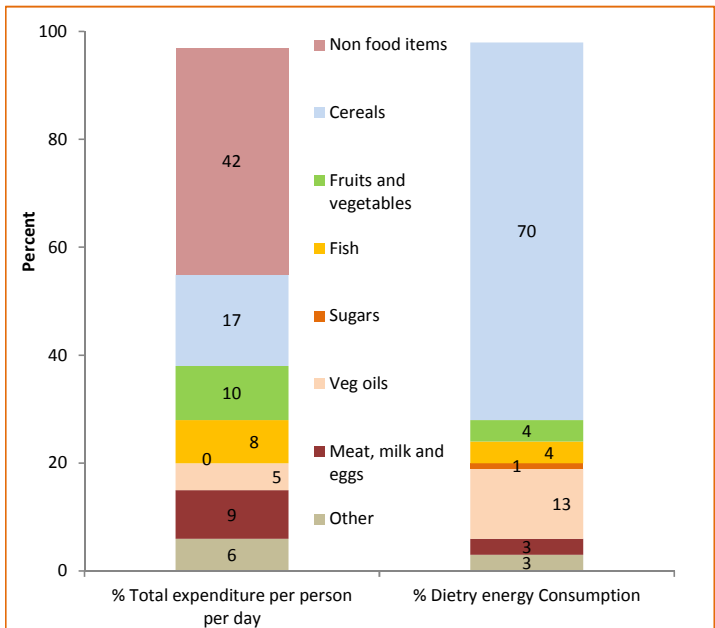
Access to food

Figure 2.2 Economic access to food
General and food inflation



- 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)





Food Utilization

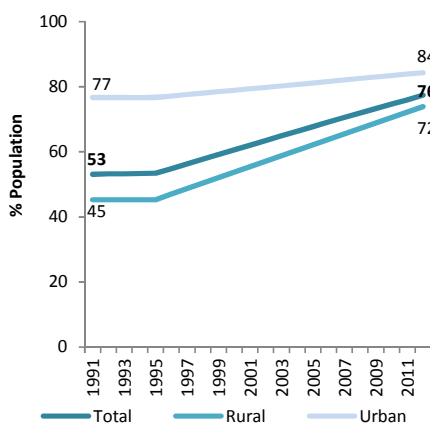
Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. 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

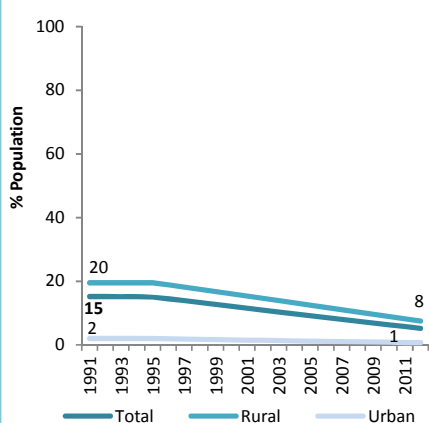


Source: WHO-UNICEF Joint Monitoring Programme, 2014

Figure 3.2 Open Defecation

In 2012:

- 5% of the population practiced open defecation

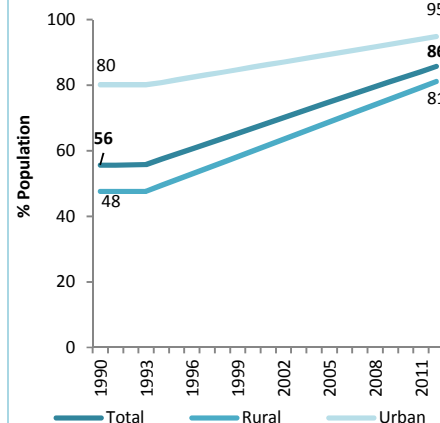


Source: WHO-UNICEF Joint Monitoring Programme, 2014

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

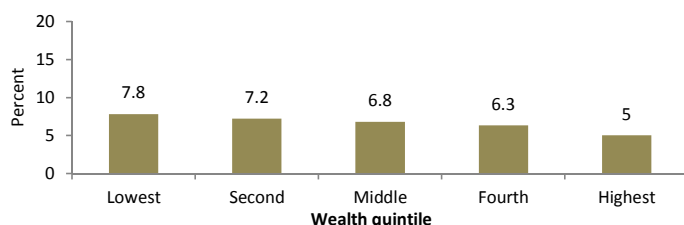


Source: WHO-UNICEF Joint Monitoring Programme, 2014

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



Source: MMR_MICS 2009-2010

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

Source:

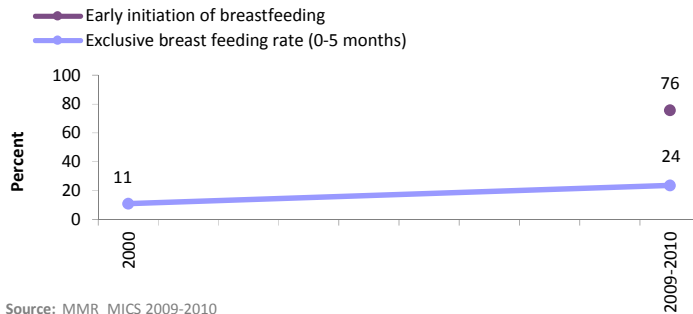


Food Utilization

Nutrition and Health

Figure 3.5 Exclusive Breastfeeding

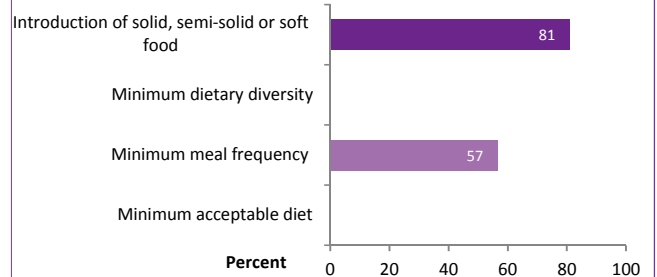
- Early initiation of breastfeeding stands at 76%
- Exclusive breastfeeding rate for children aged 0-5 months is 24%



Source: MMR_MICS 2009-2010

Figure 3.6 Complementary Feeding

Introduction of complementary feeding is timely for 81% of children



Source: MMR_MICS 2009-2010

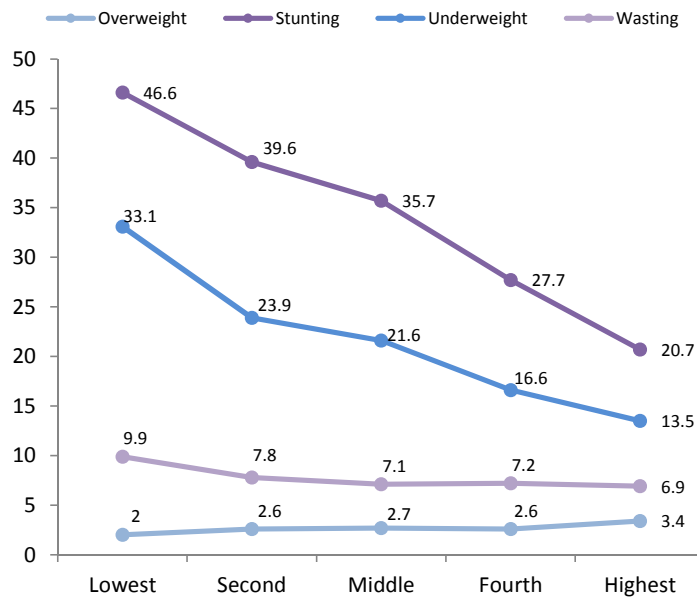
Figure 3.7 Duration of Breastfeeding

- Continued breastfeeding at one year of age (12-15 months) is 91%.
- Continued breastfeeding at two years of age (20-23 months) is 65%.

Source: MMR_MICS 2009-2010

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

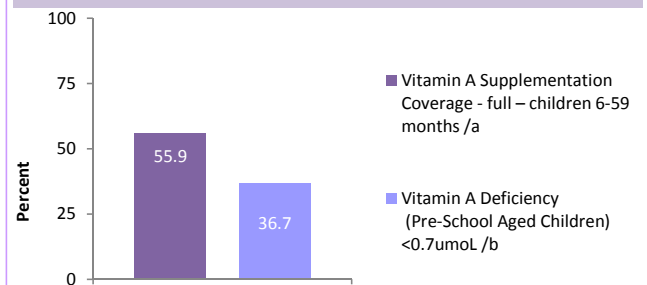


Source: Multiple Indicator Cluster Survey 2009-2010

Micronutrient Status

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



* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7µmol/L)

Source: a/ MICS 2009-2010 b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

Iodine (Table 3.2)

Households consuming adequately iodized salt (2008-2012)/a	93 %
Iodine deficiency (Urinary Iodine Concentration <100µg/L) among school-age children (2006) /b	22.3 %
*Optimal UIC 100 - 199µg/L	

Source: a/ UNICEF State of the World's Children 2014 b/USI Monitoring System, Iodated Salt Consumption Surveys



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			
2. National Plan of Action for Food and Nutrition (NPAFN) (2005-2010)			
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			
3.. Public Health Law (1993)			
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	Although obesity and related NCDs feature as emerging issues in the NPAFN, child obesity is not addressed specifically
	Adult obesity		
	Diet related NCDs	yes	
Infant and Young Child Nutrition	Breastfeeding	yes	
	Complementary feeding	yes	
	Int'l Code of Marketing of BMS	yes	
Vitamins and Minerals	Supplementation: Vitamin A children/women Iron Folate children/women Zinc children Other vitamins & min child/women	both both ? ?	Iron Folic Acid supplementation guidelines for children 6-36mo, adolescent girls and pregnant women
	Food fortification	yes	Mandatory: Salt (new law just submitted to Parliament)
Underlying and contextual factors	Food Safety	yes	
	Food security	?	Policies take a multisectoral approach to nutrition
	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			
1. National Food Law (1997)			
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)		Year	Economic Indicators (Table - 5.3)		Year
Population size (thousands) /a	52,797	2012	GDP annual growth rate /c	2.8 %	1990
Average annual population growth	0.85 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	-	-
Proportion of population urbanised	33.2 %	2012	Gini index /c (100= complete inequality; 0= complete equality)	-	-
Number of children <5 years (thousand)	4,393	2012	Unemployment rate /c	6 %	1990
Education level of mothers of under-fives: None (%)	10	2009-2010	Population below US \$ 1.25 (PPP) per day /c (%)	-	-
Life expectancy at birth (Years) /a	Male	63	2012	Poorest 20%	-
	Female	67.1	2012	Richest 20%	-
Agriculture population density(people/ ha of arable land /b)	2.9	2006-2008	Poverty gap ratio /e	-	-
Employment in agriculture sector (% of total employment) /c	62.7 %	1998	Income share held by households /c	-	-
Women employed in agriculture sector (% of total female employment) /c	-	-	Sources:		
Adolescents (Table - 5.2)		Year	a/ World Bank Health Nutrition and Population Statistics 2013		
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a	12	2012	b/ FAOSTAT 2013 Update;		
Adolescent girls aged 15-19 currently married or in union /d	7.4 %	2009-2010	c/ World Bank, World Development Indicators Database, 2014 Update;		
Women aged 20-24 who gave birth before age 18 /d (%)	13	2000-2007	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		

The information included in this Food Security and Nutrition Security Profile is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.

