

Republic of the Union of Myanmar

Statement

By

Mr. Nyi Nyi, Deputy Director, Department of Population

At

44th Session of Commission on Population and Development

On

Agenda Item 4: General debate on national experience in
population matters: fertility, reproductive health and
development

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Mr. Chairman

The programme of action (POA) adopted by the International Conference on Population and Development (ICPD) seeks to address the critical challenges posed by the inter-relationships that exist between population change and sustained economic growth. POA recommends a set of population and development objectives that are mutually supportive. Myanmar acknowledges the fact that the recommendations for action were made in the spirit of consensus and international cooperation. Myanmar is committed to address those issues that are relevant to her unique economic, social, cultural, and environmental conditions.

The main objectives of our National Development Plans are to accelerate economic growth, to achieve equitable and balanced development and to reduce socioeconomic development gap among remote border areas, and rural and urban areas of the country. The major aspects of the MDGs are covered in the National Development Plans and vice versa, the National Development Plans and programs reflect many aspects of the MDGs. Myanmar has been cooperating with the UN Agencies to support the basic needs of the people especially in social sector at the grass-root level. It can be said that Myanmar's development achievements and outcomes are complementary to the targets set forth in the MDGs.

Mr. Chairman

Myanmar considers the human resources as the prime factor of sustainable economic and social development and as the beneficiary of this development. It approaches the population not merely from the stand point of regulating population growth to match its potential resources but more importantly from the desire to protect, promote and enhance the health and well-being of mothers, children and family as a whole and to raise the quality of life of the entire people.

Fertility in Myanmar has been declining. The Crude Birth Rate (CBR) decreased from 34.8¹ births per thousand population in 1983 to 17.3² in 2006. The Total Fertility Rate (TFR) was 3.5 children per woman³ in 1991 decreasing to 2.0 children per woman⁴ in 2006. For marital fertility (Total Marital Fertility Rate - TMFR) a married woman had 4.9 children⁵ in 2001 decreasing to 4.7 children⁶ in 2006. The number of children a married woman can expect to give birth to is still high though it has declined. Fertility decline in Myanmar is likely to be influenced by the factors such as education, employment, increase in contraceptive use, increase in age at first marriage and increase in the proportion of women never married.

The percentage of currently married women currently using any contraceptive method namely contraceptive prevalence rate (CPR) increased nearly twice from 16.8 percent⁷ in 1991 to 41 percent⁸ in 2007. With the increase in CPR between 1991 and 2007, the estimated unmet need for contraception decreased from 20.6 percent⁹ in 1991 to 17.7 percent¹⁰ in 2007.

¹ 1983 Population Census

² Country Report on 2007 Fertility and Reproductive Health Survey

³ Country Report on 1991 Population Changes and Fertility Survey

⁴ ibid

⁵ Country Report on 2001 Fertility and Reproductive Health Survey

⁶ Country Report on 1991 Population Changes and Fertility Survey

⁷ Country Report on 1991 Population Changes and Fertility Survey

⁸ Country Report on 2007 Fertility and Reproductive Health Survey

⁹ Detailed Analysis on Fertility and Reproductive Health Survey

Nuptiality has been undergoing a transition in Myanmar. Early marriage and universality of marriage are not features of marriage patterns in Myanmar. The mean age at first marriage was 21 years for women and 24 years for men in 2006¹¹. As the age at marriage is relatively high, most adolescents are unmarried. The proportion of female adolescents marrying has declined from 10.2 percent in 1991 to 6.8 percent in 2006. Age specific fertility rate for adolescents is 0.0169 or 16.9 per thousand adolescents. Given that age at marriage is increasing, effective mechanisms need to be developed to reach unmarried people with appropriate RH information and services. The prevalence of unwanted births and unmet need called for a need to expand contraceptive services.

Mr. Chairman

Regarding reproductive health, over 60 percent of the total population is comprised of mothers and children who are the most vulnerable group. Conventional maternal and child health care has been accorded special priority ever since the national health care system was established. Recognizing that the reproductive health is a crucial component in human resource development, Myanmar's National Health Policy places high priority on strategies that seek to encourage, strengthen and intensify actions for improving reproductive health.

The National Health Plan (2007-2011) aims at reducing the maternal, newborn, infant and child morbidity and mortality. MDG 5, which aims to reduce maternal mortality ratio by three-quarters by 2015 signifies our country's commitment to achieve the time-bound improvement of the global targets. The maternal mortality rate of 240 per 100,000 live births¹² is still a major issues for Myanmar. To overcome this burden, safe motherhood initiatives have been expanded into a national movement, focusing on the continuum of quality care for maternal and newborn health.

I assure, Mr. Chairman, that Myanmar will continue to pursue efforts to ensure that the best available reproductive health care is available to all of the population.

Thank you for your attention.

¹⁰ Country Report on 2007 Fertility and Reproductive Health Survey

¹¹ *ibid*

¹² Trends in maternal mortality: 1990 to 2008 Estimates developed by WHO, UNICEF, UNFPA and The World Bank