Seminar and Workshop on
Maternal, Infant and Young Child Nutrition:
*Maternal Nutrition and Birth Outcomes in Southeast Asia*

**November 13-14, 2018**
Hotel Istana Kuala Lumpur, Malaysia

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**The Republic of the Union of Myanmar**

**BASIC INFORMATION**

**Area:** 676,578 sq. km

**Total population:** 51,486,253

**Ethnic composition:** Bamar, Shan, Karen, Other

**Languages:** Myanmar, Jingpho, Kayah, Karen, Shan, Chin, Rakhine, Mon, Other

**Administrative divisions:** 7 States, 7 Regions and 1 Union Territory; 69 Districts; 330 Townships and 67,285 Villages

**Capital:** Nay Pyi Taw

**Main economic activities:** Agriculture, Forestry, Mining

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**Nutritional status of children**

- **Percentage of children under age 5 classified as malnourished**
  - Severe: 29
  - Moderate: 8
  - Stunting: 21
  - Wasting: 7
  - Underweight: 19
  - Overweight: 4

Source: Myanmar DHS 2015-16
Trend in prevalence of stunting

Myanmar still has a high prevalence of stunting in children <5 years old

<table>
<thead>
<tr>
<th>Year</th>
<th>% of children &lt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000*</td>
<td>40.0%</td>
</tr>
<tr>
<td>2003*</td>
<td>40.6%</td>
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<tr>
<td>2009</td>
<td>35.1%</td>
</tr>
<tr>
<td>2016</td>
<td>29.2%</td>
</tr>
</tbody>
</table>

WHO thresholds for assessing severity of malnutrition:
- **Very high:** >40%
- **High:** 30-40%
- **Medium:** 20-30%
- **Low:** <20%

Chart Area:
- very high
- high
- medium

Sources: 2000 and 2003 WHO global database on child growth and malnutrition; 2009 MICS; 2015 DHS

Prevalence and distribution of Stunting by State/Region

Source: Myanmar DHS 2015-16

Stunting in children by mother’s education

Percentage of children under age 5 who are stunted

<table>
<thead>
<tr>
<th>Education</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>No education</td>
<td>39%</td>
</tr>
<tr>
<td>Primary</td>
<td>32%</td>
</tr>
<tr>
<td>Secondary</td>
<td>23%</td>
</tr>
<tr>
<td>More than secondary</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: Myanmar DHS 2015-16

Child stunting by household wealth quintile

Source: Myanmar DHS 2015-16
Low birth weight in Myanmar

According to MICS 2000, MICS 2009 and DHS 2015-16, the prevalence of low birth weight (less than 2,500 grams) was 15% in 2000, 9% in 2000 and 8.1% in 2015 representing a slight improvement.

Factors Contributing Low Birth Weight and Stunting in Myanmar

Key Drivers contributing Low Birth Weight and Stunting

Immediate and Underlying Causes

1. Suboptimal infant feeding practices, including delayed initiation of breastfeeding and a very short period of exclusive breastfeeding
2. High infectious disease burden
3. Inadequate health service access/delivery, particularly in remote, rural, or border areas
4. Inadequate hygiene and sanitation practices

Key Drivers contributing Low Birth Weight and Stunting in Myanmar (Continued)

Basic Causes

1. Lack of preventive focus of existing health services and relative lack of importance given to maternal, neonatal, and child health and community/family interventions.
2. Poverty that affects the lowest wealth quintile.
3. Long-lasting localized conflicts leading to internal displacement, increased poverty, and food insecurity, particularly for minority ethnic groups and in border regions.
4. Disaster-prone environment (e.g., natural disasters such as cyclones, flood-prone environment) can affect sanitation and access to safe water.
5. Low social status of women and early marriage, particularly among certain ethnic groups.
Interventions to tackle Low Birth Weight and Stunting

**Nutrition-Relevant Policies**

- The Government of Myanmar has expressed commitment; starting with first National Plan of Action for Food and Nutrition (NPAPFN) enacted in 1994 and updated five yearly up to (2013–2018)
- Multi-sectoral National Plan of Action on Nutrition (MS-NPAN) 2019 – 2023 was developed with the coordinated actions.
- Infant and young child feeding strategy (2011–2016)
- Food Law (1995) (includes breast milk substitutes as a controlled food item)
- Universal Salt Iodization Regulation (1999)

**Nutrition Programs in Myanmar**

- The National Nutrition Center (NNC) - the government body responsible for nutrition and is under the Ministry of Health and Sports
- NNC has identified protein-energy malnutrition, vitamin A, iodine, iron, and vitamin B1 (thiamine) deficiencies as its major malnutrition problems
- The community-based nutrition program in rural areas; growth monitoring and promotion, community nutrition centers and village food banks
- The hospital-based nutrition program; hospital nutrition units for severely malnourished children
**Nutrition Specific Interventions**

Nutrition actions at the national level by National Nutrition Centre

**IYCF**
- Promotion of infant & young child feeding (IYCF) targeting to Children 0-23m
- Provide child health checks, including Growth Monitoring Practices (GMP) targeting to Children 0-59m

**Micronutrient supplementation & fortification**
- Provide Vitamin A supplementation targeting to Children 6-59m
- Provide Iron / folate supplementation targeting to Women 15-49 years
- Carry out / support salt iodization targeting entire population
- Carry out / support rice fortification (with iron, folic acid, B1, A) targeting entire population

**Management of Malnutrition**
Provide therapeutic and supplementary feeding as part of integrated management of acute malnutrition (IMAM) targeting Children 6-59m with MAM and SAM

**Nutrition Sensitive Interventions**

**Disease prevention & management**
- Provide deworming tablets targeting to Children 2-9yrs and Pregnant women

**Nutrition Education**
- Provide nutrition and healthy lifestyle education for adolescents targeting Adolescents 10-19yrs in coordination with school health program
- Promotion of health, nutrition and hygiene activities targeting children 5 to 9 years to Adolescent 10-19 years in coordination with school health program

**WASH**
- Promotion of safe hygienic environment and hygiene education targeting entire population
- Provide materials / construct infrastructure and BCC for hand washing targeting entire population
- Provide materials / construct infrastructure and BCC for improved sanitation targeting entire population

**National Low Birth Weight and Stunting Targets**

**Social Protection**
- Provide nutritious school feeding combined with nutrition education targeting Children 3 to 4 years and Children 5 to 9 years
- Provide nutrition sensitive social safety net actions targeting entire population

**Food & Agriculture**
- Nutrition-sensitive agriculture activities, such as crop diversification targeting entire population
- Ensure food safety through measuring all hazardous contaminants in foods targeting entire population
- Safe food storage, postharvest facilities, and processing facilities along the value chain targeting entire population

**Rural Development**
- Alternative income generation activities targeting households
- Enhance household food security with activities such as small scale horticulture targeting Working age population
- Enhance household food security with activities such as small scale fishery and livestock targeting Working age population
### National Targets for Nutrition

<table>
<thead>
<tr>
<th>Sr</th>
<th>Particular</th>
<th>Base Yr(%) 2015</th>
<th>5 Year Plan Period (%)</th>
<th>To reduce 40%</th>
<th>To reduce 30%</th>
<th>To reduce 50%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prevalence of under weight among under-5 children (WAZ &lt;-2SD, WHO NGS)</td>
<td>22.6</td>
<td>21 20 19 18</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Prevalence of stunting among under 5 children (HAZ&lt;-2SD, WHO NGS)</td>
<td>35.1</td>
<td>32 30 25 22 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Prevalence of wasting in &lt;5 (WZH&lt;-2SD, WHO NGS)</td>
<td>7.9</td>
<td>7 6.5 6 5.5 5</td>
<td>&lt;5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Overweight in &lt;5 (WAZ&gt;2SD, WHO NGS)</td>
<td>2.6</td>
<td>&lt;2.6 &lt;2.6 &lt;2.6 &lt;2.6</td>
<td>&lt;2.6</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Birth rate Prevalence of Low Birth Weight</td>
<td>8.6</td>
<td>8.2 7.8 7.4 7 6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Exclusive breast feeding rate</td>
<td>23.6</td>
<td>30 35 40 45 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prevalence of anaemia among reproductive aged women</td>
<td>45</td>
<td>41 37 33 29 25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Consumption of adequately iodised salt</td>
<td>33.3</td>
<td>50 60 70 80 90</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Serum retinol levels (≥0.7 μmol in 6-71 month children)</td>
<td>&lt;38</td>
<td>&lt;33 &lt;28 &lt;23 &lt;18 &lt;13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Vitamin B1 deficiency among pregnant women and lactating women</td>
<td>5.6</td>
<td>5.5 5.4 5.2 5.1 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Maternal Nutrition and Health

- Policies and/or interventions implemented to improve maternal nutrition and health

- The Constitution of the Republic of the Union of Myanmar 2008

- Article 351
  Mothers, children and expectant women shall enjoy equal rights as prescribed by law.
  www.mohs.gov.mm

### Identification, Measurement, Understanding of Low Birth Weight and Stunting, and Prevention Activities

- The current practices/ways to identify and measure low birth weight and stunting: HMIS data, Survey Data, Surveillance data

- The intervention measures not yet taken to improve the identification and measurement

- Apart from some implementation research, programs to promote the understanding of low birth weight and stunting not yet established

- Similarly for prevention activities

A basic mapping of policy, strategy and operational frameworks to understand national policy and planning processes/flows

Breastfeeding and Complementary Feeding Practices

Interventions implemented to improve exclusive breastfeeding and complementary feeding practices

- Accelerating interventions aimed at improving infant and young child feeding (IYCF) at community level (https://www.unicef.org/nutrition/index_58362.html)

Outcomes of Interventions/Strategies/Policies

**Nutritional status of children:** Twenty-nine percent of children under age 5 are stunted, 7% are wasted, 19% are underweight, and 1% are overweight.

**Breastfeeding:** Almost all children (98%) are breastfed at some point in their life. Half of infants under age 6 months are exclusively breastfed (51%).

**Minimum acceptable diet:** The feeding practices of only 16% of children age 6-23 months meet the minimum acceptable dietary standards.

**Anemia:** Almost three in five children age 6-59 months are anemic (58%), and 47% of women age 15-49 are anemic.

**Salt iodization:** Eighty-two percent of households use iodized salt for cooking.

**Obesity:** Twenty-five percent of women age 15-49 are overweight or obese; 6% are obese.

IYCF indicators on minimum acceptable diet

- Percentage of children age 6-23 months
  - Breastfed
  - Nonbreastfed
  - All children 6-23 months

- Minimum dietary diversity (IYCF Indicator 5)
- Minimum meal frequency (IYCF Indicator 6)
- Minimum acceptable diet (IYCF Indicator 7)

Source: Myanmar DHS 2015-16
Anemia prevalence in children by states and regions

<table>
<thead>
<tr>
<th>State</th>
<th>Anemia Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kachin</td>
<td>40% - 45%</td>
</tr>
<tr>
<td>Shan</td>
<td>46% - 53%</td>
</tr>
<tr>
<td>Sagaing</td>
<td>54% - 57%</td>
</tr>
<tr>
<td>Mon</td>
<td>58% - 63%</td>
</tr>
<tr>
<td>Bago</td>
<td>64% - 72%</td>
</tr>
</tbody>
</table>

Source: Myanmar DHS 2015-16

Challenges Faced

The nutrition promotion in Myanmar currently faces many challenges.

1. Relate to the availability and distribution of inputs (e.g., human resources, physical infrastructure, supply chain, financial resources) and weaknesses in key functions (supportive supervision, referral, nutrition management information system) and public financial management.

2. The weak of oversight, leadership and accountability further exacerbates these challenges.

Challenges Faced

3. Coordination among different sectors—linkage and focal person appointment and accountability

4. Shortages of human resources for implementation, inappropriate balance and mix of skills, inequitable distribution, and difficulties in rural retention (BHS in hard to reach area)

5. Burden of work load—nutrition is not in the priority list

6. A mechanism for the accreditation of nutrition programs and institutions by external bodies; need to develop
### Challenges Faced

7. Capacity Building: Initiation of Community Nutrition training program

8. Weak law enforcement e.g. “Order of marketing formulated foods for infant and young child”

9. Data quality

10. Inadequate Nutrition information, Food behavior and food choice (e.g. food labeling – not well established)

### Ways forward

1. Establishment of Nutrition Sector Coordination committee (National & State/regional)
2. Revise National Nutrition Policy
3. Scaling up Integrated Nutrition interventions
4. Aligning actions around a Common Result Framework
5. Financial tracking and resource mobilization
7. Strengthening Nutrition package (Microplanning & Mapping, Supportive supervision, assign focal person for Nutrition at township, Monthly monitoring of data, CME for BHS & volunteers and Community involvement)

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**National Nutrition Program (NNC, since 1954)**

"Attainment of nutritional wellbeing to support health and longevity of live for every citizen."

**The way forward**

- NPAFN (Direct & Indirect Nutrition) by Multisectoral approach
- SUN Plan (Direct & Indirect Nutrition) by Multistakeholder Platform & networks

**Direct Nutrition**

by Primary Health care approach

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**Thank you so much for your kind attention!**