



**Convention on the Elimination  
of All Forms of Discrimination  
against Women**

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**Committee on the Elimination of Discrimination  
against Women**

**Consideration of reports submitted by States parties under  
article 18 of the Convention on the Elimination of All Forms  
of Discrimination against Women**

**Combined second and third periodic reports of States parties**

**Myanmar\***

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\* The present report is being submitted without formal editing.

For the initial report submitted by the Government of Myanmar, see CEDAW/C/MMR/1, which was considered by the Committee at its twenty-second session.



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## **Union of Myanmar**

### **Second and third periodic reports of the State party on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women**

#### **Introduction**

1. Myanmar acceded to the "**Convention on the Elimination of All Forms of Discrimination against Women**" on 22 July 1997. The initial report was submitted on June 15, 1999, and considered by the United Nations CEDAW Committee during its twenty second session in January 2000.
2. In accordance with Article 18 of the Convention, Myanmar hereby submits its second and third periodic reports. This report, covering the period 2000–2006, contains information and statistics not included in the initial report and updated information up till February 2007. In preparing this report, national non–governmental organizations and the relevant government ministries were consulted in the collection of information as well as the discussions during the proceedings of the Committee in considering the initial report and its general recommendations were also taken into consideration.
3. The report is prepared in two parts. Part I consists of general information which covers the demographic, social, economic and political situations, and Part II provides specific implementation of the measures taken, the development achieved, and the challenges and constraints faced.
4. To finalize this report, a Drafting Committee was established with 25 members representing relevant ministries and government departments and national non–governmental organizations. The Committee is headed by the Director–General of the Department of Social Welfare who also serves as Secretary of the Myanmar National Committee for Women’s Affairs, which is a national machinery for the development of women. The Myanmar Women’s Affairs Federation participated in the collection of data and coordination for the preparation of this Report.

## **Part I**

### **General information**

#### **Country profile**

5. The Union of Myanmar is situated in South East Asia, lies between 9° 32’ N and 28° 31’ N latitudes and 92° 10’ E and 101° 11’ E longitudes. The land area is 676,578 square kilometers. It has 6,151 kilometers of international boundaries and 2,229 kilometers of coast line. For the administrative purpose, Myanmar is divided into 7 States and 7 Divisions. It is distributed into 65 districts, 325 townships, 2689 wards, 13,730 village tracts and 65,003 villages.
6. The population of Myanmar in 2005 was estimated at 55.4 million with the growth rate of 2.02 per cent, of which 27.5 million is male and 27.9 million is female. Estimated population by sex and population density in States and Divisions are presented in Table 1. Population distribution by age and sex together with sex ratios are given in Table 2.

**Table 1. Population, Area and Density by State and Division, 2005**

State/Division	Male	Female	Total	Area (sq.km.)	Density (per sq.km.)
Kachin	718607	734462	1453069	89042	16
Kayah	161579	157121	318700	11732	27
Kayin	829085	845506	1674591	30383	55
Chin	252579	265565	518144	36019	14
Sagaing	2961350	3067231	6028581	93713	64
Tanintharyi	779491	782173	1561664	43345	36
Bago	2819692	2789840	5609532	39404	142
Magway	2551872	2635164	5187036	44821	116
Mandalay	3823705	3915011	7738716	37935	204
Mon	1439927	1428079	2868006	12297	233
Rakhine	1533898	1543814	3077712	36778	84
Yangon	3208770	3250898	6459668	10171	635
Shan	2658878	2647133	5306011	155801	34
Ayeyarwady	3800315	3794598	7594913	35137	216
<b>Total</b>	<b>27539748</b>	<b>27856595</b>	<b>55396343</b>	<b>676578</b>	<b>82</b>

**Table 2. Population Distribution by Age and by Sex, 2005**

Age	Population (number)			Distribution (%)			Sex Ratio
	Male	Female	Total	Male	Female	Total	
0-4	3278141	3235027	6513168	5.9	5.8	11.8	101.33
5-9	3019679	2992902	6012581	5.5	5.4	10.9	100.89
10-14	2767711	2747340	5515051	5.0	5.0	10.0	100.74
15-19	2537687	2346380	4884067	4.6	4.2	8.8	108.15

20-24	2449452	2323772	4773224	4.4	4.2	8.6	105.41
25-29	2298850	2248202	4547052	4.1	4.1	8.2	102.25
30-34	2097058	2105038	4202096	3.8	3.8	7.6	99.62
35-39	1886103	1951094	3837197	3.4	3.5	6.9	96.67
40-44	1651992	1731552	3383544	3.0	3.1	6.1	95.41
45-49	1384406	1463843	2848249	2.5	2.6	5.1	94.57
50-54	1148925	1230145	2379070	2.1	2.2	4.3	93.40
55-59	904939	980852	1885791	1.6	1.8	3.4	92.26
60-64	720786	802829	1523615	1.3	1.5	2.8	89.78
65-69	557683	649792	1207475	1.0	1.2	2.2	85.82
70-74	404009	487230	891239	0.7	0.9	1.6	82.92
75+	432327	560597	992924	0.8	1.0	1.8	77.12
<b>Total</b>	<b>27539748</b>	<b>27856595</b>	<b>55396343</b>	<b>49.7</b>	<b>50.3</b>	<b>100.0</b>	<b>98.86</b>

7. Myanmarers are religious in tradition and enjoy freedom of worship. About 89.3 per cent of the population profess Buddhism and others profess other religions.

8. The vital rates, namely, Crude Birth Rate (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR), Maternal Mortality Ratio (MMR) and Life Expectancy, are based on the registrations of births and deaths. They are compiled by the Central Statistical Organization (CSO) in collaboration with the Department of Health (DOH) and are presented in Table 3.

Table 3. Vital Rates

		2000		2001		2002		2003	
		M	F	M	F	M	F	M	F
CBR	Urban	24.2	24.2	24.6	23.2	22.0	20.4	20.8	19.0
	Rural	26.4	26.4	27.1	25.6	25.5	23.8	23.0	21.8
CDR	Urban	6.3	6.3	6.5	5.9	6.5	5.8	6.0	5.2
	Rural	7.3	7.3	7.3	6.9	7.2	6.8	6.7	6.4

IMR	Urban	48.5	48.5	49.3	47.2	51.5	45.0	46.3	44.3
	Rural	50.2	50.2	50.1	50.1	50.5	51.1	46.9	47.3
U5MR	Urban	75.1	71.9	76.1	69.9	76.5	68.4	76.2	67.9
	Rural	77.6	74.9	73.6	74.1	73.1	73.8	72.8	73.6
MMR	Urban		1.1		1.0		1.1		1.0
	Rural		1.9		1.8		1.9		1.5
Life Expectancy									
	Urban	61.1	65.1	61.5	65.6	61.8	66.0	62.1	66.2
	Rural	60.4	62.8	60.8	63.3	61.3	63.8	61.5	64.0

### Socio-economic framework

9. Myanmar is an agro-based country with the 70 per cent of its population living in rural areas. The Government has been doing its utmost by all means for the food sufficiency of the entire people. With a view to ensuring development of the agricultural sector, systematic and effective measures, such as expansion of arable land, provision of necessary know-how to increase per-acre yield and better quality seeds, construction of dams and river-water pumping stations for the year-round irrigation, and launching of projects for food security for future generations are being undertaken with momentum countrywide. In addition, the Government has taken steps for the development of livestock breeding and fishery sectors.

10. Measures are being undertaken to develop human resources in all areas, especially in education, health, science and technology. At the same time, the five rural development tasks to elevate the living and social standards of the rural dwellers are being implemented.

11. The education promotion projects to enhance intellectual knowledge of the people have been laid down and implemented. The educational infrastructure has been improved by means of opening more basic, middle and higher educational institutions countrywide in order to upgrade the educational standard of the country and for the entire people to enjoy equal educational opportunities. The 24 Special Development Regions have been designated and universities, colleges and 200-bed hospitals have been constructed in these regions.

### Political framework

12. Myanmar has more than one hundred national races, and each national race has its own culture and traditions. Politically, there cannot be lasting peace and stability in the country without national unity. The questions of achieving national unity and bringing the armed insurgency to an end have been vital issues for all successive governments. Myanmar is today enjoying unprecedented peace and

stability. The 17 armed groups have returned to legal fold and have been working jointly with the Government in the task of building a peaceful, modern and developed State.

13. The areas where the national races live are the most remote and least developed areas in the country. The Government has concentrated its efforts to bring progress and advancement to these areas. The political commitment of the Government can be testified by the fact that the Central Committee and the Working Committee for the Progress of the National Races and Border Areas have been formed to provide guidance and supervision in this important task.

14. Myanmar has laid down and has been implementing the 7–step Roadmap for a better future of the whole country. The first major step is the convening of the National Convention. The National Convention has been adopting the basic principles to be based upon for the enduring and stable constitution. The emergence of a new State Constitution is one of the most essential matters in building a new nation.

### **Development of women**

15. Even traditionally, Myanmar women have already enjoyed equal rights with men. Being a party to the Beijing Declaration, the Government nevertheless has taken concerted action for further development of women of all ages. As mentioned in the initial report, the "**Myanmar National Committee for Women's Affairs**" (MNCWA) was established in 1996 as a national machinery to carry out measures for the development of Myanmar women.

16. The MNCWA's functions are being carried out collectively by its members. In order to carry out its functions comprehensively and widely for the development and security of women and to enhance cooperation with national and international non–governmental organizations, the "**Myanmar Women's Affairs Federation**" (MWAF) was formed on 20 December 2003.

17. As for the MNCWA and its working committee, formulation of national policies, coordination between the government and non–governmental sectors and setting processes to be implemented at community levels are their main responsibilities. The sub–committees under the Working Committee are to cooperate among them in the implementation of the MWAF.

18. The membership of the MWAF includes public service personnel, intellectuals and intelligentsia and experts. A supporting group is formed with members from government departments, with which consultation is held.

19. For the administrative work of MWAF, 30 government staffs from relevant ministries are attached to the Federation. The Government has provided funds and expertise for the relevant field works.

20. The two main aims of MWAF are the development and the protection of women. The activities carried out by its working groups focus on the areas, such as education, health, economy, culture, environment, violence against women, trafficking in persons, rehabilitation and reintegration of women, girl–child, national races affairs, and legal affairs.

21. "Myanmar Women's Affairs Federation" is formed with six working groups and six divisions to implement women development tasks with the collaboration of United Nations agencies, NGOs,



and INGOs. Computer training, motorcar driving course, bookkeeping course, tailoring course, and cooking course are being conducted to provide vocational skills for women. Moreover, the allotment of 72.4 million kyats is made to the micro credit program for families at the grass-roots level. Children from villages who can't afford educational expenses are provided with educational subsistence allowance and stationery to enable them to study in the schools. And children in remote areas are provided with mobile schools with the collaboration of the Ministry of Education. The Federation is also cooperating in the implementation of the School based Healthy living HIV/AIDS Preventing Education (SHAPE) program. In cooperation with the Ministry of Health, HIV/AIDS awareness raising programs are conducted. The Federation has been working in cooperation with governmental and other organizations to prevent violence against women and trafficking in persons. 54 counseling centers have been established in the States/Divisions and Districts providing counseling services to the victims of violence against women and trafficking in persons. Over 500 members of the Federation from various States and Divisions have been trained by a course on Training of Service Provider conducted with the collaboration of UNIAP, and the tasks of anti-trafficking in persons have been enhanced. Moreover, repatriation, reintegration and follow-up program for the trafficked victims, especially women and children, are being conducted with the close collaboration of the Department of Social Welfare. Awareness raising programs are conducted even in schools, worksites, and village tracts and are also conducted through media, such as distribution of pamphlets, magazines, posters, cartoons, and through TV and radio programs.

22. **"The Myanmar Maternal and Child Welfare Association"** (MMCWA), which was established in 1991 as a charitable organization dedicates to serve the Myanmar society in promoting the health and well-being of mothers and children with the aim to improve the quality of life of the people. The MMCWA has been giving assistance in the areas of health, education, economic and social matters that will promote the families and their overall standard of living, making sure that the operations get down to the villages and wards at grass-roots level. The role of the association is more evident in the health area, especially in the remote places away from the hospitals, clinics, and dispensaries. It has a total of 91 maternity homes operating throughout the whole country. Primarily, these maternity homes are established to provide accessible, quality and appropriate ante-natal care, safe delivery, post-natal care and proper birth-spacing and reproductive health services to the women folk. These homes provide safe motherhood program to expectant mothers and aim to reduce infant mortality rate and maternal mortality ratio in the country.

23. The MMCWA has been operating an Early Childhood Development Centre in Yangon and 1,344 voluntary pre-schools and daycare centers countrywide. These centers give valuable lifelong ideas and concepts to the children to enable them to develop good habits and practices that are crucial for their physical, mental and intellectual growth.

24. Regarding Economic Empowerment of Women in Myanmar, women's participation in remunerated work and the non-formal labor market has increased significantly, thereby attesting economic efficiency of women in Myanmar. Nowadays, while most women in rural areas are working in the fields, women in towns and cities have involved in trade either as shopkeepers or in general merchandise business. Today, they have also become more educated and are increasingly involved in micro, small and medium-size enterprises and in some cases, have become more dominant. Women's

share in the labor force continues to rise and they are found working inside and outside the household increasingly to earn.

25. As Myanmar is practicing market economy, efficiency of the working women has become more viable. This emerging force of women plays an important role in the country's development. Some successful business women have become well-known public figures and a number of women have been awarded the country's highest honors for their high profile and endeavors. Members of **"The Myanmar Women Entrepreneurs' Association (MWEA)"** were conferred on the ASEAN Youth Award for 2004 at the XI ASEAN Youth Day Meeting held in Brunei.

## **Environment**

26. Environmental protection and conservation has now been an important duty of the entire people. The Government of the Union of Myanmar has been giving priority to the protection of environment in the country. The environmental situation of Myanmar is relatively better than other developing countries in Asia and the Pacific. However, Myanmar has adopted a farsighted environmental protection and conservation policy and has been carrying it out to protect its environment and rich natural resources. The Government has committed to make sure that the nation's development should not be pursued to the detriment of its environmental resources and natural heritage.

27. Myanmar women play an important role in the national environmental protection endeavors. They actively participate in environmental and sustainable development programs, such as greening projects; reforestation programs; rural water supply schemes; poverty alleviation programs; integrated rural development programs; river water conservation measures; watershed management activities; and fly-proof latrine projects.

28. The Working Group on Environment was formed under the Myanmar Women's Affairs Federation and young girls are participating in environmental conservation and protection activities. The working groups on environment at various levels have been formed in order to facilitate greater participation of women in these endeavors, and the work related to organization of environmental education seminars, greening and tree-planting activities; environmental sanitation works; water supply management schemes; fuel-efficient stoves promotion and pollution protection activities have been enhanced.

## **Part II**

### **Convention Articles**

#### **Articles 1 and 2**

#### **Legal Provisions against Discrimination**

29. In Myanmar, legal provisions against the discrimination of women in political, economic, administrative, judicial and social sectors have long existed. It is mentioned in the previous report that

women are equal with the men in political, social, cultural and religious matters. This equality has been prescribed in the various provisions of the State Constitution 1947, the State Constitution 1974 and in the detailed basic principles for a new Constitution laid down by the National Convention held on 27 October, 2006.

30. Besides the two Constitutions and the detailed basic principles, existing domestic laws also embody the principle of equality between men and women in their various provisions. The right to sue and be sued is given to women in the civil law and procedure, i.e. the Civil Procedure Code of Myanmar. Equal rights of women and men in political, social, economic, judicial and administrative, cultural and religious matters are prescribed by law.

31. As mentioned in the initial report, Myanmar women enjoy equality with men in social status and share opportunities and responsibilities in social, economic and political activities and this unique trait of Myanmar society should be maintained and sustained to enhance partnership and equality between men and women in providing mutual support for family and societal development. Hence, a legal definition of "discrimination against women" is unnecessary in the various legislative acts of Myanmar.

### **Article 3**

#### **National Machinery and All Round Development of Women**

32. Women constitute 50.3 per cent of the population of almost 54.3 million in Myanmar. The State Constitution, Myanmar custom and culture provide equal rights to men and women.

33. The Government has given guidance to fully utilize the power of women in building a modern and developed nation and to emphasize on the Beijing Declaration and implement its tasks in accordance with the State policies.

34. The Government has designated the Ministry of Social Welfare, Relief and Resettlement as a national focal point Ministry to carry out all matters related to Myanmar women.

35. "**Myanmar National Committee for Women's Affairs**" was formed on 3 July 1996 to carry out the development of women systematically and widely. Since 1988, 3 July has been designated as the Myanmar Women's Day.

36. The Myanmar National Working Committee for Women's Affairs was formed on 7 October 1996 and was assigned to carry out measures for the development of women.

37. The Committee has laid down policies and guidelines concerning with all women's affairs, especially for the prevention of violence against women in rural and border areas, caring, rehabilitation and the development of girl-child's life, environment conservation and information and communication.

38. To take care of matters related to women's affairs, the Working Committees on Women's Affairs were formed at the State, Division, District and Township levels.

39. "**The Myanmar National Committee for Women's Affairs**" (MNCWA) is a national level committee led by the Ministry of Social Welfare, Relief and Resettlement. The MNCWA, a focal point

for women's affairs, forms the Myanmar National Working Committee for Women's Affairs and subcommittees and is carrying out its functions.

40. The Minister for Social Welfare, Relief and Resettlement chairs the Myanmar National Committee for Women's Affairs and the Director General of the Department of Social Welfare is the Secretary of that Committee. The Ministry and the Department in particular play a key role in the implementation of the Beijing Plan of Action and for the effective operation of the national level machinery.

41. As the Ministry carries out the works of the MNCWA, the Department of Social Welfare provides from its budget the expenditure for both financial and human resource requirements. Also because the MNCWA is also an inter-ministerial national committee, it can draw on the human resources and other facilities of other ministries and departments effectively.

42. The MNCWA, with the cooperation of national and international donors, has been working on statistics development and public awareness activities. Some national NGOs with gender focus and experience also have been participating voluntarily in many of the committee activities and events.

43. Chief Administrative Officers at the State/Division and district/township levels are heads of the respective Women's Affairs working committees. A national plan on women development and the elimination of violence against women has been adopted and is being implemented from central level to subcommittee level. Interdepartmental cooperation among relevant ministries and the cooperation of private sector organizations are important factors. Thus a more flexible and innovative ways and means are being employed presently, in addition to the full support of the State, to enable and energize the national machinery for women's affairs in terms of both financial and human resources.

44. The Deputy Minister for Social Welfare, Relief and Resettlement chairs the Myanmar National Working Committee for Women's Affairs,. The Deputy Minister for Home Affairs leads the Committee for the Prevention, Suppression and Punishment of Trafficking in Persons. In carrying out these tasks, these Committees have been cooperating with NGOs and the people together with the government in matters concerning with Women for which the government takes a leading role.

45. "Myanmar Women's Affairs Federation" was formed on 20 December 2003 to implement the measures laid down by MNCWA, to organize women all over the country, to widely and effectively carry out for the security and development of women's life, to effectively cooperate and communicate with international and local non-governmental organizations working towards the same goal.

The objectives are:

- (a) To enhance the role of women in the building of a peaceful, modern and developed nation.
- (b) To protect the rights of women.
- (c) To ensure better economy, health, education and general welfare of women and to take measures for their life security.
- (d) To instill and foster in Myanmar women a greater appreciation of their cultural heritage, traditions and customs.

- (e) To systematically protect women from violence and provide means for rehabilitation where necessary.
- (f) To reduce and finally eliminate trafficking in women and children as a national task.
- (g) To collaborate with international and regional organizations, local and foreign organization in ensuring the rights of women in accordance with the customs and traditions of the national race concerned.

46. To achieve the aforementioned objectives, six departments are organized at the central level, namely, Organizational Department, Administrative Department, Disciplinary Department, Finance Department, Information and Communication Department and International Relations Department; and there are six working groups, namely, working groups on protection of women and rehabilitation, social and cultural, advancement of women, nationalities affairs, matters relating to laws and environmental conservation. Myanmar Women's Affairs Organizations were organized at the State/Division levels to the ward/village levels. At present, there are three million members in the entire nation.

47. "**Myanmar Maternal and Child Welfare Association**" was established in 1991 as a non-governmental organization. The supervising groups have been organized in all States/Divisions and Districts. The total membership is 4.5 million from the central to the grass-roots level. A total number of township level organizations is 325 and sub-organizations is 14,435. Measures related to health, educational and economic assistance are being taken for the advancement of the living standard of mothers and children. With a view to enhancing mothers' health knowledge not only to improve individually but also for the betterment of the whole family, awareness raising talks have been conducted with momentum countrywide. During the 2004 financial year, a total of 218,332 such talks were conducted educating 13,943,626 women.

48. For literacy and advancement of knowledge of women in rural areas, 3Rs campaigns and post literacy reading programs were launched and Community learning Centers were opened.

49. Life skills trainings for housewives, reproductive health trainings and traditional medicine courses were opened to achieve the targets, such as capacity building of women and women's empowerment in the matters concerning own family and the social field of the society concerned. The skilled health workers are providing health care to pregnant mothers in remote areas for them to fully enjoy safe motherhood. Moreover, since 1998 it has given physical and mental support to 65 and above elderly people. Trainings for family planning and for HIV/AIDS prevention were conducted in the States and Divisions with the financial assistance of the United Nations Organizations. In 2004, 66,586 expectant mothers were taken care of by 96 maternity centers and 11,417 babies were delivered.

50. For families to earn extra income, handicraft training courses for women, such as wool knitting, sewing, and floral decoration were conducted. In 2004, 150,803 women were given such trainings. Moreover, MWCWA lent micro-credit to women who did not have capital though they wished to work. In 2004, over 179 million kyats was loaned to 45,032 women.

51. One non-governmental organization which has proved the efficiency of Myanmar women is the **Myanmar Women Entrepreneur's Association (MWEA)**. The MWEA was formed on

12 February 1995. The MWEA has formulated a program for sustainable development of the income generation enterprises of women at the grass-roots level. This association establishes local and foreign contacts for Myanmar women entrepreneurs, develops business and administrative, initiates collective loans to help women vendors in bazaars, and creates revolving funds for vendors. During the 2005-2006 Financial Year, a total of 2.52 million kyats was loaned to 197 women.

52. To gain knowledge and experience, Myanmar women entrepreneurs attended the 8<sup>th</sup> Global Conference of Women Entrepreneurs held in Bali, Indonesia in 2000 and MWEA hosted the 10<sup>th</sup> Conference held in September 2003 in Myanmar. In so doing, the MWEA has established a network connecting Myanmar women entrepreneurs with those from other countries enabling them to exchange experiences and good practices so that Myanmar women entrepreneurs at the grass-roots level and those who are doing business extensively improve their business acumen. As a consequence, assistance could be rendered for the continuous development of women doing business.

53. The "**Myanmar Women's Sports Federation**" (MWSF) was formed on 21 March 1991 for the advancement of physical fitness and mental well-being of Myanmar women and, in order to produce internationally qualified outstanding female athletes, is able to send Myanmar women athletes to international sports events, in which some of whom won titles. The significant success of the Myanmar Women's Sports Federation is the winning of the Women Sports Trophy for the Asia Continent awarded by the International Olympics in 2002.

54. The Ministry of Social Welfare, Relief and Resettlement has served as the focal point Ministry for Women's Affairs. It has coordinated the relevant activities of GOs, NGOs and INGOs and laid down necessary policy and guidelines.

55. The Department of Social Welfare under the Ministry has been carrying out the development and protection measures for women. While establishing training schools by itself, it is also providing assistance to Women Shelters opened by NGOs. Ten women shelters opened by these organizations are being provided with household and clothing and technical assistances.

56. The Social Welfare and Education & Training Department under the Ministry of Progress of Border Areas and National Races has opened 41 schools of domestic sciences for the development of women in the community for them to learn vocational skills where the courses on cooking (eastern/western food), sewing, handicrafts, floral and fruit decoration are given.

57. Moreover, the Department of Social Welfare has opened 12 institutions for destitute women under 18 years of age at which vocational trainings or formal education are given, four vocational training schools for women convicts under 18 years of age and two women development centres for women above 18 years of age providing them with vocational training, necessary social counseling and education on HIV/AIDS. The Department has also opened two centres for HIV infected women inmates giving them sewing and handicrafts courses and has also given them social assistance and returned them to parents or guardians after serving their terms.

58. All the above organizations cooperate and coordinate among them as a network in order to achieve the objectives of awareness raising, capacity building and women empowerment for Myanmar women.

## Article 4

### Measures taken by the Government with regard to allegations against soldiers

59. Myanmar women enjoy equal rights with men in Myanmar and violations against women are thoroughly investigated and prosecuted in accordance with the existing laws. With regard to the allegations that army soldiers have committed 175 rape cases in the southern, eastern and northern parts of Shan State made in the report entitled "License to Rape" published by The Shan Human Rights Foundation (SHRF) and the Shan Woman's Action Network (SWAN), thorough investigations were made. Under the guidance of the Chairperson of the Anti-Trafficking in Persons Working Committee, Deputy Minister of the Ministry of Home Affairs, 10 task forces, each comprising officials from the Myanmar Police Force, the Department of Immigration and National Registration and the Social Welfare Department, conducted field investigations and found out that 38 cases were old cases, 135 cases were unreal and only two cases were true. The two perpetrators, an army officer and one other rank, in the two cases were prosecuted and given ten-year sentence each and dismissed from the Army.

60. Moreover, systematic investigations were also conducted on accusations that torture, sex slave, forced labor, illegal detention and murder were committed against women in eastern and northern Shan State, whereby only four cases were found to be true. The four perpetrators in these cases were prosecuted in accordance with the Penal Code and were given prison terms of 5 to 20 years with hard labor.

### Protection of pregnant women

61. Pregnant women are protected under the provisions of the Penal Code of Myanmar, such as abortion rather than to save life (Article 312), abortion without the consent of the victim (Article 313) and any action to harm or kill pregnant woman so that she miscarries the fetus (Article 314) are prohibited.

62. In accordance with the said Law and Myanmar culture, if Myanmar woman become pregnant from rape, the perpetrator will be prosecuted under Article 376 of the Penal Code of Myanmar. However, Myanmar women usually refrain from carrying out abortion but give birth to a child.

63. In addition, under the Supplementary Rules 138 and 139, expectant mothers are entitled to enjoy shorter maternity leave of absence of either three months starting from the first day of the leave or six weeks from the date of delivery.

### Protection of women inmates

64. Women inmates are given courses on embroidery, knitting, weaving, tailoring and cheroot making so that they can earn for their living when they are released. The inmates who are already pregnant before the beginning of their prison terms are fed well and provided medical care until the delivery of a child. They are allowed to deliver at outside clinics or deliver inside under the care of outside health workers. Babies born in prisons are given vaccines, nutritious food, health care and

other necessary things. Measures are taken to reduce child and maternity death rates, provide safe drinking water and provide basic education for children. In addition, with the consent of mother, some babies under the age of one year have been looked after by the child-care units under the Department of Social Welfare.

### **Basic education curriculum and rights based**

65. Lessons on human rights, child rights and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) have been prescribed in the school curriculum of basic education of 6<sup>th</sup> to 10<sup>th</sup> grade students thereby educating new generation as well as the people.

## **Article 5**

### **Social-cultural patterns**

66. It can be said that Myanmar women enjoy their rights even before they are born. There is no custom in Myanmar culture that only son or daughter is preferable than the other. Both son and daughter, without discrimination, are considered new generation jewels, adored and loved. Though technological advances now enable to know the sex of a fetus, there is no practice in Myanmar society to accept only sons and abort the daughter fetus. According to Myanmar custom, children born by two parents are sons or daughters by blood and all are legitimate.

67. Myanmar women do not have to change their religion, native, hereditary or name no matter with whom she may marry to. Moreover, relationship practice of one's children is not different with that of the husband. It is also prescribed in many *Dhammathats*<sup>1</sup> that one or one's children do not have to take the origin and name of the husband/father and status of relationship and title is the same.

68. Myanmar family life is the social life strengthened and bound by love, passion, sympathy, and kindness. In Myanmar family life, men select their wives with just and equitable mind as life-long partners for them. Daily life is fairly distributed between husband and wife. Children grow up enjoying the care of both father and mother. They receive the care of mother and learn examples shown by father.

69. In Myanmar custom, the whole society respect and appreciate the value of modesty and virginity of Myanmar young women, and as such it exists as a customary law. Marriage is recognized if a Myanmar young woman and a Myanmar young man are known that they live as husband and wife, and as such, according to Myanmar custom, the legitimacy of a woman as a wife cannot be denied just because she and her husband did not get married before the court.

70. According to Myanmar custom, the consent of the persons concerned is the most important prerequisite in marriage. Marriage would not be legalized without the consent of bride and bridegroom given voluntarily and freely. Marriage of man and woman who attained majority and get married before the court under oath is legal.

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<sup>1</sup> *Dhammathat*: Social code being the compilation of Buddhist Myanmar customs, culture, social disciplines and old rulings.



71. Myanmar Buddhist women have equal right in the ownership of property with their husbands after their marriage. Myanmar Buddhist husband and wife are "co-owners", not the "joint-owners" in property. After a man and a woman marry firstly, a party is entitled to benefit one-third at the "paryin"<sup>2</sup> property of another party, both husband and wife are entitled to benefit equally at the "lathatpwar",<sup>3</sup> "khanwin"<sup>4</sup> and "hnaparson"<sup>5</sup> properties. In inherited property, inherited person is entitled to benefit two-third.

72. According to the Myanmar Customary Law, the independent agreement of husband and wife is essential in a legitimate marriage. When the matter for divorce occurs for various reasons, it is seen that Myanmar women has full right in divorce and partition of property.

73. In addition, according to the Myanmar Customary Law, there is no discrimination in inheritance for being man or woman, husband or wife, widower or widow, son or daughter, and grandson or grand daughter. Partition is made based on the degree of relationship with deceased benefactor. Myanmar right of inheritance is vested right which can be exercised by next generations.

74. According to Myanmar custom, son and daughter are entitled to inherit equally. Even in the **orasa right**,<sup>6</sup> son and daughter have equal right. When parents divorce, mother is given priority for guardianship of minor child in the interest of the child.

75. Myanmar has long historical traditions and is also an area where love is predominant. According to Myanmar cultural custom, Myanmar family is an extended family which consists of children, parents and grandparents. Myanmar women are responsible not only to care for her husband and children but also for husband's aged parents. Grandparents look after their grandchildren and young children. The family obeys and listen to the words of grand parents. In Myanmar family, husband's specific duties are prescribed customarily. Since ancient time, husband shall not insult the wife and shall trust the property he accumulated to the wife, and he is not to conjugate with other women, and to love and be kind on his wife and children. Therefore, Myanmar men used to live lovingly and closely with his wife and children and perform the duties of the family cooperatively. In taking care of the children, not only mother is responsible but father also has to behave ideally as not to give the children wrong example. It is found that, in Myanmar social system, the duty of single parent is taken not only by mother but also by father.

## Article 6

### Anti-human trafficking measures

76. Myanmar women are protected by Myanmar custom as well as by existing laws. They are not allowed to earn their living from unusual types of job in Myanmar community. However, some

<sup>2</sup> *Paryin*: The property owned by each spouse at the time of wedding.

<sup>3</sup> *Lathatpwar*: The property accumulated and increased after the time of wedding.

<sup>4</sup> *Khanwin*: The property presented by others including their parents and relatives to husband and wife in honour of their wedding.

<sup>5</sup> *Hnaparson*: The property earned by work of both husband and wife.

<sup>6</sup> *orasa right*: The right to claim 1/4 of the property of the parents. (If orasa be a son and deceased parent be the father or if orasa be a daughter and deceased parent be the mother, such orasa right arises).

brokers, taking advantage of the vulnerability of women, deceive women by promising job opportunity abroad and traffic in them.

77. To combat these activities, the Preventive Working Committee against Trafficking chaired by the Deputy Minister for Home Affairs has been formed since 2002. The working committees at State, Division, District and Township levels have made relentless efforts in combating trafficking in persons in cooperation with social organizations.

78. From 17 July 2002, when the Preventive Working Committee against Trafficking was formed, to 13 September 2005, when the Anti-Trafficking in Persons Law was enacted, 1,364 persons were prosecuted in accordance with the existing law in 677 cases of human trafficking. From 13 September 2005 to 31-12-2006 there were 52 cases under the Anti-Trafficking in Person Law and 179 persons were prosecuted. Moreover, 95 persons who involved in 47 cases were prosecuted. A large gang, which based along the Myanmar-China border and trafficked in 300 young women was exposed in July 2006. 34 persons, including gang leaders Kyaw Myint and Ye Myo, were prosecuted under the Anti-Trafficking in Persons Law and were given life sentences on 30 January 2007 and cash and property worth 6.36 million kyats were confiscated.

79. On 30 March 2004, Myanmar became a State Party to the Convention on Transnational Organized Crimes (CTOC) and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (TIP) and the Protocol to Combat the Smuggling of Migrant by Land, Sea and Air (SOM). In accordance with the provisions of the international instruments, Myanmar has been combating trafficking in persons. With the partnership of UNIAP, the GMS countries comprising Cambodia, China, Laos PDR, Myanmar, Thailand and Vietnam signed the MoU entitled Coordinated Mekong Ministerial Initiative against Trafficking-COMMIT on 29 October, 2004 in Yangon, Myanmar.

80. Since early 2004, Myanmar has endeavoured to enact domestic laws which are in line with the above-mentioned international conventions and treaties. In this regard, international experts, including UNODC representatives, were invited to Myanmar to review and to give advice on the draft of Anti-Trafficking in Persons Law in September, 2004. After then, Myanmar was able to promulgate the internationally recognized Anti-Trafficking in Persons Law on 13 September 2005. The aims of this Law are as follows:-

- (a) To prevent and suppress the trafficking in persons as a national duty as it damages the pride and ancestry of Myanmar that should be valued and safeguarded by Myanmar;
- (b) To pay particular attention to the protection of women, children and youth in preventing and suppressing trafficking in persons;
- (c) To enable effective and speedy investigation to expose and take action against persons committing trafficking in persons and to prevent further trafficking in persons by passing effective and deterrent punishment;
- (d) To coordinate with international organizations, regional organizations, intergovernmental organizations formed between government organizations and non-governmental organizations in accordance with international conventions relating to suppression of trafficking in persons which Myanmar has acceded to;

- (e) To carry out effectively the functions of rescuing, receiving, protection, rehabilitation and reintegration into society of trafficked persons.

81. In accordance with the provisions of the Law, the Central Body for Suppression of Trafficking in Persons chaired by the Minister for Home Affairs, the Working Group on Prevention of Trafficking in Persons and Protection of Trafficked Victims headed by the Deputy Minister for Home Affairs, the Working Group on Legal Framework and Prosecuting Measures headed by the Deputy Attorney General and the Working Group on Repatriation, Reintegration and Rehabilitation of Trafficked Victims headed by the Deputy Minister for Social Welfare, Relief and Resettlement were established on 27 January 2006 as the national institutions. Moreover, working groups at the State, Division, District and Township levels have been formed and assigned duty to implement effectively on combating human trafficking.

82. The following special protection is given to trafficked victims, women, children and youth in the Anti-Trafficking in Persons Law;-

- (a) Especially to protect their dignity and prevent from revealing their identity and to provide necessary security and assistance;
- (b) To send them back to their parents or guardian if it is found, after scrutiny, to be the best option for them;
- (c) To provide other suitable and reliable protection when the situation does not permit to repatriate or the situation is inappropriate for repatriation to the parents or guardian;
- (d) To emphasize on making arrangements in accordance with their freely-expressed wishes or choices based on their age and maturity;
- (e) To make special arrangements to remedy their physical damage and psychological grievances, and to provide educational and skill-based vocational courses and medical examination and medical treatment with their consent;
- (f) To give protection by keeping confidential the information relating to them;

83. The Law also safeguards the rights of the victims as follows;-

- (a) If the trafficked victims are women, children and youth, the relevant Court shall, in conducting the trial of offences of trafficking in persons, do so not in open Court, but in camera for the protection of their dignity and physical and mental security.
- (b) The dissemination of information with respect to trafficking in persons at any stage of investigation, prosecution and adjudication shall be made only with the permission of the relevant body for the Suppression of Trafficking in Persons;
- (c) Persons not involved in this case shall not be allowed to peruse or make copies of documents contained in the proceedings;
- (d) Action shall not be taken against the trafficked victims for any offence under this Law;
- (e) Shall determine whether or not it is appropriate to take action against the trafficked victims for any other offence arising as direct consequences from trafficking in persons;

- (f) Protect the right of trafficked persons to get permanent residence, security and relevant status, if the trafficked person who re-enter the country has a right of permanent residence;

84. Furthermore, harsh punishments will be given to adults who commit trafficking in person against women, children, and youth, and the punishments are as follows;-

- (a) Whoever is guilty of trafficking in persons, especially women, children and youth, shall, on conviction, be punished with imprisonment for a term which may extend from a minimum of 10 years to a maximum of imprisonment for life and may also be liable to a fine.
- (b) Whoever is guilty of trafficking in persons other than women, children and youth shall, on conviction, be punished with imprisonment for a term which may extend from a minimum of 5 years to a maximum of 10 years and may also be liable to a fine.
- (c) Whoever is guilty of trafficking in persons, especially women, children and youth with organized criminal group shall, on conviction, be punished with imprisonment for a term which may extend from a minimum of 20 years to a maximum of imprisonment for life and may also be liable to a fine.
- (d) Whoever is guilty of adopting or marrying fraudulently for the purpose of committing trafficking in persons shall, on conviction, be punished with imprisonment for a term which may extend from a minimum of 3 years to maximum of 7 years and may also be liable to a fine.

85. From 13 September 2005 to 17 July 2007, the total cases of both trafficking and smuggling are 677 and 1,364 culprits are taken action by existing laws. The Myanmar Government promulgated a specific Anti-Trafficking in Persons Law on 13 September 2005 and since then up to 31 December 2006, 52 cases were identified as trafficking cases and 179 perpetrators have been taken action. Moreover, 47 human smuggling cases were exposed and 95 perpetrators have been taken action by existing laws. A significant effort has been carried out that Myanmar authorities have cracked down a gang that based at Myanmar-China border and they have trafficked 300 Myanmar women. The 34 of conspiracy including gang leaders, Kyaw Myint and Ye Myo have been prosecuted and given them life imprisonment. From this incident, 6,360,000 kyats worth proceed of crime has been confiscated. The different level of working groups at States, Divisions, Districts and Townships, which were formed on 27 February 2006, in collaboration with the members of Myanmar Women's Affairs Federation, Myanmar Maternal and Child Welfare Association, Union Solidarity and Development Association, including social organizations, have conducted awareness campaigns addressing the risk of trafficking in village tracts and quarters. They have shared with the audiences real trafficking cases, legal perspective and facts and information on healthcare. As a result, 0.83 million people have been educated about trafficking, 28,840 have been prevented from being trafficked in and returned to their parents. To prevent from being trafficked in, non-governmental organizations, including Myanmar Women's Affairs Federation, have launched the micro-credit loan program for the women who are poor and vulnerable.

86. From 2000 to 2006, in coordination and cooperation with destination countries, 354 women who were trafficked were received. The members of the Social Welfare Department, Myanmar

Women's Affairs Federation, UNICEF, UNIAP, World Vision (Myanmar), and Save the Children (Myanmar) have conducted several rehabilitation services such as counseling, healthcare, vocational training, and job search.

## Article 7

### Equality in political and public lives at the national level

87. The Constitution of the Socialist Republic of the Union of Myanmar, 1974 expressly provides as follows that Myanmar women are entitled to participate in affairs of the State, and the State has allowed equal opportunity to man and woman without discrimination through the ages:

- Section 22, subsection (a) provides that every citizen shall be equal before the law without discrimination of his nationality, religion, status, man or woman;
- Section 147 provides that every citizen shall be equal before the law without discrimination of his nationality, status, rank, poverty or wealth, culture, native, religion, man or woman;
- Section 154, subsection (a) provides that women are entitled to benefit from political, economic, social and cultural rights equally;
- Subsection (b) provides that mothers, children and pregnant women are entitled to exercise benefits as stipulated by law;
- Subsection (d) provides that women shall be entitled to exercise freedom and rights in marriage, inheritance and maintenance of children.

**88. Section 3 and 12 of the Pyithu Hluttaw Law No. 8, 1976 expressly provide that "every citizen shall have the right to vote and to be elected as Pyithu Hluttaw representative." With regard to the said provision, it provides that, "every citizen" covers all men and women according to existing citizenship law, and it is evident that women are given equal opportunity with the men.**

**89. In the Pyithu Hluttaw Election Law (Law No. 14/89), enacted in 1989 at the time of the State Law and Order Restoration Council, as "section 6 provides that anyone is entitled to vote at the election irrespective of sex and religion and section 8 provides that anyone is entitled to be elected irrespective of sex and religion", it is evident that women are given equal opportunity with men.**

**90. According to the detailed basic principles laid down by the Plenary Session of the National Convention held on 27, October 2006 on the Chapter "Citizenship , Fundamental Rights of the Citizen", no discrimination of citizens is made between men and women. Women have the right to same wages as man for equal work and no discrimination is to be made between men and women in appointments to civil service positions and entrusting of civil service responsibilities when one has the required qualifications.**

Table 1. Number of Female delegates who attended the National Convention

	Type of Delegate	No.	Male	Female	Percentage of Female
1	Delegates from Political Parties Group	28	28	-	-
2	Delegates Elected in Election Group	13	13	-	-
3	Delegates of National Races Group	645	597	48	7.44
4	Peasant Delegate Group	93	93	-	-
5	Worker Delegate Group	47	44	3	6.38
6	Intellectual and Intelligentsia Delegates Group	56	48	8	14.29
7	Civil Service Delegate Group	109	103	6	5.5
8	Other Person suitable to be invited Group	89	89	2	2.24
<b>Total</b>		<b>1 080</b>	<b>1 013</b>	<b>67</b>	<b>6.2</b>

Reference: The list and table issued on 30 August 2006 by the National Convention Working Committee.

91. Furthermore, in administrative work, Myanmar women are participating and serving at the high ranking positions, such as the Deputy Minister, Director-General, Deputy Director-General, Rector, Vice-Rector, etc.

92. Moreover, according to the 2003 census issued by the State, it is learnt that 35.34 per cent of the working force serving at the State Organizations and Ministries are women. Among them, the percentage of women holding high ranking positions is 12.71 per cent.

### Participation of Myanmar Women in the Decision-making Level

93. According to the statistics issued in 2003-2004, status of Myanmar women's participation at the decision-making level in management, manufacturing, teaching and ICT areas is mentioned in the following table:

Table 2. Percentage of women's participation at the decision-making level (2003-2004)

Work Area	Participation Percentage	Remark
Management	17.4%	
Production	18.57%	
Teaching in academic	62.00%	
Information and communication	16.44%	

Reference: Gender Statistics issued by the Myanmar Women's Affairs Federation.

## Article 8

### Equal Opportunity at International Level

94. As Myanmar is cooperating in matters for development of women in ASEAN region and for equal rights, it has participated in the ASEAN Committee on Women, and it is cooperating with the Myanmar Women's Affairs Federation and the Myanmar Maternal and Child Welfare Association.

95. The Declaration on the Elimination of Violence on Women in ASEAN was adopted at the 37<sup>th</sup> Ministerial Meeting held in Jakarta, Indonesia from 29 to 30 June 2004. Myanmar signed that agreement on 30 June 2004 and, according to that agreement, Myanmar is given responsibility, for the interest of women, to support and fulfill the needs of the victims, identify ways and means to resist the danger of violence against women, and to identify the factors which cause violence against women.

96. The Vice-President of Myanmar Women's Affairs Federation and members attended the ASEAN High Level Meeting on Gender Mainstreaming within the Context of CEDAW, BPF and MDGs which was held from 15-16 November 2006 in Jakarta, Indonesia. The objectives of the meeting were to enhance understanding and knowledge of the conceptual and operational links of Gender Mainstreaming in the Context of CEDAW, BPF and MDGs and to initiate ASEAN Cooperation on the implementation of Gender Mainstreaming as a strategy enhancing regional cooperation.

97. Furthermore, Myanmar delegation led by a lady with the capacity of the Deputy Minister attended the Ministerial level meeting of the Non-Alignment Movement held at Malaysia from 7 to 10 May 2005 and discussed matters for development of women. The 12<sup>th</sup> Meeting on the ASEAN Task Force on AIDS was held in Kuala Lumpur, Malaysia from 22 to 24 November 2004. At that meeting, matters on elimination of violence against women in ASEAN and elimination of AIDS were discussed.

98. The lady, who is the member of the Myanmar National Committee on Child Rights as well as an advisor to the Prime Minister, led Myanmar delegation to the 36<sup>th</sup> meeting of the United Nations Committee on Child Rights held in Geneva, Switzerland, from 26 to 28 May 2004 and discussed Myanmar's activities with regard to the rights of the child.

99. Moreover, the Chairman and the Secretary of the Myanmar Women's Affairs Federation attended the meeting on 10<sup>th</sup> Anniversary Commemoration of the Fourth World Conference on Women Platform for Action held in Beijing, People's Republic of China, from 29 August to 1 September 2005 and exchanged experiences with other countries on the implementation of the Beijing Platform for Action and implementation on the decisions of the 23<sup>rd</sup> Special Assembly of the United Nations. They also discussed international cooperation and promotion of understanding as well as performances for the promotion of the role of women in Myanmar, the difficulties encountered, and future work plans.

100. Furthermore, the Secretary and members of the Myanmar Women's Affairs Federation attended the First China-ASEAN Women's Forum held in Nanning, People's Republic of China, from

30 October to 4 November 2006 and discussed performances among the mass of Myanmar women and future work plans.

## Article 9

### Laws Pertaining to Nationalities

101. The uniqueness of Myanmar women is the keeping of and abiding by the two doctrines: "the Shame" and "the Fear" which may be termed as *Hiri-oattapa*. Therefore, it is found that, Myanmar compiled the *Dhammathats* as per era since ancient time and applied and abided by those doctrines in settling social problems. In the said Myanmar Customary Law, it is found that, Myanmar women obtained extra-ordinary marital rights vested under the customary law which may not be obtained by any woman citizen of any country.

102. Myanmar women do not have to change her religion, native, hereditary or name no matter from whom she may marry. Moreover, relationship practice of one's children is not different from that of the husband. It is seen in many *Dhammathats* that one or one's children need not change to the hereditary and name of the husband and status of relationship and title remain the same.

103. Under section 5 of the Buddhist Women Special Marriage and Succession Act, 1954, a non-Buddhist man who attained puberty and a Buddhist woman not under 14 years of age may marry under this Law. However:

- (a) both of them shall not be of unsound mind;
- (b) if the woman is under 20 years of age, the consent of her parent; or if the parents have died, the consent of actual guardian or legal guardian in case such legal guardian has been appointed shall have been obtained;
- (c) the woman shall not have legitimate husband not yet divorced.

104. According to sections 4 and 5 of the Christian Marriage Act, 1872, conversion of religion is not necessary and a marriage is legitimate if it is done before the relevant marriage registrar or the authorized person to administer marriages or the clergyman of respective region, etc. in accordance with the Christian Marriage Act. If the marriage is not done so, the marriage of a Myanmar Buddhist man and a Christian woman will not become legitimate even though they have cohabited, according to the Act.

105. Therefore, according to the Myanmar Customary Law, marriage would not be void even though the husband or wife is converted to other religion after the marriage. The wife does not have to convert to the religion to which the husband has converted.

106. In Myanmar, it is expressly provided that decisions on all matters concerning inheritance of the persons married or persons presumed to have married under section 26 of the Buddhist Women Special Marriage and Succession Act, shall be made in accordance with the *Buddhist Dhammathats*<sup>7</sup> as if they and all their families are Myanmar Buddhists. Therefore, foreigners residing in Myanmar

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<sup>7</sup> Buddhist Dhammathat: Dhammathat compiled in Buddhist ideologies.



and married to Myanmar Buddhist women will not have protection of customary law of their origin if matters on marriage, inheritance and the like occur. The relatives of those foreigners, on account of those foreigners, also may not cause to loose or affect the rights of Buddhist Myanmar women and their descendents.

107. According to the Myanmar Customary Law, husband and wife may divorce easily with mutual consent. However, the husband can not divorce the wife on his own will and without any reason. Women of national races residing in Myanmar also enjoy the said marriage and divorce rights.

## **Article 10**

### **Education**

108. In order to achieve the Millennium Development Goal of primary education for all and the goals of Dakar Framework aiming at education for all, Myanmar has adopted and has been implementing the National Action Plan on educational development with the six objectives, which are;

- (a) Ensuring that significant progress is achieved so that all school-age children have access to and complete free and compulsory basic education of good quality by 2015.
- (b) Improving all aspects of the quality of basic education: teachers, education personnel and curriculum.
- (c) Achieving significant improvement in the levels of functional literacy and continuing education for all by 2015.
- (d) Ensuring that the learning needs of the young people and adults are met through non-formal education, life skills and preventive education programs.
- (e) Expanding and improving comprehensive early childhood care and education
- (f) Strengthening education management and EMIS.

109. Myanmar women have the privilege of equal right to education with men since olden days. They served as high ranking educational officers, such as inspectors and directors, in the education departments during the pre-war period and as educational officers and professors in post-war period.

110. Myanmar educational policy provides equal opportunities to both sexes without any discrimination. The objectives for pre-school, primary, secondary and tertiary level education also stipulate equal rights for all citizens without any discrimination of sex.

111. Women enjoy equal opportunities in educational services, such as sports and physical education, adult literacy programs, health information and education, financial assistance for education like scholarships and stipends. They have equal access to vocational and higher educational programs. There is no discrimination with regard to school fees and other expenses.

112. According to the education indicators, there is no significant difference in access to primary and secondary education for girls and boys both in urban and rural areas. The indicators of enrollment

rate and the transition rate from primary to lower-secondary and from lower-secondary to upper-secondary for boys and girls are not much different.

113. Education plays a primary role in the social development of women's life. In order to upgrade the quality of Myanmar education, the Ministry of Education introduced the Education Promotion Program in 1998 and has been implementing it. In order to promote the educational development with a view to establishing a learning society capable of facing the challenges of the Knowledge Age in Myanmar, the Ministry of Education has also initiated the Special Four Year Plan for Education and the Thirty-Year Long-Term Education Development Plan. As a result, in 2005, the adult literacy rate increased up to 94.1 per cent in which women constituted 93.7 per cent and men 94.5 per cent. In 2005-2006 academic year, 49.5 per cent of primary students enrolled were girls while the boys were 50.5 per cent. In rural areas, the girl enrolment rate was 49.8 per cent while the boys constituted 50.2 per cent. In secondary level, the girl enrolment rate was 49.3 per cent while the boy enrolment was 50.7 per cent (rural + urban). Out of these, the enrolment rates of girls and boys in rural areas were of 49.0 per cent and 41.0 per cent respectively. In tertiary level, the enrolment rate of girls and boys in 2005-2006 academic year was 58.5 per cent and 41.5 per cent.

114. In the academic year 2005-2006 the net intake rate of 5+ children to primary school was increased up to 97.58 per cent in which the girls constituted 96.2 per cent and the boys 98.9 per cent. Regarding the transition rate from the primary level to the lower secondary level, 77.6 per cent were girls and 78.8 per cent boys totaling 78.3 per cent. From lower secondary level to upper secondary level, the transition rate of girls was found to be 94.2 per cent and the boys 92.5 per cent, totaling 93.3 per cent.

115. According to the data, from primary level to lower secondary level, the transition rate of boys is slightly higher than girls. However, in the upper secondary level, the rate of girls is higher than boys.

116. In 2005, at the tertiary level, there were 100 postgraduate students in various disciplines of Arts and Science, in which women constituted 80.51 per cent while men constituted 19.49 per cent. With regard to the Institute of Medicine, under the postgraduate programmes, women candidates constituted 73.44 per cent while the men were 26.56 per cent.

117. With regard to the Ph.D. programmes, Yangon University, Mandalay University, Yangon Economic University and Yangon Institute of Education have introduced the doctorate courses. Up to 2006, 936 earned Ph.D. degree, 756 women and 180 men. The first two of them were women scholars in Chemistry.

118. Today, as a result of the encouragement of the government for the empowerment of women, there emerged many women professors who are serving in various academic fields at the universities all over Myanmar. In 2006, there are 329 professors in arts disciplines, of which 231 professors are women while 98 professors are men. In science disciplines, out of 306 professors, 223 are women and 83 are men. Hence, the total percentage of women professors is 71.5 per cent.

119. The above mentioned data indicates the progress of the capacity of Myanmar women in education sector.

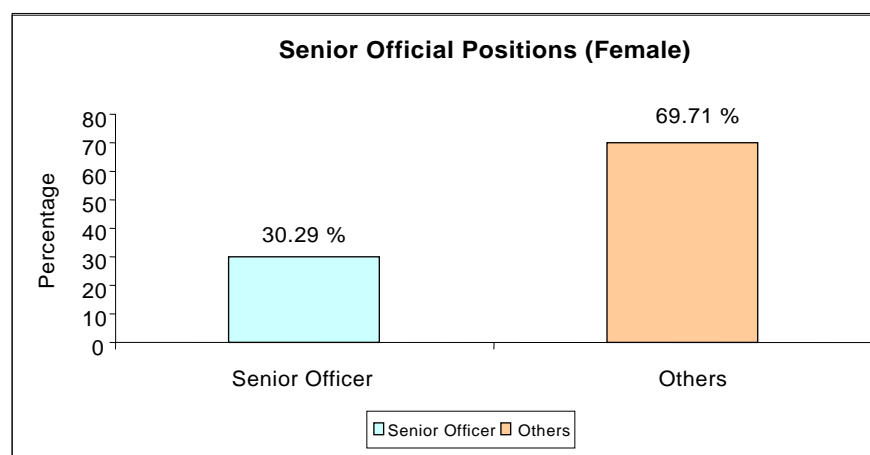
*Reference:* Educations Report & Gender statistic in Myanmar (MNCWA, MWAF).

## Article 11

### Employment

#### Percentage of Senior Official Positions held by Women in Public Sector

120. The posts of deputy director and higher are considered to be senior official positions in the public sector. Out of 6748, persons in senior official positions, there are 2055 female senior officers. In 2004-2005, the percentage of female senior officers is 30.29 per cent in the public sector.

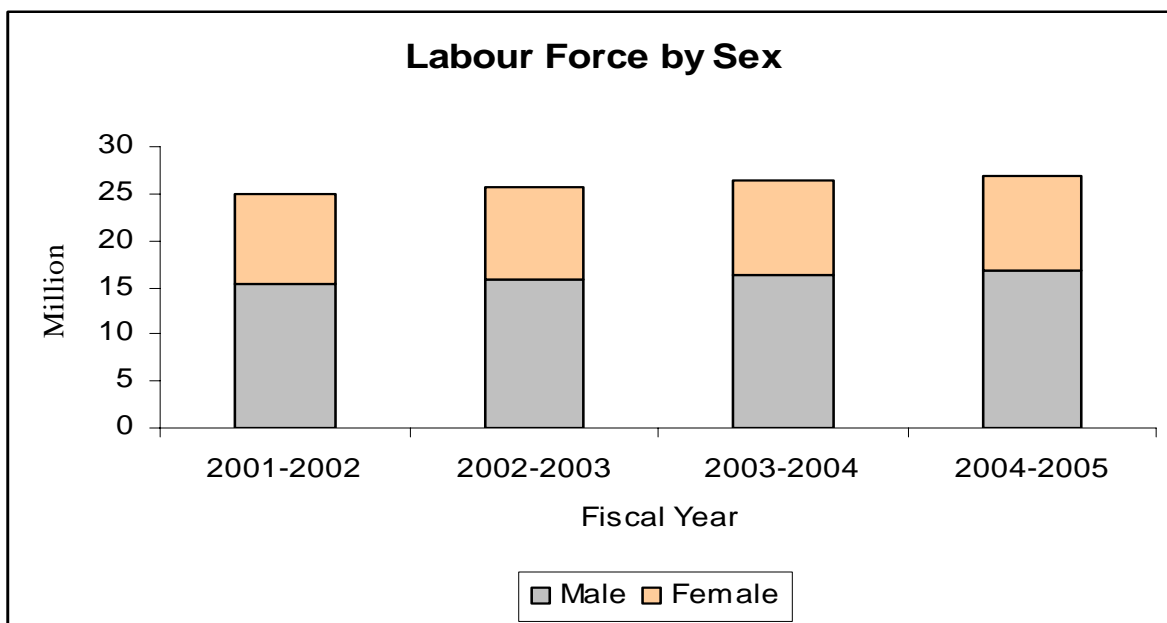


#### Size of Women Workforce

121. In 2004-2005, the total labour force of Myanmar is 27.09 million. The women workforce is 10.34 million. The indicators for 2001-2002 and 2004-2005 are as follows:

Labour Force by Sex  
(in million)

	Sex	Year			
		2001-2002	2002-2003	2003-2004	2004-2005
1	Male	15.41	15.84	16.29	16.75
2	Female	9.52	9.79	10.06	10.34
Total		24.93	25.63	26.35	27.09

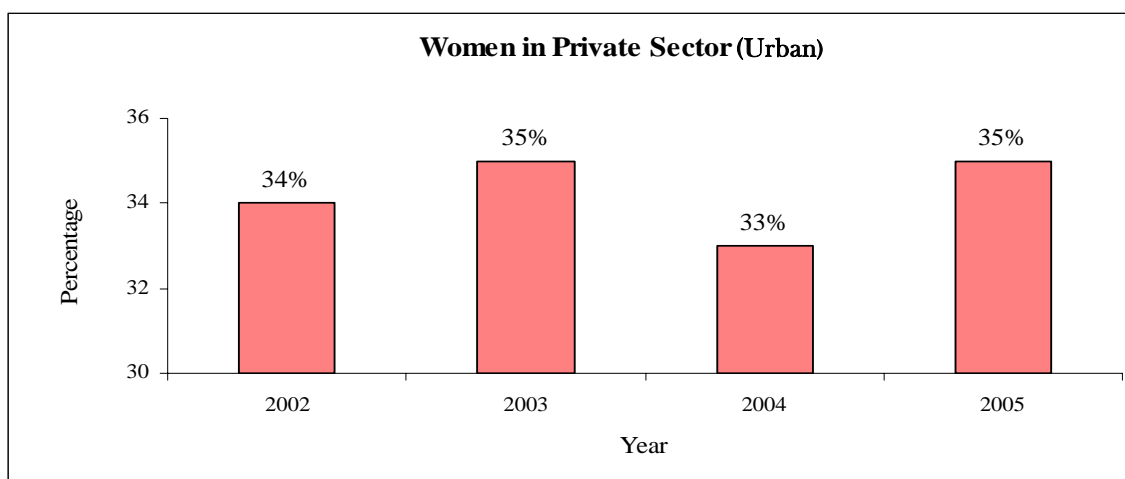


### Size of the Women Workforce in Private Sector (Urban)

122. In the Private Sector, the sizes of the women workforce from 2002 to 2005 are as follows:

#### Women in Private sector (Urban)

	Year	Workers	
		Persons	Percentage
1.	2002	237 483	34%
2.	2003	230 126	35%
3.	2004	207 793	33%
4.	2005	215 336	35%

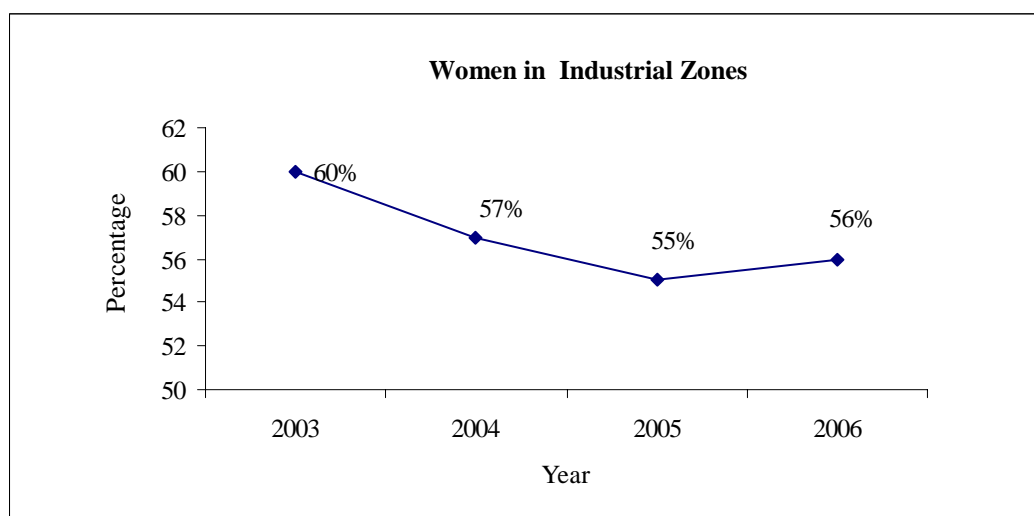


### Size of the Women Workforce in Industrial Zones

123. Establishment of women in Industrial Zones in States/Divisions, the role of the women, compared between 2003 and 2006, are as follows:

Women in Industrial Zones

	Year	Workers	
		Persons	Percentage
1.	2003	101 288	60 %
2.	2004	94 967	57 %
3.	2005	96 234	55 %
4.	2006	101 453	56 %

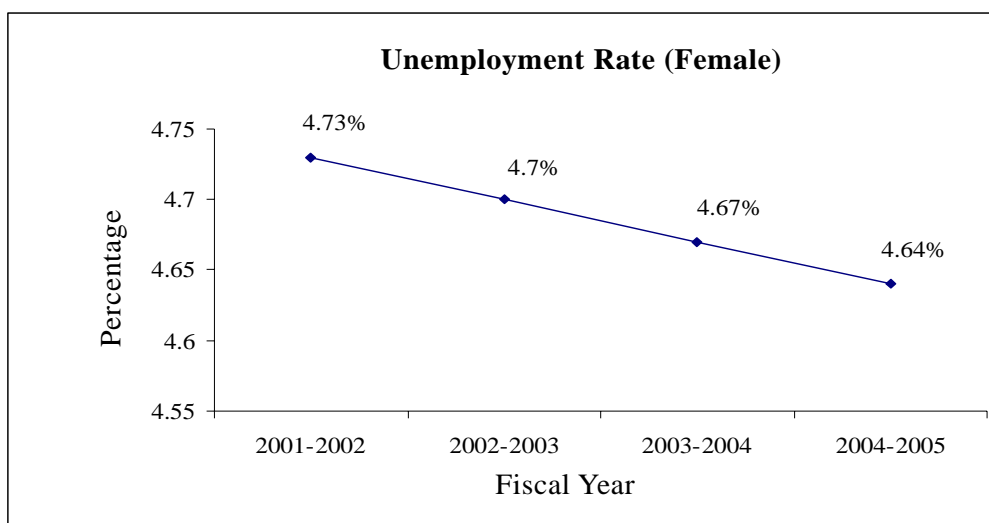


### Unemployment Situation

124. The unemployment rates of women from 2001-2002 to 2004-2005 are as follows :

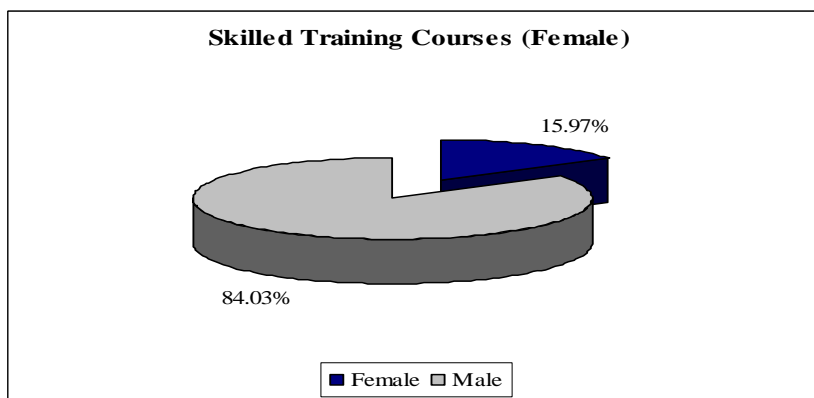
Unemployment Rate of Women

	Year	Unemployment	
		Persons	Percentage
1.	2001-2002	0.45 million	4.73 %
2.	2002-2003	0.46 million	4.70 %
3.	2003-2004	0.47 million	4.67 %
4.	2004-2005	0.48 million	4.64 %



### Skilled Training Courses for Women

125. Women have attended the 15.97 per cent of the Skilled Training Courses since 1972 to 31 December, 2006.

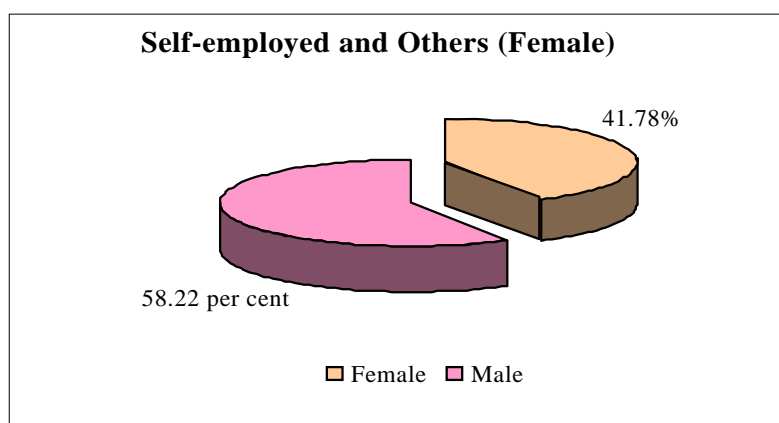


## Self-employment and Employment by Others

126. In 2005, a total of 1,123,726 women were self-employed or employed by others.

### Women in Self-employed and Others

	Sex	Workers	
		Persons	Percentage
1.	Male	1 566 000	58.22 %
2.	Female	1 123 726	41.78 %



## Legal matters

127. Both women and men are given equal opportunities without discrimination under the Law Defining the Fundamental Rights and Responsibilities of Workers, 1964.

- (a) The empowerment of women is prescribed and the equal rights of men and women are promulgated.
- (b) The Employment Exchanges are set up and the Employment Services are being carried out. It supports employment for all without discrimination and decent work for all.
- (c) The Employment Exchanges are set up to provide free employment services to employers and workers. The employment exchanges all over the country play an important role in the placement of workers for both local and overseas employment and both for men and women.
- (d) Moreover, depending upon their education and certificates, everybody can choose work and register at the Employment Exchanges, for professional or skilled or unskilled work. There is also job security for everybody.

- (e) Women can also enjoy equal pay and equal remuneration as men and there is no discrimination .They can enjoy the benefits of employment.
- (f) Women are well protected by the occupational safety and health in equal manner.
- (g) Women are also entitled to leisure time, working hours, working time, paid holidays, paid leaves and over time hours as men.
- (h) There is no discrimination in the course of his/her employment. Those persons who are totally disabled and partially disabled and fatal cases are compensated.
- (i) In accordance with the Social Security Scheme implemented under the social insurance and the women can enjoy general insurance and Sickness Benefits, Maternity Benefits, Death Grant Temporary Disability Benefits, Survivors Pension, Employment Accidents, Occupational Diseases Benefits, Direct Free Medical Care, and Cash Benefits.
- (j) The Leaves and Holidays Act and the Social Security Act provide that before confinement, woman can have paid Maternity Benefits, and after confinement she has the right to resume her previous occupation.
- (k) Despite disagreement between both sides (or) employment related disputes between employers and workers, there is no discrimination to get compensation.

## **Article 12**

### **Health**

128. The Ministry of Health is providing comprehensive health services, covering prevention, improvement of health standards, cure and rehabilitation to improve health conditions of the people. With the objective of achieving "Health for All" goals, national health plans have been adopted and implemented in accordance with the National Health Policy. Basic infrastructure for service delivery is mainly rural health centres and sub-rural health centres. Each Rural Health Center (RHC) has four sub-centres, each sub-centre manned by a midwife and a public health supervisor grade 2 at the village level. In addition, there are voluntary health workers (community health worker and auxiliary midwives) in outreach villages providing primary health care to the community. Those who need special care are referred to the station hospital or township hospital or district hospital or to the specialist hospital successively. Actual provision of health services to the community is undertaken at the township level. The Township Health Department forms the back bone for primary and secondary health care, covering 100,000 to 200,000 people. In each township, there is a township hospital which could be 16 bedded or 25 bedded or 50 bedded, depending on the population of the township. Each township has at least one or two station hospitals and 4 to 7 RHCs under its jurisdiction to provide health services to the rural population. In addition, Urban Health Center, School Health Team and Maternal and Child Health Centre are providing care for the urban population with primary health care services.

129. Health Manpower and facility development are shown in the table below. The Department of Medical Sciences undertakes the planning and development of human resources for health, which includes doctors, nurses, midwives and other health professionals to provide quality health care in



accordance with the National Health Plan. According to manpower strength, doctors consisted of 12,268 during 1988-89 and it is now 18,725 in 2005-2006 showing an increasing trend. Similarly, total number of nurses increases from 8,349 to 19,922, health assistants from 1,238 to 1,771, and two fold rise in number of Lady Health Visitors and Midwives.

Health Manpower	1988-89	2002 -03	2003 -04	2004 -05	2005-06
Total No. of Doctors	12 268	16 570	17 081	17 564	18 725
Nurses	8 349	15 502	16 382	17 864	19 922
Health Assistants	1 238	1 728	1 739	1 767	1 771
Lady Health Visitors	1 557	2 559	2 679	2 796	2 908
Midwives	8 121	14 097	15 130	16 245	16 699
Health Supervisor (1)	487	529	529	529	529
Health Supervisor (2)	674	1 144	1 199	1 339	1 359

(*Health In Myanmar, 2006*)

130. With the rising population as well as the development of technology, hospitals are upgraded in areas with high population density especially the districts since 1988. Building of new hospitals and upgrading of hospitals in terms of technology, specialities, medicines and equipment support were taken care of with additional development of border area health development scheme. As shown in the table, government hospitals increase in number, from 631 in 1988-89 to 826 in 2005-06. The number of hospital beds become 34,920 in 2005-06 from 25,309 in 1988-89. There were 1,337 Rural Health Centre in 1988-89 and rise to 1,456 in 2005-06.

Health Facilities	1988-89	2002-03	2003-04	2004-05	2005-06
Government Hospitals	631	780	790	824	826
Total No. of Hospital Beds	25 309	32 770	33 683	34 654	34 920
No. of Primary and Secondary Health Centers	64	84	84	86	86
No. of Maternal and Child Health Centers	348	348	348	348	348
No. of Rural Health Centers	1 337	1 413	1 424	1 452	1 456
No. of School Health Teams	80	80	80	80	80

(*Health In Myanmar, 2006*)

### Current situation of Maternal, Newborn and Child Health

131. In Myanmar, maternal and child health, including newborn care, has been a priority issue in the National Health Plan, aiming at reducing the maternal, newborn, and infant and children morbidity and mortality. National Mortality Survey, conducted by the Central Statistical Organization in 1999, showed MMR as 255 per 100,000 live births. In this survey the main causes of maternal deaths, performance coverage of maternal and child health, were found to be as follows:

No.	Cause of death	Per cent
1	Post-partum haemorrhage (PPH)	30.98
2	Eclampsia	11.27
3	Abortion related complications	9.86
4	Puerperal Sepsis	7.04
5	Hypertensive disorders	5.63
6	Prolonged/Obstructed labour	8.46
7	Ante-partum haemorrhage (APH)	4.23
8	Ruptured uterus	4.23
9	Embolism	1.41
10	Indirect causes	16.90

(*Maternal Mortality Survey, DOH, 2005*)

132. Myanmar has been endeavouring to achieve the global targets 4 and 5 in maternal and child health of the Millennium Development Goals (MDGs) in time. Approximately 1.3 million women give birth each year in Myanmar, thus intensive efforts have been made to improve Maternal and Newborn Health (MNH) services through various activities, focusing on safe motherhood. While attempting to recruit more midwives, man power expansion of the skilled birth attendants is carried out by capacity building of Auxiliary Midwives (AMWs) in their midwifery skills, also aiming to have at least one skilled birth attendant each in every village. Now the ratio of midwifery skilled providers (including AMW) to village is 1:2. In addition, Clean Delivery Kits are supplied to pregnant mothers especially during their antenatal visit to health centres or during home visits of midwives. For the provision of skilled care for every childbirth, the MOH has been striving for the provision of a continuum of care starting from pregnant mother which involves the provision of good-quality midwifery care and followed by the first level of health care for her family.

### Efforts to provide maternal, newborn and child health care

133. The health system had focused only on the conventional maternal, newborn and child care before 1988. After that period, with the adoption of comprehensive reproductive health care in life cycle approach with emphasis on safe motherhood by ICPD (Cairo, 1994). Myanmar also

disseminated the comprehensive reproductive health care into the conventional maternal and child health care programme. Since the drafting of the National Population Policy, official birth spacing activities had been added to the family health care programme. The country has also tried to make considerable efforts especially through the promotion of overall reproductive health with the heightened interest in reduction of newborn, infant, child and maternal mortality. Next Myanmar Reproductive Health Policy was formulated in 2002 and approved by the Ministry of Health in 2003 to attain a better quality of life by improving reproductive health status of women and men, including adolescents, through effective and appropriate reproductive health programmes undertaken in a life cycle approach.

134. **Significant progress in the health status of children was made all over the country, including far and remote border areas, after introducing UCI, CDD, ARI and other relevant programmes with substantial assistance from various agencies. Performance status and its impact, which have been carried out in order to improve the health status of mothers and children are mentioned in the following table. It was recommended that the reduction of maternal mortality ratio resulted from the improvement in antenatal care, delivery by skilled attendants, effective health education, counseling and efficient birth spacing service provision to all eligible couples.**

Performance Coverage of Maternal and Child Health Department from 1999 to 2004

	1999	2000	2001	2002	2003	2004 (Provision)
Antenatal Care	59.3%	60.1%	62.4%	55.7%	61.7%	70.0%
Home Delivery by Skilled Attendants	39.4%	40.1%	37.2%	37.4%	40.7%	60.0%
Postnatal Care	3.2 times	3.5 times	4.1 times	5.2 times	5.3 times	6.0 times

(CSO, FRHS,2004)

### Prevention and Control of HIV/AIDS

135. HIV/AIDS is a disease of national concern and one of the priority diseases in Myanmar. Myanmar is determined to tackle this with the main objectives of reducing the morbidity and

mortality related to HIV/AIDS, so that it is no longer a public health problem, and to meet the Millennium Development Goals.

The followings are the milestones of HIV/AIDS prevention and control in Myanmar;

- **Systematic studies on diagnosis, prevention and control activities of HIV/AIDS were initiated in 1985 in Myanmar, when the disease was first noticed in neighbouring countries. The first HIV infection was diagnosed in an imported case.**
- **The National AIDS Committee was established in 1989 under the guidance of the National Health Committee. The Committee was composed of the Minister for Health as its chairman and representatives from relevant ministries and social organizations.**
- **Under the supervision of the Disease Control Division of the Health Department of the Ministry of Health the National HIV/AIDS Control Programme was adopted in 1989.**
- **Short term Plan was adopted in 1989 for the systematic implementation.**
- **A working committee and the State/Division/District and township level committees were also formed in the same year.**
- **HIV sentinel surveillance was started in 1992.**
- **Prevention of mother-to-child transmission programme was started in 2000.**
- **100 per cent condom use programme for targeted groups was started in 2001.**
- **Public sector antiretroviral therapy for people living with AIDS was started in 2005.**
- **Nation wide coverage for Blood safety was achieved in 2004.**
- **National HIV/AIDS exhibitions were conducted in 2003 and 2004.**
- **External review on health sector response to HIV/AIDS was conducted in 2006.**
- **The National Strategic Plan (2006-2010) was approved in 2006.**

**136. The National HIV/AIDS Control Programme, Department of Health, has laid down 12 strategic areas of Prevention, Care and Control activities. These are;**

- a) **Advocacy,**
- b) **Health Education,**
- c) **Prevention of sexual transmission of HIV and STD,**
- d) **Prevention of HIV transmission through injecting drug use,**
- e) **Prevention of mother-to-child transmission of HIV,**
- f) **Provision of safe blood supply.**
- g) **Provision of care and support,**

- h) Enhancing the multi-sectoral collaboration and cooperation,
- i) Special intervention programmes,
- j) Cross border programmes,
- k) TB/HIV joint programmes
- l) Supervision, monitoring and evaluation

137. Based on the above twelve strategic areas of work the Ministry of Health has been implementing the National HIV/AIDS Control Programme in collaboration with related Ministries, United Nations organizations, national and international non-governmental organizations, and people living with HIV/AIDS.

138. Educational activities are carried out in two approaches: general population approach and targeted population approach. Workplace education, women to women peer education programme, and youth peer education programme are also conducted. In 2005, health education on HIV/AIDS reached over 5,000,000 people. In addition, educational information is provided through about 30 journals and magazines every month.

139. Since 1998, the Ministry of Health, the Ministry of Education and the UNICEF have jointly conducted SHAPE (School based Healthy living HIV/AIDS Prevention Education) programme under which students from 4<sup>th</sup> to 9<sup>th</sup> grades in 134 townships were taught lessons on HIV/AIDS in addition to their core curriculum and 2.4 million students have been educated up to 2005. Currently, HIV/AIDS lessons are taught in all schools as a national life skill curriculum.

140. One of the remarkable achievements in health education activity is the outstanding success achieved in National Level HIV/AIDS Exhibitions conducted in 2003 and 2004. These are one of a kind among the ASEAN countries. "World AIDS Day" activities were conducted annually and the Chairman of the National Health Committee, Secretary-1 of the State Peace and Development Council, usually delivered an opening address at the event.

141. Before 1988 there were only 36 STD teams to carry out the STD prevention and treatment, but at present there are 45 AIDS/STD teams in the country. 100 per cent Targeted condom promotion programme is being implemented in 170 townships in partnership with four United Nations agencies and 15 international NGOs. About 11 million condoms were distributed in 1999, and 40 million in 2005. About 300,000 infected persons were given treatment.

142. With the support of the World Health Organization, the Ministry of Health has launched methadone maintenance therapy as a harm reduction project at the four drug addicts treatment centres – Yangon, Mandalay, Myitkyina and Lashio. These activities have been carried out in collaboration with the Ministry of Home Affairs and the Central Committee for Drug Abuse Control and this work has been recognized by the AusAid. In 2005, a total of 10,000 injecting drug users have been educated and 1.1 million of disposable syringes and needles were distributed.

143. The Prevention of Mother-to-Child Transmission Programme (PMCT) was launched in 2000-2001, and as of November 2006, in cooperation with the UNICEF, UNFPA, WHO and

local and international NGOs the community based PMCT has been implemented in 89 townships, and the hospital based PMCT in 37 State/Divisional and district level hospitals. By doing so, 130,000 pregnant women were tested for HIV during 2005. The sentinel data showed HIV prevalence of pregnant women of 15-24 years of age declined from 1.75 per cent in 1992 to 1.31 per cent in 2005.

144. HIV test kits have been distributed to all 324 township hospitals under the safe blood programme and HIV antibody screening of donated blood can be done at all these townships.

145. Under the Access for all to HIV/AIDS education, information, prevention and treatment and support activities, HIV infected patients and their affected families are now provided with counseling, treatment with anti-retroviral drugs and home based treatment and support.

146. The Ministry of Health, other related ministries and local and international NGOs are cooperating with each other in providing community home based care for PLHIV/AIDS, TB and chronically ill patients. As community initiatives, many local NGOs are actively involved in such activities. Started in Yangon and Magwe Divisions in 2006, it is now provided throughout the country.

147. Besides the Ministry of Health, the other in line ministries, together with private sectors and community based organizations are actively implementing HIV/AIDS and STD prevention and control activities.

148. Myanmar is also contributing to the regional and international efforts against HIV/AIDS. Myanmar is an active member in the ASEAN Task Force on HIV/AIDS (ATFOA) and also Mekong Region Collaborative Activities.

149. A total of 17 local NGOs, 19 international NGOs, one bilateral agency and seven UN organizations have been participating in the national response against HIV/AIDS in the country.

150. TB-HIV collaborative activities as part of the special project activities, and Myanmar-China and Myanmar-Thailand cross border activities for HIV/AIDS, TB and Malaria, bilateral activities have been carried out in 16 townships along Myanmar-China and Myanmar-Thai borders since 2000.

151. As a result, the HIV prevalence in Myanmar decreased from 1.5 per cent in 2000 to 1.3 per cent in 2005. The prevalence among 15-24 years age group of pregnant women, indicator (6) of the Millennium Development Goals, declined from 2.78 per cent in 2000 to 1.31 per cent in 2005.

#### **Care for HIV Infected Women Prisoners**

152. The Department of Social Welfare is providing rehabilitation services to HIV/AIDS infected women prisoners, emphasizing on counseling, courses on vocational skills and 3Rs (reading, writing and arithmetic) and recreation. The Department of Health provides them with counseling, HIV/AIDS awareness education, daily medical check-up and follow-up health care. The Prisons Department takes care of their security, supervises agricultural works and provides

**food rations. The Department of Social Welfare established the Centre for Women Care (Twantay) on 5 October, 2002, and the Centre for Women Care (Mandalay) on 5 February, 2005, for their rehabilitation. Up till now, 1030 women inmates have been received at the Twantay Centre, 842 have been returned to their parents and 10 passed away in the hospital; out of 1240 received at the Mandalay centre, 59 were returned to their parents and 3 passed away at the hospital.**

### **Adolescent Reproductive Health**

153. Adolescent reproductive health is also an emerging priority issue in improving reproductive health status of the community. Since 2003, the Ministry of Health has implemented adolescent reproductive health programme in collaboration with UNFPA, IPPF, MSI and MMCWA, a local NGO. Under the programme, youth centres were established with the aim to disseminate proper information and education on ARH for youths and to enable youth to use their leisure time productively. Services available at these youth centres are health talks, discussions, question and answer sessions on ARH, libraries and some recreational activities like sports, karaoke and indoor games.

### **Prevention of Female Cancers**

154. To reduce maternal morbidity and mortality in women due to female cancers and diseases of the reproductive system, the Female Diagnostic Centre was established at the Myanmar Maternal and Child Welfare Association's Headquarters and is providing early detection of female cancers and prompt referral for appropriate treatment. MMCWA also provides financial assistance to needy patients.

### **Nutrition Improvement**

155. The ultimate aim of the nutrition improvement activities in Myanmar is the attainment of nutritional well-being of all citizens as part of the overall social-economic development by means of health and nutrition activities together with the cooperation of the food production sector. In Myanmar, prevalence of under-weight among children below five years of age declined from 35.3 per cent in 2000 to 31.5 per cent in 2003. (MICS Surveys, Dept. of Health Planning); MDG goal for under-weight prevalence is 19.3 per cent by 2015. Iron Deficiency Anaemia was 45 per cent in reproductive-age non pregnant women (2001); 26.4 per cent in adolescent schoolgirls (2002) and 51 per cent in pregnant women residing in the hilly region (2003). Based upon these results, mass deworming program for pregnant women has been introduced since 2006. It has been arranged to give iron-folate supplementation to pregnant women as early as possible instead of giving later. Health education to consume iron rich food during pregnancy is also given. The nutrition promotion week campaign has been launched since 2003 and during this specific week, various nutrition promotion activities were carried out all over the country.

## Partnership for Health Development

156. The Ministry of Health has closely cooperated with several organizations within the United Nations system, in particular with organizations playing an important role in public health. The WHO, UNICEF, UNDP, and UNFPA have provided technical assistance and involved in assisting various health care activities. Similarly, UNHCR, Japan International Cooperation Agency, OXFAM, SCF, etc. are also actively involved in health developmental activities. Myanmar has successfully implemented health care projects with the cooperation of the WHO. Similarly, UNICEF is involved in health projects mainly for women and child health care. UNICEF has been supporting development projects under the decision of the World Summit for Children and the Expanded Programme for Immunization. UNICEF has also provided special programmes on maternal and child health care through Child Survival Project (1991-1995), Integrated Management of Maternal and Child Care (IMMCI) (1995-2000), and Woman and Child Health Development (WCHD) (2001 onwards). In addition, the UNFPA has been a major supporter of reproductive health activities since 1996 and mainly concerned with logistics supply of reproductive health services. The UNDP also has been supporting several developmental projects in health field, especially for the border areas.

**157. Better cooperation and coordination by national NGOs have been developed in line with the strong political commitment to the ICPD goals and the MDGs. National NGOs, such as Myanmar Maternal and Child Welfare Association (MMCWA), plays significant role in the provision of maternal and child care services through their volunteerism. All these aforesaid maternal and child health care activities have been carried out within the context of the National Health Plan under the guidance of the National Health Committee.**

158. The Ministry of Health is also collaborating with other related Ministries, INGOs and NGOs, such as Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, MAAF, MMCWA, MRCS, Save The Children, World Vision International and JICA and other 25 INGOs in the provision of comprehensive health care.

159. The Ministry of Health, together with efforts of the United Nations organizations, the national and international non-governmental organizations and active participation of entire communities can attain higher level of success in providing quality health care to Myanmar people in accordance with the changing needs and context of the country.

### References:

1. Health in Myanmar, 2006
2. Rural Health Development Plan, DOH, 2005
3. MDG report, 2006
4. Statistical Year Book , 2004
5. Fertility and Reproductive Health Research, 2004
6. National Health Plan, 2006-2010
7. National Reproductive Health Policy(Draft), 2002



## Article 13

### Social Security & Micro Finance

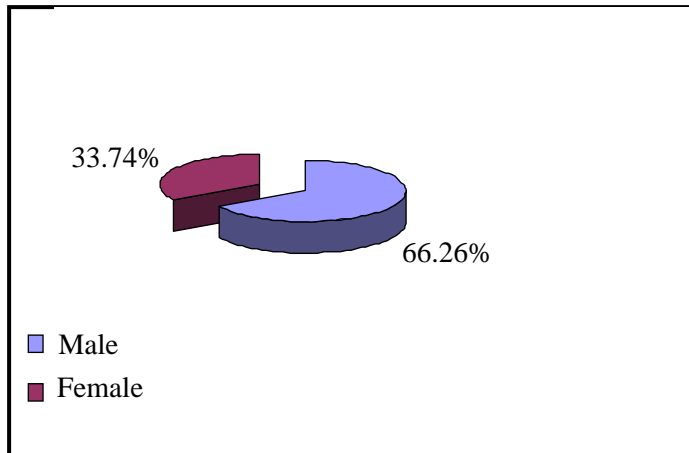
160. In the past, almost all Myanmar women dependents were occupied with housekeeping works only. Nowadays, Myanmar women are doing business outside, keeping abreast with husbands. Working women are entitled to enjoy the provisions of the Social Security Act 1954 and are well protected by the Act.

161. The Social Security Board under the Ministry of Labor is carrying out its mandate in accordance with the Social Security Act 1954. Since the entry into force of this Act, business enterprises, industrial establishments, production work, railways, public transportation, the ports covered under the Yangon Port Act and the Port Act, mines and oil fields entitled under the Mines Act and the Oil Fields Act, the Staff under the Ministry of Labour, the staff entitled under this Act, and the entities occasionally announced by the State are covered under this Act.

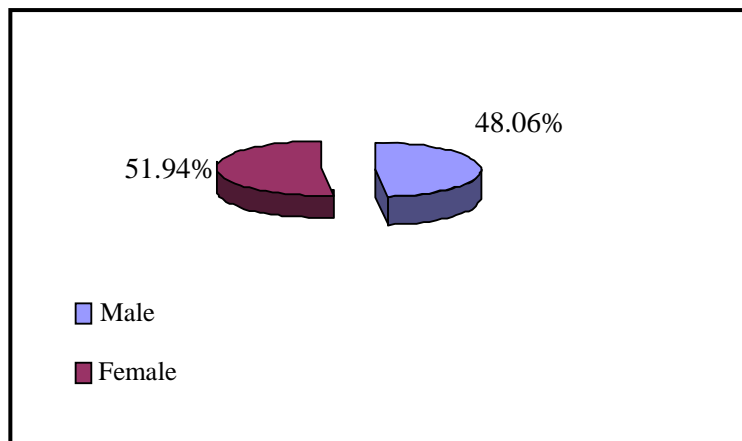
162. Various types of social protection provided by the Social Security Scheme are Employment Injuries Insurance such as Employment accidents, Occupational Diseases, General Insurance, Sickness, Maternity, Death, Maternity Cash Benefit, Funeral Grant, etc. In December 2006, 497,907 persons were insured, among them 286,611 male 211,296 female. The number of insured persons under the respective sectors are as follows:

	Ownership	Number of Insured Persons			
		Male	Percentage	Female	Percentage
1	Public Sector	146164	66.26%	74411	33.74%
2	Cooperatives Sector	2570	48.06%	2778	51.94%
3	Private Sector	137877	50.69%	134107	49.31%
	Total	286611	57.56%	211296	42.44%

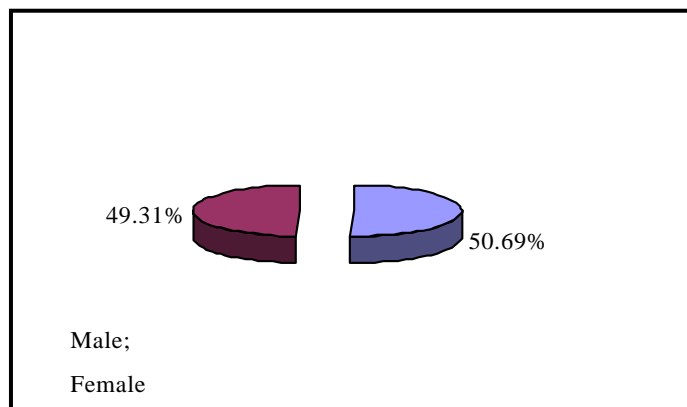
Percentage of Number of Covered Active Insured Persons from Public sector by Gender



Percentage of Number of Covered Active Insured Persons from Cooperatives sector by Gender



Percentage of Number of Covered Active Insured Persons from Private sector by Gender



163. Employees are entitled, in accordance with the Social Security Scheme implemented under the social insurance system to free medical treatment, free meals during the treatment, cost of medicines, traveling allowance to go to the hospital, cash benefit for the period during which the employee cannot work for any sickness, occupational accident, maternity leave for female employees and death benefits. Concerning Employment Injuries Insurance: Employment accidents, Occupational diseases entitle those insured women and men. Direct Free Medical Care for all insured persons are also covered under this Act. It also entitles the insured person including men and women such as Sickness Cash Benefit of (17) weeks of contributions in last 26 weeks immediately preceding the start of his incapacity, cash benefit up to 26 weeks at half of the rate of salary during absence from work due to sickness and maternity. All insured persons are entitled to direct free medical care. The following categories of cash benefit are granted to the insured persons:

- (a) Sickness
- (b) Maternity
- (c) Death
- (d) Temporary Disability
- (e) Permanent Disability
- (f) Survivors' Pensions

164. Expectant mothers are entitled to enjoy a total of 12 weeks of maternity leave (6 weeks each before and after the delivery) and maternity cash benefit equivalent to two thirds of the salary. Babies are looked after until they reach six months of age by child specialists free of charge.

165. In non-criminal abortion, leave of absence of not more than six weeks is granted with the doctor's recommendation.

166. In accordance with the Permanent Disability Pension, 2/3 of earnings according to 15 wage classes, if totally disabled, constant attendance supplement of 25 per cent of pension is added to the monthly pensions. Partial disability: percentage of full pension, corresponding to per cent out of capacity converted to lump sum equivalent to 5 years pension if below 20 per cent. Short term benefits are sickness, maternity and temporary disability benefit and long term benefits are permanent disability pension and survivors' pension provided to insured workers. Future Plan: under this Social Insurance Scheme, it is to be extended the scheme to cover more areas with ultimate intention to cover the whole working population of the country.

167. Direct Free Medical Care for all insured employees is aimed to maintain, restore and improve the health of insured person. There are altogether 250 officers and 2,396 office staffs serving at the Headquarters, 79 local offices, 95 dispensaries of the Social Security Board, 36 large employers' clinics. Altogether 335,751 insured employees were given treatment at workers' hospitals, Social Security Board clinics and employers' clinics -- Yangon Workers' Hospital (250-bedded), Mandalay Workers' Hospital (150-bedded) and Tuberculosis Hospital (100-bedded) respectively. Under this Social Security Act 1954, 120.94 million kyats and US\$ 18,878 were spent for the insured employees.

168. Under the "**Community Development for Remote Township Project**", joint project of the Department of Progress of Border Areas and National Races and the UNDP to enable the rural

women's to earn more, self-help income generating programme for them with the UNDP's financial support have been implemented since January 2004 in 420 villages in 13 townships in Kachin State, Chin State and Rakhine State. This program has been expanded to 849 villages in 26 townships of Kachin State, Chin State, Rakhine State, Mon State and Kayin State for the development of rural women. Under this program, self-help income generating groups of 5 to 15 members are formed and a common fund is established within each group with the weekly contribution from each member. Members of the group can borrow from the fund and repay in weekly installments, thus the fund is maintained. The loan varies from Kyats 500 to 250,000. The interest rate is 2 per cent for the social spending such as health, education, etc. and 5 per cent for income generating business. The savings in Chin State is 53.3 million Kyats, Rakhine State (East) 104.5 million, Kachin State 194.2 million and Rakhine State (North) 18.4 million.

169. Myanmar Women's Affairs Federation provided temporary loans of 72.4 million kyats in total to 8,608 needy women in 2006 through micro credit scheme with the aim to empower the women and enable them to run self-employed income-generating activities and improve their living standard.

170. Myanmar Maternal and Child Welfare Association provided loans of 179,846,761 kyats in total to 45,032 women who can not do business due to lack of capital and those who want to do livestock breeding or small scale business in order to improve their living standards and financial situation. The Myanmar Women Entrepreneur Association also provided loans of 25.2 million kyats in total to 197 rural women in 2005-06 financial year to enable them to do business.

## **Article 14**

### **Rural Development**

171. The Central Committee for the Development of Border Areas and National Races chaired by the Head of State Senior General Than Shwe has been formed with 16 members. The Work Committee for the Development of Border Areas and National Races chaired by the Prime Minister has been formed to effectively implement measures adopted by the Central Committee. The Central Committee has established the following 18 special development regions to implement the development measures:

- (a) Kachin Special Region (1)
- (b) Kachin Special Region (2)
- (c) Kokang Region
- (d) Wa Region
- (e) Shan Region
- (f) Kachin North East Region
- (g) Palaung Region
- (h) Kyaing Tong East Region
- (i) Mapha Region

- (j) Pa O Region
- (k) Kayah Region
- (l) Kayin Region
- (m) Mon Region
- (n) Tanintharyi Region
- (o) Rakhine Region
- (p) Chin Region
- (q) Kabaw Region
- (r) Sagaing ( Naga) Region

172. To develop these border areas, the Government has laid down "Five Rural Development Tasks", which are to ensure better and smooth transport for rural areas, to enhance rural health care measures, to promote educational opportunities for the rural children, to provide water supply and to develop rural economy and implement measures for the development of rural populace, including women.

173. To foster the development of border areas and national races, the government has formulated and implemented 13-year Master Plan spanning from 1993-1994 to 2005-2006. At present, the 30-year long-term plan for the development of border areas and national races is being implemented starting from 2001- 2002 financial year to 2030-2031 financial year with the six 5-year medium term plans. A total of 95,488.98 million kyats was spent from 1989-1990 financial year to 30 September 2006 for the development measures of border areas. Roads, bridges, hospitals and dispensaries, hydro power stations, livestock farms, dams, tractor depots, village libraries, telephone services and television relay stations have been constructed in the border areas. Moreover, the UNDP has been carrying out community development activities under the Remote Townships Project under the Human Development Initiative Program in Kachin, Chin, Rakhine, Mon and Kayin States and the UNHCR has been implementing micro projects in Mon and Kayin States and Tanintharyi Division, in cooperation with the Ministry. Moreover, the World food Programme has been implementing Emergency Food Assistance Programme in Northern Shan State and Southern Shan State in cooperation with the Ministry. The UNODC has implemented Drug control and Alternative Development projects in Kyaing Tong East Region, Kokang Region and "Wa" Region.

174. Moreover, 15 local standards of requirement to establish model villages in order to upgrade 65,078 villages all over the country under the 30-year plan starting from 2001-2002 financial year until 2030-2031 financial year have been standardized. A total of 6,199 villages fitting the characteristics of model village were upgraded during the two financial year -- 2001-2002 and 2003-2004.

175. As a result, these villages have received clean water and drinking water which help improve the health of women, especially the pregnant women. Moreover, rural health care centers and rural health clinics were opened in these villages, thereby improving the basic health of rural people, including women.

176. Moreover, the Ministry of the Development of Border areas and Progress of National Races had opened (27) Training Centres for Youth Development and (34) schools of home science in the border areas respectively for the development of women in these areas and providing literature and vocational education such as sewing, embroidery, knitting and food arrangements services in border areas. The income generation services and social life of women are increased.

177. In order to improve the health status of rural people, rural health development plan has been implemented since 2001 under the guidance of the National Health Committee. The activities carried out under this development plan are:

- (i) expansion of rural health centers.
- (ii) production of human resources development in order to provide quality health care services.
- (iii) promoting the primary health care coverage.
- (iv) strengthening of capacity building for basic health staffs.
- (v) development of standardized infrastructure for health centers.
- (vi) supply of essential drugs for health centers.
- (vii) supply of furniture, health center kit and kit for each category of health staff.
- (viii) planning for sustainability of the programme through community participation and strengthening partnership with related sectors , NGOs and United Nations agencies.

178. In Myanmar 70 per cent of the population resides in rural areas and rural development is vital for the overall development of the Nation. After launching the Rural Health Center Scheme in 1954, rural health centers have been gradually expanded throughout the country from 1,337 in 1988-89 to 1,456 in 2005-06. A rural health center plays a vital role in our health care delivery system. It is situated at the grassroots level and is usually the first level of contact between the community and the health system.

179. Each township has approximately five rural health centres, staffed by a health assistant, lady health visitor, public health supervisors and a midwife. As well as providing services, rural health centre staff oversees the services provided from four or five sub-rural health centers, staffed by a midwife and a public health supervisor II. In addition, voluntary health worker, auxiliary midwives, and community health workers, provide services at the village level. All the basic health workers and voluntary health workers provide integrated health services, which includes medical care, maternal and child health care and birth spacing, growth monitoring and nutrition development, immunization, environmental sanitation, prevention and control of locally epidemic diseases, provision of essential drugs and health education. As of 2005, the coverage of primary health care for rural people is 75 per cent. Improvement of health facilities in rural setting can be seen as follows:

## (a) rural health facilities to population ratio

	2001	2005
Rural health centers	1: 26700	1: 22701
Sub rural health centers	1: 6000	1: 5034
Station Health Unit	1: 86633	1: 75453

*(Rural Health Development Plan, DOH, 2005)*

## (b) basic health staffs to population ratio

	2001	2005
Health assistants	1: 29000	1: 18605
Lady Health Visitors	1: 32000	1: 19431
Midwives	1: 5200	1: 4800

*(Rural Health Development Plan, DOH, 2005)*

## (c) basic health staffs to village ratio

	2001	2005
Health assistants	1: 51	1: 49
Lady Health Visitors	1: 57	1: 39
Midwives	1: 10	1: 8

*(Rural Health Development Plan, DOH, 2005)*

180. The rural health centers which have good transport and communication and cover large population area are upgraded to Station Hospitals. There are 458 station health units in the whole country in March 2005. Sixteen bedded station hospitals are basic medical care units with essential medical, surgical and obstetric facilities. The population residing in nearby rural areas is accessible to such station hospitals and the 16, 25 or 50 bedded township hospitals situated at 10 to 20 kilometers away from the station hospitals are providing health care services, including laboratory, dental and also surgical procedures, and act as the first referral health institutions for those who require better care.

181. With regard to human resource development, there are recruitment of basic health workers such as Health Assistants, Public Health Supervisors grade I and II, Lady Health Visitors and Midwives who are the cornerstones for the implementation of rural health development programme. Manpower production and allocation has been focused especially to rural and remote areas. Given the diverse terrains and the geographical factors in the country, provision of wider service coverage and improving access to maternal and newborn health care services have important implications for the provision of the continuum of care especially with regard to rural populace. During 2006-2007 WHO and UNFPA together assisted in providing AMWs skilled birth attendants by conducting standardized technical training. As of 2005 December, 8,527 midwives and 28,872 AMWs are providing maternal care throughout the nation. Now the ratio of midwifery skilled providers, including AMWs, to village is 1:2 while the national target is at least one midwifery skilled persons for every village.

182. The Ministry of Information is an indispensable partner in disseminating health information and education. Similarly, the Ministry of Education, the Ministry of Agriculture and Irrigation, the Ministry for Progress of Border Areas and National Races and Development Affairs and the Ministry of Mines are key partners of the Ministry of Health in providing, promotion and preventive health services to the people. Active co-operation of the Ministry of Mines has made universal iodization of salt possible. The Ministry of Agriculture and Irrigation, the Ministry for Progress of Border Areas and National Races and Development Affairs and the Ministry of Health are working together in the provision of safe water to the community. Access to safe water is one of the five major components of rural development plan.

The coverage of Urban and Rural Water Supply and Sanitation

	Total	Rural	Urban	Source
Population access to safe water	78.8%	74.4%	92.1%	MICS
Population access to sanitary latrine	83.0%	81.0%	87.6%	NSW

(*Health In Myanmar, 2006*)

MICS - Multiple Indicator Cluster Survey, 2003, Department of Health Planning

NSW - National Sanitation Week Report (*ESDI* Department of Health)

183. With the prevalence of peace and law and order in the border regions, social sector development can be expanded throughout the country. Twenty four special development regions have been designated in the whole country in accordance with the border health development scheme and health personnel, drugs and equipments were supported to the new clinics and hospitals in these regions. Education facilities are also developed or upgraded along with other development activities. Some stations or villages in these regions have also been upgraded to sub-township level with development of infrastructure to ensure proper execution of administrative, economic and social functions.

184. In the border areas, there are 60 sub-township hospitals and as part of the border area development program, 79 hospitals, 105 clinics and 58 rural health centers and 140 sub-rural health



centres were opened. As the Government of the Union of Myanmar has for all round development designated 24 development zones for implemented development projects, the Ministry of Health has at least one 200-bedded hospital in each development zone to provide quality health care to the local population. Human resources, diagnostic facilities, equipments and drugs are also provided. The total number of hospitals in 1988-89 is 631 all over the nation and in 2006 October, it has expanded to a total of 832. (See article 12).

References:

1. Health in Myanmar, 2006
2. Rural Health Development Plan, DOH,2005

## Article (15)

### Equality before the Law

185. According to the law, women enjoy the same right with men. Filing suit as plaintiff, defending as defendant, conducting as lawyer up to the Supreme Court can be made without discrimination of sex as expressly provided in Order 1, Rule 1 and 3 of the Code of Civil Procedure as follows:

#### **Order 1, Rule 1 of the Civil Procedure Code**

**"All persons may be joined in one suit as plaintiffs in whom any right to relief in respect of or arising out of the same act or transaction or series of acts or transactions".**

#### **Order 1, Rule 3 of the Civil Procedure Code.**

**"All persons may be joined as defendants against whom any right to relief in respect of arising out of the same act or transaction or series of acts or transactions".**

186. It is confirmed and prescribed with the word, "Whoever" that women are not discriminated to men in the right to contract, administer property, and to register under the Contract Act, the Transfer of Property Act and the Registration Act.

187. Moreover, Myanmar woman does not lose her citizenship although she marries a foreigner as it is provided under subsection (a) of section 15 of the Myanmar Citizenship Law, enacted as Law No. 4 of 1982.

188. It is found that mental security of women is protected by providing in section 53 of the Child Law, Law No. 3/93 of the State Law and Order Restoration Council, that a woman prisoner shall have the right to stay together with her child until the child has attained the age of four years if there is no one outside the prison to look after her child or the mother is desirous to do so.

189. It may be known that comprehensive protection is provided to women by the provisions of section 37 of the said law which provides that if the child accused is a girl, she shall be kept under the supervision of female custodian.

## Article 16

### Marriage and Family Relations

190. In Myanmar, there are laws and regulations concerning marriage of Myanmar Women, which provide them legal protection, such as Myanmar Buddhist Woman Special Marriage and Succession Act 1954, the Islamic Law, the Christian Marriage Act, and the Hindu Customary Law. According to these laws, women can marry on her free will and marriage age is prescribed.

### Divorce of Myanmar Women

191. It is found in Daw Ah Ma Vs. Daw Khin Tint (1964 BLR 314) case, in which it was decided that according to the Myanmar Customary Law, husband and wife may divorce easily with mutual consent but husband can not divorce wife on his own will and without reason.

192. According to the Myanmar Customary Law, married women stand not as "joint-residents" but as "co-owners". Based on the type of the property: Payin property, Ahtatpar property, Khanwin property and Lathtatpwa property, the benefits differ as follows:

(a) with respect to "**Payin**<sup>8</sup> property", the person who brought the property is entitled to benefit two-third;

(b) with respect to "**Ahtatpar**<sup>9</sup> property", only the person who brought the property has the right to own it, and the other person has no right to benefit;

(c) with respect to "**Khanwin**<sup>10</sup> property ", "**Hnaparson**<sup>11</sup> property" and "**Lathtatpwar**<sup>12</sup> property", they are entitled to be benefited equally.

"All persons may be joined as defendants against whom any right to relief in respect of arising out of the same act or transaction or series of acts or transactions".

193. As soon as a husband and wife get married, they both own the property either earned by the husband or the wife or both. If the wife does not agree, the husband cannot spend, give away or sell on his own will the property just because it is earned by him. If the gift or sale is made without the permission of the wife, it is illegal and void. The wife is entitled to divorce the guilty husband. They may also divorce on mutual consent. As the Customary Law does not allow to write a will, the Lathtatpwa properties earned by husband is owned by the wife when the husband dies and vice versa.

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<sup>8</sup> Paryin: The property owned by each spouse at the time of wedding.

<sup>9</sup> Ahtatpar: The property brought, by the husband or wife who was married formerly, from the former family to the new family.

<sup>10</sup> Khanwin: The property presented by others including their parents and relatives to husband and wife in honour of their wedding.

<sup>11</sup> Hnaparson: The property earned by works of both husband and wife.

<sup>12</sup> Lathtatpwar: The property accumulated and increased after the time of wedding.

**Conclusion**

194. Myanmar women enjoy good life and rights in accordance with the laws or customs since ancient time. The government is carrying out within the limited resources to enable entire Myanmar women to face the challenges of knowledge age and to keep abreast with the world. In so doing, so that all women enjoy full rights and for the comprehensive development of women, conservation of Myanmar traditional culture is also considered seriously.

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