



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

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

Pre-session working group

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**Responses to the list of issues and questions with regard
to the consideration of the combined second and third
periodic report**

Myanmar*

* The present report is being issued without formal editing.



General

1. The Ministry of Social Welfare, Relief and Resettlement is the responsible Ministry to submit reports on CEDAW and CRC to the United Nations and reports to ASEAN as well. The Ministry has formed a report-writing committee (drafting committee) comprising of representatives from related Ministries and non-governmental organizations.
2. The representatives of the Ministry of Health, Ministry of Education, Ministry of Labor, Ministry of Home Affairs, Ministry of Progress of Border Areas and National Races and Development Affairs, Ministry of Foreign Affairs, Office of Chief Justice and Attorney General's Office are members of the committee. Also the representatives of nation-wide NGOs, such as Myanmar Women's Affairs Federation (MWAFF), Myanmar Maternal and Child Welfare Association (MMCWA), Union Solidarity and Development Association (USDA), Myanmar Women Sports Federation (MWSF) and Myanmar Women Entrepreneurs' Association (MWEA) take part in the committee. Altogether, there are 25 members in the committee.
3. The report-writing committee set up a core group with relevant Departments and Organizations in order to collect information effectively.
4. The committee, after holding meetings, issued initial, first and second draft reports and circulated to the concerned departments for comments, suggestions and confirmation. The third draft was considered by the Myanmar National Committee for Women Affairs (MNCWA). The fourth and final draft was presented to the Foreign Affairs Policy Committee of the Government of the Union of Myanmar for approval on 11 April, 2007.
5. As a follow-up to the recommendation of the CEDAW Committee on Myanmar's initial report, MNCWA collected the disaggregated data and indicator on various areas, such as population, family in household, education, health and violence against women, economy, employment, decision-making, environment, media and culture, with the collaboration of the Governmental Departments, INGOs and NGOs. As a result, MNCWA published "Gender Statistics in Myanmar" in 2001.
6. In 2005, MNCWA published "Gender Statistics in Myanmar". It was updated and published again in 2006 with the collaboration of the Myanmar Women's Affairs Federation.
7. The MNCWA has a plan to collect data disaggregated by sex and age, and urban and rural women pertaining to the areas of the Convention for publication from time to time. In fact, it is necessary to establish a data collection mechanism which requires technical, financial and human resources to update data systematically.
8. The MNCWA has widely disseminated the concluding observations in respect of the initial report at its special and regular meetings. The concluding comment was distributed to members of MNCWA, respective ministries, departments and NGOs for follow-up actions.

9. The MWAF and MNCWA organize meetings, talks and seminars at the grass-root levels for awareness-raising on trafficking, and violence against women. The topic on gender equality is also discussed in this respect.

10. To widely reach the message of implementation of Women's Development and Safety task, MWAF has published "May Myanmar" journal monthly and "Myanmar Women Affairs" magazine annually.

11. During the events in September and October 2007, 332 women including only one Buddhist nun were detained temporarily for investigation. Among those who were questioned, there was no pregnant woman and 329 women were released soon after questioning. The remaining 3 were involved in criminal offences and had been prosecuted according to the existing law. Those serving prison term are allowed family visit, necessary medicine and other needs in accordance with the prisons manual.

Constitutional, legislative and institutional framework and status of the Convention

12. Regarding the status of the Convention, it is directly applicable. However, there are no cases yet where the Convention has been cited in courts.

13. The constitutional drafting process was completed on 19 February 2008. Subsequently, the Referendum Law for the Approval of the Draft Constitution was enacted and the Commission on Convening National Referendum was formed on 26 February 2008. The National Referendum for the approval of the Constitution was held on 10 and 24 May 2008. The Constitution was approved by 92.48 per cent. In accordance with the State Constitution, the multi-party democracy general elections will be held in 2010.

14. In chapter 8 of the Constitution, "Citizen, Fundamental Rights and Responsibilities of Citizens", paragraph 348 stipulates that "The State undertakes to ensure that any citizen will not be subject to discrimination regardless of race, native, religion, position, status, culture, gender or financial status."

15. The Myanmar National Working Committee for Women's Affairs (MNWCWA) was formed to carry out the activities for the advancement of women in accordance with the policy laid down by the MNCWA. As the activities are limited to committee members, it is not possible to implement the policy effectively. In order to implement the policy of the MNCWA at the grass-roots level the Myanmar Women's Affairs Federation was formed on 20 December 2003.

16. The President and the General Secretary of the Myanmar Women's Affairs Federation (MWAF) are members of the Myanmar National Committee for Women's Affairs (MNCWA).

17. The MWAF has laid down seven objectives for the protection and advancement of women. The State, Division and village tract level organizations are implementing the activities within the guideline set by MNCWA.

18. The MWAF is partly funded by the Government. The fund-raising ceremonies and activities are organized to raise fund from well-wishers and volunteers. The MWAF also runs some small scale business to generate its fund.

19. Regarding the human resources, most of the women intelligentsia from the various Ministries are voluntary members of the Federation. They actively participate in the activities of the Federation apart from their main duties. The Ministry of Social Welfare, Relief and Resettlement, Ministry of Home Affairs, Ministry of National Races Affairs and Border Areas Development have attached their staff members full time to assist the Federation in administrative functions.

20. The Myanmar Human Rights Committee was formed by the State Peace and Development Council on 21 April 2000. The Committee was renamed as, Myanmar Human Rights Body on 14 November 2007 with 5 Patrons, a Chairperson and 18 members.

21. Myanmar women who wish to complain about gender-based discrimination can send letters of complaint to MWAF. The Federation has formed groups for screening and reviewing of complaint letters at the Central, State, Division and District levels. The groups screen the letters and forward them to the department concerned for necessary action. In some cases, MWAF provides free legal assistance and advice to complainants. Cases on domestic violence are handled at the counseling centers in each Division.

Stereotypes and discriminatory cultural practices

22. One of the objectives of MWAF is to instill and foster in Myanmar women a greater appreciation of their cultural heritage, traditions and custom and it is in line with the Convention. The objective aims at preservation of cultural heritage of all nationals residing in the country without discrimination. To fulfill the objective MWAF has organized talks, trainings and cultural shows.

23. Myanmar women keep and abide by two values, i.e. “Shame” and “Fear”. Shame (Hiri) means being ashamed of immorality and Fear (Oattapa) means fear of doing evil. These two values are practiced by all Myanmar nationals. Children are taught these two values as moral lesson. The values are not discriminatory cultural practices and are not contrary to the Convention.

The Law even protects women in preserving the two values “the Shame” and “the Fear”. A person who forces or persuades a woman to behave in an improper way or to feel shame shall be punished with two-year imprisonment or with fine.

Violence Against Women and Trafficking

24. According to the National Action Plan adopted in March 2002, the sub committee on violence against women of MNCWA has implemented various activities, such as organizing educative talks on violence against women, opening counseling centers, receiving complaint letters and disseminating laws protecting women through media. Since 2003, MWAF has undertaken to review the complaints and renders assistance to victims of domestic violence.

25. In the Myanmar Penal Code a man is said to commit “rape” if the offence be committed to the wife who is below the age of thirteen years. If she is not his wife who is below fourteen years of age whether she gives consent or not cannot be accepted as a defence. However, if she is over fourteen years of age, if no consent is given the accused can be convicted.

The definition of “Rape” under the Myanmar Penal Code is as follow:

Definition of Rape

The Penal Code Section 375: A Man is said to commit “rape” who, except in the case hereinafter excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions:

- | | |
|-----------|---|
| First | Against her will. |
| Secondly | Without her consent. |
| Thirdly | With her consent, when her consent has been obtained by putting her in fear of death or of hurt. |
| Fourthly | With her consent, when the man knows that he is not her husband, and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married. |
| Fifthly | With or without her consent, when she is under fourteen years. |
| Exception | Sexual intercourse by a man with his own wife, the wife not being under thirteen years of age, is not rape. |

26. In Myanmar, no body is above the law. Whoever commits sexual violence, including rape, against women and girls shall be punished according to existing laws. For law enforcement and military personnel, verdicts are more stringent as they shall be prosecuted in accordance with the military rules and regulations. The members of the Myanmar Women Affairs Federations at various levels stand ready to help a woman or girl who suffers domestic violence physically and psychologically and to bring perpetrators to justice.

27. In police custody, regarding female suspects, only female staff will do searching and guarding, keeping in designated place, and regard to decency, female suspects can be securely kept in custody without handcuffs according to the police manual.

28. In Myanmar, there are no political prisoners. Persons who have breached the prevailing Laws are detained in prisons.

- (a) The quarters of female prisoners are separated from the compounds of male prisoners. Only female staffs take responsibilities regarding female prisoners and to the compounds male staffs are prohibited from entry. Superintendent and the deputy, while on inspection, are to be accompanied by female officials.
- (b) Majority of the prisons have been fitted with water purification devices and arrangements are made for supplying adequate purified drinking water. It is also in the process of fitting water purification devices in remaining prisons.
- (c) In the health care sector, medical doctors and nurses are appointed for the treatment of prisoners in the prison hospitals.
- (d) For the social development of prisoners, vocational trainings and standard education for prisoners are arranged. For the mental development, prayer sessions according to their religion, meditation sessions, chanting of Dhammasaca pavattana Sutta, sports activities, TV and video entertainments, playing of Dhamma recordings, Dhamma sessions by invited Sayadaws (Venerable monks) from outside, and regular family visits are arranged.
- (e) For those special case female prisoners who are detained in separate cells, they are allowed one hour walking exercise in the mornings and afternoons and to take bath. They are not asked to work in regular prison labour works.

29. Myanmar regards combating human trafficking as an national cause since 1997 and measures are being taken by Government departments, and organizations in cooperation with local NGOs, INGOs and United Nations agencies.

30. In order to enhance combating human trafficking, the Anti-Trafficking in Persons law was enacted on 13 September 2005 in accordance with international standards and stipulations of United Nations Convention Against Transnational Organized Crime and its Protocols which were ratified by Myanmar in 2004.

31. Pursuant to the Anti-Trafficking in Persons Law, the Central Body on Anti-Trafficking in Persons and various levels were formed on 11 February 2006. The Anti-Trafficking in Persons bodies are mandated to implement Prevention, Prosecution, Protections and Rehabilitation measures effectively in cooperation with governmental departments, organizations, INGOs and United Nations Agencies.

32. Myanmar Five-Year National Plan of Action to combat Human Trafficking (2007-2011) was adopted in December 2007. The NPA comprises 5 components, namely, Policy and Cooperation, Prevention, Prosecution, Protections and Capacity Building. The National Plan of Action is to be

implemented through annual work plan. The implementation of NPA is being monitored by the National Task Force.

33. The 17 Ministries which are responsible to implement Myanmar Five-Year National Plan of Action have provided annual budget allocation for their respective activities. Moreover, United Nations agencies, international organizations, NGOs such as UNIAP, UNICEF, UNODC, IOM, World Vision (Myanmar), ARTIP, AFXB are also cooperating in the implementation of NPA through technical and financial assistances.

34. Since the enactment of the Anti-Trafficking in Persons Law, 239 cases were identified and 637 offenders were prosecuted. A total of 626 victims were rescued. Besides, 3 trafficking cases related to money laundering were identified and legal actions were taken through confiscating all proceeds of crime. The analysis of the trafficking cases in Myanmar, show that the majority were heading in to China and secondly in to Thailand. The purposes of trafficking are found as forced marriage, prostitution, and forced labour in industries.

35. Beside above mentioned 626 rescued victims, there were 553 trafficked victims who had been repatriated from destination countries. These returnees have been provided with necessities in the process of rehabilitation and reintegration, such as medical care, counseling, vocational training, job opportunities, social assistance, legal assistance for compensation in cooperation with local NGOs, international organizations, and United Nations agencies.

36. Myanmar is actively participating in combating human trafficking in cooperation with the international community. The MoU on the Asia Regional Anti-Trafficking in Persons (ARTIP) was signed in 2003 and the project activities are under implementation. The MoU on Coordinated Mekong Ministerial Initiatives against Trafficking (COMMIT) was signed in 2004 by Myanmar along with GMS 6 countries and Myanmar is actively involved in combating trafficking in persons in the region. As a member of ASEAN and BIMSTEC, Myanmar is implementing impressively the joint declarations against human trafficking. The MoU between Myanmar-Thailand and Myanmar-China on cooperation to combat trafficking in persons are to be signed in the year 2008.

37. There is no discrimination and restrictions on Myanmar women's further participation in public and political life. They can freely choose their own way of life and decide whether they will continue their career or not. Most of the Myanmar women prefer to do business of their own or work part time to support their families other than full-time career. In Myanmar, family is regarded as one unit. Husbands usually hand-over their earnings to wives and wives on their part to spend the income properly.

38. Nowadays, in order to achieve women's full and equal participation and representation at national and international levels, they are encouraged as before to further study and attending the international meetings. Husbands are also encouraged to take equal responsibility in caring the family.

Education

39. **The Thirty-Year Long Term Education Plan (2001- 2031):** In order to develop human resources that could contribute to the development of the country and in line with political, economic and social objectives, the 30-year long-term plan for basic education sector was adopted and is being implemented. Ten programmes will be implemented in the Basic Education Sector under the Thirty-Year Long-Term Education Development Plan. The programs concerning with CEDAW are as follows:-

- (a) Basic Education for All
- (b) Improving the Quality of Basic Education
- (c) Providing Access to Pre-vocational Education and Vocational Education at Different Basic Education Levels
- (d) Producing All Round Developed Citizens
- (e) Improving Non-Formal Education Activities

40. **Implementation of EFA NAP (2003- 2015):** In line with 30 Year Long Term Basic Education Development Plan, Myanmar EFA-NAP has been implemented since 2003 focusing on 4 main goals area such as (a) Access to and Quality of Basic Education (b) Early Childhood Care and Education (c) Non-formal and Continuing Education and (d) Education Management and EMIS.

41. The following are the tasks accomplished during the implementation of the Thirty-Year Long Term Basic Education Development Plan and EFA-NAP:-

- (a) Increasing the school enrollment rate of school going age children
- (b) Decreasing the repetition and drop out rates in all level of Basic Education
- (c) Improving the quality of teaching and learning process
- (d) Teaching pre-vocational and vocational school subjects at the primary and middle school levels
- (e) Conducting adult literacy campaign throughout the whole country including border areas by opening 3R learning circles and establishing community learning centres to accelerate continuing and lifelong education activities
- (f) No significant gender disparity in Education System

42. In order to develop Children aged 3 to 5 Years, the Ministry of Education opened preprimary classes in suitable Basic Education Schools in line with education promotion programme. Up to March 2008, there are 1,724 Basic Education Schools with preprimary classes attended by 36,525 children. The Department of Social Welfare has been established 63 pre-schools since 1955. Up to now, there are 8,110 children are nurtured in these schools. Moreover, the Maternal and Child Welfare Association gives helping hand to working mothers by establishing 1,457 nursery schools and 65,782 children are attended in States and Divisions.

43. In Myanmar society, women have equal right as men. The education system in Myanmar does not discriminate between boys and girls and treat them equally. In the basic education system, 81 percent of teachers are women, therefore, they are taking major roles in basic education sector. The number of girls and boys in basic education is almost equal. So, they have equal access to basic education. The number of girls attending the upper secondary level is more than that of boys. According to the literacy rate by gender, there is only a little bit gap between man and woman in Myanmar Society.

The following indicators and data are used to monitor and evaluate to achieve the Goals of CEDAW:-

(a) Gross Enrolment Rate and Net Enrolment Rate (2006-07)

No	Level	GER			NER			Remark
		Girls	Boys	Total	Girls	Boys	Total	
1	Primary	88.3	89.3	88.8	82.1	83.0	82.5	
2	Middle	45.2	46.9	46.0	42.0	43.6	42.8	
3	High	30.3	27.6	28.9	28.2	25.6	26.9	

(b) Retention Rate (2006-07)

No	Level	RR			Remark
		Girls	Boys	Total	
1	Primary	67.1	67.8	67.4	
2	Middle	78.8	75.1	76.9	
3	High	99.6	95.1	97.3	

(c) Transition Rate (2005-06)

No	Level	TR			Remark
		Girls	Boys	Total	
1	Primary to Middle	71.7	75.0	73.3	
2	Middle to High	95.6	88.7	92.1	

44. There is no gender disparity in education program in Myanmar. In Basic Education Sector, there are 33 747 Schools in 1987-88 Fiscal Year (FY), however, in 2007-08 (FY), the number of schools is increased to 40 553. The percentage of increase is 20.17 per cent. Similarly, 5.23 Million students in 1987-88 FY is also increased to 7.96 Million in 2007-08 FY. In the Higher Education Sector, there were only 32 Universities and Colleges with the 134,000 students in 1988. The number of Universities and Colleges is increased to 158 attending by over 5,520,000 students in 2007-08. As there is no discrimination due to gender in education system in Myanmar, it is not necessary to allocate budget related only to women or girls. By equal ratio of boys and girls, it can be seen that budget for girls is half of the whole basic education budget. By increasing budget allocated to education sector, year by year and by more opening of the schools, colleges and universities, the students in basic education sector as well as higher education sector have more access to education.

45. The Higher Education sub-sector of the Ministry of Education is implementing plan for uplift of the quality of education and the development of human resource. Faculty and administrators are assigned and students are selected to attend courses based entirely on qualification and not on gender. The following table shows the number of administrative staff, faculty and students in the higher education sector according to gender.

Sir.No	Staff/Faculty/Student	Number		Percentage	
		Male	Female	Male	Female
1	Administrative Staff	3428	6405	34.86	65.14
2	Faculty	1901	8890	17.62	82.38
3	Student	205038	292032	41.25	58.75
Total		210367	307327	40.64	59.36

Health

46. The Myanmar Maternal and Child Welfare Association is all volunteered social organization. There are 64 central council members and 28 staff at the Headquarters. The Association has branches in all 325 townships throughout the country. Altogether 21,059 branches and 9,938,702 members. The members who have expertise in various fields voluntarily participate in the activities of the Association in health, education, economic and social sectors. It has its own independent fund which collects mainly from well-wishers, membership fees and income from its small business.

47. 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. In accordance with the draft National Population Policy, birth spacing activities had been integrated into the family health care programme. The country has also tried to make considerable efforts especially through promotion of overall reproductive health with the aim of reduction of newborn, infant, child and maternal mortality. Myanmar Reproductive Health Policy was formulated in 2002 and approved by the Ministry of Health in 2003 aiming 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.

48. Myanmar Reproductive Health Policy has been formulated as follows:

- (a) Political commitment should be sustained to improve reproductive health status in accordance with the National Health Policy and to mulgate rules, regulations and laws on reproductive health.
- (b) Reproductive health care services and activities should be in conformity with National Population Policy.
- (c) Full respect for laws and religion, ethical and cultural values must be ensured in the implementation of reproductive health services.
- (d) The concept of integrated reproductive health care must be introduced to existing health services and programmes. Quality reproductive health care must be provided in integrated packages at all levels of the public and private health care systems.
- (e) Effective partnerships must be strengthened among and between governmental departments, non-governmental organizations and the private sector in providing reproductive health.
- (f) Reproductive health services must be accessible, acceptable and affordable to all women and men specially underserved groups including adolescents and elderly people.
- (g) Effective referral systems must be developed among and between different levels of services.
- (h) The development of appropriate information, education and communication material must be strengthened and disseminated down to the grassroots level to enhance community awareness and participation.
- (i) Appropriate and effective traditional medicines and socio-cultural practices beneficial for reproductive health must be identified and promoted.
- (j) Adequate resources must be ensured for sustainability of reproductive health programmes.

49. Significant progress in the health status of children has been found 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 health status of mothers and children are significant. It was recommended that the reduction of maternal mortality ratio is the result of improvement in antenatal care, such as delivery by skilled attendants, effective health education, counselling and efficient birth spacing service provision to all eligible couples.

50. Myanmar is also driving to achieve the Millennium Development Goals (MDGs), global targets 4 and 5 in maternal and child health with efforts to achieve in time. Approximately, 1.3 million women give birth each year in Myanmar, thus, intensive efforts have been put to improve maternal and newborn health (MNH) services through various activities, especially focused on safe motherhood. While increasing the recruitment of more midwives in the health system, trainings for

skilled birth attendants are also carried out by capacity building of Auxiliary Midwife (AMWs) in their midwifery skill in order to have at least one skilled birth attendant in each 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 during their antenatal visit to health centers or during home visits of midwives. For the provision of skilled care at every childbirth, MOH has been striving for the provision of a continuum of care to pregnant mothers which include good- quality midwifery care and first level of health care for the family at health post.

51. In Myanmar, the Ministry of Health ranks abortion as the ninth most important health problem (Ministry of Health, 1998) and the third leading cause of morbidity (Ministry of Health, 1993). According to the “Nationwide Cause-specific Maternal Mortality Survey”, carried out by the Department of Health in 2004-2005, death due to abortion-related complication was 9.86 per cent of all maternal deaths. Complications following induced and spontaneous abortion are responsible for up to 60.0 per cent of obstetric deaths recorded in hospital studies (Ba-Thike 1997). The National Population Policy (1993) emphasizes to improve health status of women and children by ensuring the availability and accessibility of birth-spacing services to all couples voluntarily seeking such services. In Myanmar, birth spacing programme has been started since 1991, providing through community-based distribution system.

52. According to the “Nationwide Cause- specific Maternal Mortality Survey” carried out by the Department of Health in 2004-2005, maternal mortality ratio was estimated at 316 per 100,000 live births at the national level and 89 per cent of all maternal deaths were reported from rural areas. The main causes of maternal deaths are shown in the following table.

Maternal death by cause and by urban- rural residence (Per cent)

No	Cause of death	Urban (%)	Rural (%)	Union (%)
1	Post-partum haemorrhage (PPH)	50	28.57	30.98
2	Eclampsia	-	12.71	11.27
3	Abortion related complications	12.5	9.52	9.86
4	Puerperal Sepsis	-	7.94	7.04
5	Hypertensive disorders		6.35	5.63
6	Prolonged/Obstructed labour	-	9.51	8.46
7	Ante partum haemorrhage (APH)	25	1.59	4.23

8	Ruptured uterus	4.76	4.23	4.23
9	Embolism	-	1.59	1.41
10	Indirect causes	12.5	17.46	16.90

Maternal Mortality Ratio by maternal age

No	Age (years)	Maternal deaths	Live Births	MMR per 100,000 LB
1	15-19	3	1007	297.91
2	20-24	10	5091	196.43
3	25-29	13	6414	202.68
4	30-34	14	5267	265.81
5	45-49	2	217	921.66
	TOTAL	71	22478	315.86

53. According to the “Overall and Cause-specific Under-Five Mortality Survey”, carried out by DOH in 2003, infant mortality rate was estimated at 49.7 per 1000 live births at the national level. The main causes of infant deaths and infant mortality rate are found to be as follows:

(a) Infant Mortality Rate by cause and by age

No	Cause of death	Age (<6 Month) (%)	Age (6-11 Months) (%)
1	ARI	21.76	31.89
2	Septicaemia	14.38	2.89
3	Brain Infections	12.78	14.49
4	Prematurity/ LBW	11.85	0.00

5	Beri Beri	8.58	1.45
6	Diarrhoea	5.78	26.09
7	Malaria	2.39	8.69
8	Congenital Anomaly	1.79	0.00
9	Accident Poisoning	0.00	1.45
10		20.96	13.05

(b) Distribution of Infant Mortality Rate by sex

Sex	Male (%)	Female (%)	Total
	52.96	47.04	100

National AIDS Programme

54. National AIDS Programme has been implemented since 1989 under the guidance of the Ministry of Health. Since then, a planned national response was started and relevant Ministries, United Nations organizations, international and local non-governmental organizations and community based organizations have been implementing the five-year National Strategic Plan 2006-2010. The National Plan addresses 13 strategic directions which are most pressing needs of populations at greater risk and enhancement of the capacity of health systems.

55. AIDS is the disease of national concern and one of the most priority diseases in Myanmar. With this concern, the National AIDS Programme has initiated and led the national response to HIV and AIDS through implementation of 10 major HIV/AIDS prevention and care activities. The 100 per cent targeted condom promotion programme has been implemented for high risk populations since 2001 and has covered 170 townships. In line with Universal Access Approach, a total of 273,000 clients received counseling at 289 VCCT Centers during 2006.

56. PMCT services have been provided to prevent transmission of HIV to infants from HIV positive pregnant mothers since 2000 and have covered 115 townships and 38 general hospitals. During 2006, 182,688 pregnant women received pre- test counseling and 99,789 pregnant women agreed to HIV testing. Over 11,000 AIDS patients are being treated with ART therapy out of which 40 per cent are women and also received OI treatment.

57. HIV/AIDS prevention and care services are provided with gender orientation as the priority target groups for such services aimed at women as well as youth. HIV/AIDS awareness raising

programs, life skills programs, reproductive health programmes for men and women of reproductive age are being implemented with various stake holders.

58. According to the three-ones principles, the National AIDS Programme is taking lead in the monitoring and evaluation system of national response. Standardizing the national indicators and prioritizing the target population and geographic areas are set up in accord with all stakeholders. The results of the national response are described in disaggregated figures on gender.

59. Based on the HIV/AIDS projection and demographic impact analysis workshop conducted in August 2007 using latest methodology developed by WHO and UNAIDS Geneva, it was noted that adult HIV prevalence in Myanmar reduced from 0.94 per cent in 2000 to 0.67 per cent in 2007. This figure is supported by the prevalence of sentinel groups from HIV sentinel surveillance survey which is conducted by the National AIDS Programme annually and represented for 34 townships.

60. The prevalence of syphilis testing among primigravida and multipara women declined from 3 per cent in 1993 to 1.8 per cent in 2006 and from 5 per cent in 1993 to 2 per cent in 2006 respectively.

61. The following table shown the annual budget of Health Sector in Ministry of Health and other Ministries for the fiscal year 2000-2001 up to 2008-2009.

(Kyats in millions)

Fiscal year	Current	Capital	Total
1	2	3	2+3=4
2000-2001	5064.0	2624.2	7688.2
2001-2002	5684.9	3527.6	9212.5
2002-2003	7770.1	12111.0	19881.1
2003-2004	10203.4	10005.4	20208.8
2004-2005	15427.6	12142.5	27570.1
2005-2006	15051.7	8037.1	23088.8
2006-2007	35914.0	10717.0	46631.0
2007-2008	37949.0	10540.0	48489.0
2008-2009	40651.0	8868.0	49519.0

62. Women have no right to terminate pregnancy resulting from sexual violence. The Penal Code Section 312: Whoever voluntarily causes a woman with child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both; and, if the woman be quick with child, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine. A woman who causes herself to miscarry is within the meaning of this section.

Employment, rural women, access to property and poverty (No correction)

63. Myanmar has been a member of ILO since 18 May 1948. It is a party to 19 ILO Conventions, including Forced Labor Convention No. 29. The Ministry of Home Affairs issued the Notification No. 1/99 on 14 May 1999 which amended some provisions of the 1907 Towns Act and Village Act and the Additional Decree on 27 October 2000. These Notification and Decree cover not only the Ministries concerned, but also police, military personnel, and local authorities. These Notification and Decrees were printed in ethnic languages and distributed in 63,000 towns and villages. Awareness raising talks were conducted to 263, 427 from 16,482 villages and wards, 66 districts and 325 townships in all States and Divisions. Legal actions were taken against the chairpersons of Village Peace and Development Council who violated the Notification and instruction according to Section 374 of the Penal Code.

64. The MoU between Myanmar and ILO was initiated on 19 March 2002 in Geneva. Since then, the appointment of an ILO Liaison Officer has been accepted by Myanmar government on 26 February 2007, Geneva based Permanent Representative of Myanmar and a responsible person from ILO signed a Supplementary Understanding which aims for the development of a mechanism to handle complaints concerning forced labor. The Deputy Minister for Labor and the Executive-Director of the ILO signed the extension of the Supplementary Understanding for one year on 26 February 2008 in Yangon.

65. Concerning social protection, social insurance policies of the Social Security Scheme have been implemented. The Social Security Act was enacted in 1954 and has been implemented in 108 townships in 13 States and Divisions.

66. The Social Security Scheme has been implemented under the Social Insurance System, General Insurance and Occupational injuries Insurance. Sickness, Maternity, and Death Occupational cases are under General Insurance and Occupational accidents, Occupational diseases are under Occupational Insurance and Occupational accidents & Occupational disease are under Occupational injuries. Insurance, 4 per cent of the salary is collected for insurance, of which ratio of contributions paid by employers and employees are 2: 5 and 1: 5 of the insured wages.

67. State contributions are paid by the Government if there is any deficit. Monthly premium is equivalent to 4 per cent of the monthly wages of the employee.

68. One per cent of the insured wages is paid by employer in occupational injury contributions and cash benefits. There are two main types of benefits: Direct Free Medical Care and Cash Benefits.

69. Direct free Medical Care covers all insured persons. Its objectives are to maintain, restore and improve the health of insured person. There are altogether 250 officers and 2,396 office staffs serving in the Headquarters, and 79 local offices. The patients are admitted to 95 Social Security Board dispensaries, Yangon Worker's Hospital (250-bedded), Mandalay Worker's Hospital (150-bedded) and Tuberculosis Hospital (100-bedded) respectively.

70. Medical Care Provisions include ambulatory care, antenatal, confinement and postnatal care, specialist consultation, hospitalization, supply of pharmaceuticals and instruments, supply of prosthesis and orthopedics appliances, preventive measures and mass vaccination, various types of medical boards, medical education.

71. There are six types of cash benefits

- (a) *Sickness Cash Benefit* provides 17 weeks of contribution in last 26 weeks immediately preceding the start of his incapacity.
- (b) *Maternity Cash Benefit* covers 26 weeks of contributions in last 52 weeks before confinement and 2/3 of the rate of salary for six weeks.
- (c) *Funeral Grant* is 40,000 kyats to the family members of a deceased insured worker who had paid contributions in kyats. US\$ 200 granted contributions is in foreign currencies.
- (d) *Temporary Disability Benefit* covers 2/3 of earnings, according to its insurance policy for up to 52 weeks.
- (e) *Permanent Disability Pension* shall be granted to insured persons who have suffered partial loss of capacity which is likely to be permanent. A supplement of 25 per cent of the pension shall be added to the pension if he or she requires the constant attendance of another person.
- (f) *Survivor's Pension* Monthly survivor's pension in case of death of insured workers due to employment accident is payable to their widows until they die or remarry and payable to their children under age 13 or 16 if they continue studying. It is payable to dependant relatives if there is no widow or children.

72. Old Age Pension covers short term benefits such as sickness, maternity and temporary disability benefits and long term benefits like permanent disability pension and survivor's pension provided to insured workers.

73. There is a future plan to extend the scheme to cover more areas with the intention to cover the whole working population of the country and to introduce new benefits like old age pension, invalidity pension and unemployment benefit for insured workers in Myanmar.

74. The Union of Myanmar, Ministry of Labour, Department of labour law and inspection signed MoU on the establishment of the ASEAN Occupational Safety and Health Network in August 2000 to collaborate among ASEAN countries for the safety of working environment and health matter.

75. As a party to the MoU, Myanmar has made efforts on exchange of information, training, research, sensitization inspection of norms and standard of factories based upon its own human resources, financial resources and technical know how.

76. Pamphlets on Labour law, pamphlets on do's and don'ts in factories and workplace, safety posters are distributed in factories and workplace. Awareness raising program are being broadcastion TV and radio occasionally.

77. In the training sector, male and female workers were trained to get awareness on vast accident which can happen because of fire broke out and leak of chemical elements at the gas factories, oil refineries and chemical factories by opening preventive training.

78. After 1988, Myanmar transformed its centralized economic system into market-oriented economic system. In Private sector, numbers of factories and workplace have increased with internal and external investment. Myanmar industrialized development committee was able to establish 18 industrial zones all over the country.

79. There is a plan to conduct training for male and female engineers and supervisors who are working at saw mills, engineered factories and chemical factories to perform their duties as safetyness in charge in the respective factories. The training program on safetyness and healthy environment of workplaces and factories are being carried out since 1999. Awareness raising programme for small- and medium-scale factory owners will be carried out to improve knowledge on safetyness of the workplaces and worker. Myanmar attended the workshop on Inspection Policy for Workplaces Safety and Healthy at Singapore. Myanmar Labour Law and Inspection Department has distributed knowledge on inspection policy which gained from workshop to the factories for the safetyness and health for the factories.

80. The inspectors of work places examine and supervise the factories and workplaces every year, giving priority to the dangerous workplaces and factories for the safety from danger, health and wellbeing of the workers. The inspectors investigate why accident happen at the factories and workplaces and instruct the factory owner not to cause the same accident and to provide preventive measures.

81. Male or female inspection officers are holding B.E degree (or) G.T.I Certificate and they were sent to attend the trainings conducted by the ASEAN Occupational safety and Health Network. As a result they also provided lectures in safety and health training programme in Myanmar.

82. The work-force of rural women is significant in Myanmar. They participate in the formal and informal labor sectors as primary school teachers, nurses, midwives, farmers and owners of small business.

83. The Department of Progress of Border Areas and National Races is implementing small scale business such as, food processing, weaving, and training on sericulture and silk weaving and masonry.

These are being conducted in Kachin State, Chin State, Kayin State, Rakhine State and Mon State for the income generation of local women.

84. In the rural areas of Kokang Region, small scale business of sewing, making bags and slippers are created. Measures are being undertaken to open the Vocational Training Schools for Domestic Sciences for Women in Myaingyigu and Htokawkoe, Kayin State in the 2008-2009 fiscal year for the income generation of local women.

85. The MWAF has implemented micro-financing program in order to alleviate poverty in rural area. A total of kyats 102 million has been provided to 7,957 rural women as non-profit loan.

86. The 30-year Master Plan for Development of Border Areas and National Races (from 2001-2002 fiscal years to 2030-2031 fiscal year) has been formulated and implemented. It consists of roads/bridges construction sector, energy sector, communication sector, education sector, health sector, public relations sector, social welfare sector, agriculture sector, livestock breeding sector, forestry sector, mineral sector, trade sector, co-operative sector, transportation sector and religious affairs sector.

87. Kyats 76,927.56 millions for roads/bridges sector, kyats 24,251 millions and US Dollars (200.85) millions for energy sector, kyats 161.49 millions for communications sector, kyats 1,081.34 millions for education sector, kyats 120.38 millions for health sector, kyats 2,770.89 millions for public relations sector by the expenditure of respective department for social welfare sector, kyats 8,573.9 millions for agriculture sector, kyats 198.494 millions for livestock breeding sector, by the respective Ministry's fund for forestry sector, by the respective Ministry's fund for mineral sector, by the respective Ministry's fund for transportation sector and kyats 2,028 millions for religious affairs sector are estimated to be utilized in the 30 year plan.

88. Two vocational training schools of domestic science for women in Myitkyina and Bamaw will be opened in the second short-term plan from 2006-2007 to 2010-11, in Taunggyi and Pha-an in the third short-term plan from 2011-12 to 2015-2016, in Sittwe and Tamu in the fourth short term plan from 2016-2017 to 2020-2021 and in Khamti and Mintatt in the fifth short-term plan from 2021-2022 to 2025-2026.

89. Moreover, one vocational training school for women in Naga region, one women development centre in Kachin special region No.2 and one women development centre in Kokang special region No.1 will be constructed as social welfare centres.

90. Budget for the 30-year master plan for development of border areas and national races is provided by the relevant Ministries.

91. In order to implement the development measures systematically and efficiently, the Government established the Central Committee for the Development of Border Areas and National Races on 25 May 1989 chaired by the Chairman of the State Peace and Development Council Senior General Than Shwe.

92. The duties and powers of the Central Committee are as follows:

- (a) Formulating the policy for implementation of the objectives mentioned in the Development of Border Areas and National Races Law;
- (b) Confirming giving guidance and causing the implementation of long-term and short-term master plans drawn up by the Ministry for Progress of Border Areas and National Races and Development Affairs and submitted through the Work Committee for the Development of Border Areas and National Races.
- (c) Laying down development works for the border areas which should be implemented immediately.
- (d) Laying down and carrying out measures with a view to preserving the culture, literature and customs of the national races.
- (e) Laying down and carrying out measures for the maintenance of security and prevalence of law and order and regional peace and tranquility in order to increase the perpetual momentum of the development works at the border areas.
- (f) Giving decision to determine development areas which should be expanded.

93. The Department of Development Affairs is carrying out the establishment of 4 model villages per township to implement rural development measures and activities which are to be undertaken in this connections are as follow:-

- (a) Construction of 30-feet wide main road in the village.
- (b) Construction of 20-feet wide roads in the village.
- (c) Construction of 30-feet wide village to village connecting roads and making 12-feet wide-along the roads and cultivation of 2 row shady trees outside the canal.
- (d) Construction of sports-ground in the village.
- (e) Renovation of schools, clinics, dispensaries and making the environment green.
- (f) Construction of fly-proof latrines at every household by using local products.
- (g) Making arrangements for getting clean and safe drinking water by using multi-sectoral methods.
- (h) Construction and renovation of village hall places for cooking rice, halls for religious purposes and rest houses.
- (i) Fencing houses by using local products.
- (j) Posting and constructing the place for the village market.
- (k) Installation of village lights post.
- (l) Cultivation of shady trees, wind protected trees and small forests(at least 2 acres) and firewood plantations (at least 5 acres).
- (m) Erecting of signboards mentioning the population, household numbers of the village at the enhance of the village.
- (n) Consideration of village cemetery and making it clean.

94. The Central Committee for the Development of Progress of Border Area and National Races and Development Affairs chaired by the Head of State has established 24 special development zones, 18 special development regions and 5 rural development tasks, which are to ensure better and smooth

transport, to enhance rural health care measures, to promote educational and socio-economic opportunities for the rural children and women by establishing schools, vocational training centers, providing water supply system in far-flung areas. In Myanmar, there are over hundred ethnic national groups. There is no ethnic group under the name of Rohingya in Myanmar.

95. For the vulnerable groups, the Department of Social Welfare has established 55 schools for disabled and another 5 school for disabled are run by NGOs and 52 homes for the older person throughout the country to take care of disabled women and older people. Food, accommodation, recreation programme and rehabilitation programme are being provided in these centers. The Government provides partial funding for those old aged homes and some school for the disabled. Myanmar people, who are keen to share their wealth with the vulnerable people like disabled and older persons, always donate to the school for the disable and old aged homes.

96. Moreover, home care for older people programmers have been conducted in 35 townships since 2004 to take care of the vulnerable older people based on volunteerism. After 2009, the Department of Social Welfare in collaboration with Local NGOs intends to carry out this programme nation wide.

Marriage and family relation

97. According to Section 3 of the Majority Act, a girl who has attained 18 years of age only can take an oath and sign marriage certificate at the court. The legal age of marriage is 18 years for both girls and boys. Therefore, it is not necessary to raise the minimum age of marriage for girls to 18 years in order to bring it in line with article 16 of the Convention.

98. In different statutes governing individuals who fall under them according to the religion they profess, the approval of the parents or guardian is necessary to perform a valid legal marriage. However, in practice marriages are made only by two persons who are of age.

Optional Protocol

99. The process of accession to the Protocol is at the initial stage. The Optional Protocol to the Convention has been translated into Myanmar Language and distributed for in-depth study.
