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## I. Introduction

Myanmar is the largest country in the South-East Asia peninsular proper. It shares borders with India and Bangladesh in the west, China in the north, and the Lao People's Democratic Republic and Thailand in the east. It has a 2,228-km-long coast line in the south, opening out to the Gulf of Martaban and Bay of Bengal. The population of Myanmar is made up of 135 national races, with Bamar, Chin, Kachin, Kayah, Kayin, Mon, Rakhine and Shan being the major races.

The status of Myanmar women is very unique as equality with men has been bestowed upon them as an inherent right. As historical evidence has shown, Myanmar women have enjoyed equal rights with men ever since the inception of Myanmar civilization 2,000 years ago. Traditions and customs, *dhamathats* (customary laws), religious beliefs and practices have all along safeguarded the right to equality of Myanmar women in all crucial sectors, like marriage and inheritance.

Since the days of Myanmar kings, women have played distinguished roles in administration and the judicial sector. According to the royal court protocol, the rites in the coronation ceremony of Myanmar kings were never complete without the presence of the royal consort, the chief Queen.

charge of royal fans, a woman purveyor of royal betel leaves and nuts, women musicians, singers and dancers. There was mention of a nun who recited parrita with monks. There were also many instances of husband and wife performing works of merit together, indicating the high status of women in the Bagan era (tenth to thirteenth centuries), enabling women not only to own property but also to dispose of it.

In the Mon Kingdom of Bago (Hanthawadi), Queen Shin Saw Pu ruled from 1453 to 1472 A.D. The Queen ruled well. She was not the only Queen in Myanmar. The Rakhines also had Queen Kywapi at Wesali from 334 to 341 A.D.

The second Myanmar Empire was established by King Bayinnaung in 1551 A.D. in Ta

cessionist tendencies among the national races, the Revolutionary Council, led by the Tatmadaw, had to take control of the State to prevent the Union from disintegration.

overwhelming majority of the population. Under the 1974 Constitution, the Burma Socialist Programme Party (BSPP) led the country until the latter part of 1988, during which a centrally planned economy was administered under a single

formulated, with the objective of significantly enhancing production and exports of goods and services. Due to concerted efforts, a remarkable average annual growth rate of 7.5 per cent was realized, compared to the original planned target of 5.1 per cent, and per capita income increased at an average rate of 5.6 per cent, thus improving favourable conditions for economic development. After successfully implementing the four-year plan, a short-term five-year plan (1996/97 to 2000/2001) was formulated and is being implemented with the objective of laying down more stable economic and social foundations for sustained growth, leading to the emergence of a modern and developed nation.

The first two years of the five-year plan have been implemented, achieving a growth rate of 6.4 per cent in 1996/97 and 5.7 per cent in 1997/98, thereby achieving the projected annual growth rate. It is envisaged that the original annual average growth rate of 6.0 per cent for the plan period is achievable, given that resource potentials are favourable and necessary reform measures are being undertaken.

The Government has liberalized domestic and external trade, promoted the role of the private sector, and opened itself up to foreign investment. Technical know-how from

5-7 persons, with an extended family being the norm. In a family the father is regarded as the head of household and

Forests cover about 51 per cent of the country. Deforestation in Myanmar is the result of shifting cultivation,



### **Article 3. National machinery and programmes**

To systematically carry out activities for the advancement of women, the Myanmar National Committee for Women's Affairs was established on 3 July 1996, chaired by the Minister, Ministry of Social Welfare, Relief and Resettlement, which is designated as the National Focal Point for Women's Affairs. The Committee members are deputy ministers from related ministries, such as the Ministry of



the Association. In addition, it organizes lectures and training programmes on Buddhism.

Subcommittees implement the plan of action and report on their progress to the National Committee through its

#### **Article 4. Measures taken by the Government**

Although the women in Myanmar have already achieved equality with men, the Government has set up national machinery for the advancement of women, especially for those at the grass-roots levels. The Myanmar National Working Committee for Women's Affairs, as stated above, was established, up to the township level, in all the states and divisions, and the working committees worked with the governmental departments and non-governmental organizations, as shown in diagram 2. The Myanmar National Committee for Women's Affairs holds meetings every three months at which it reviews the reports submitted by the Working Committee on developments in the six areas of concern. The National Committee also adopts the short-term plan of action of the Working Committee.

The National Committee held a two-day national seminar on women's development from 6 to 7 May 1988 with high-level participants from all states and divisions. The seminar's objective was to adopt the basic principles for the

important status that women have in the family and the social fabric of Myanmar. The Government recognizes the important role of women in shaping the future of the country, and thus national programmes for promoting the survival, protection, and development of women and children are being undertaken and their progress is monitored.

Although the findings of a study in two townships on the incidence of marital violence reveals that marital violence exists, the magnitude is not very great. The Myanmar culture and religion strongly influence the mentality and behaviour of men and women alike. The teachings of Lord Buddha that crimes like rape and sexual violence are great sins serve as protection for women and children. Therefore, there are few reported cases of rape or sexual assault in Myanmar. Moreover, the existing laws protect women and children; the penalty for sexual abuse and rape is heavy punishment, up to transportation for life.

In Buddhism, parents and teachers are deeply respected and held in high esteem. Therefore, in Myanmar where 90 per cent of the people are Buddhists, looking after parents, grandparents and elderly people is considered to be meritorious, and care of the elderly is not an issue. In a report on the health of the elderly in Myanmar, it was found that 79.8 per cent of them lived with their children, 82.5 per cent in urban areas and 77.1 per cent in rural areas.

Old people with neither children nor relatives are well cared for in homes for the aged which are run by non-governmental organizations and religious organizations, and some are supported by the Government. There are many homes for the aged poor all over the country.

Women prisoners are protected by special laws and the jail manual. They are entitled to health care and certain privileges. Even the hair of the women prisoners must not be cut against their wishes. For female prisoners with hard labour, the work load is assigned according to physical health. If a woman who is given a death sentence is found to be pregnant, the sentence is reduced to life imprisonment.

Women who are handicapped or physically disabled and street children, including girls, are looked after by the Social Welfare Department and non-governmental organizations.

## **Article 6. Trafficking in women and suppressing the exploitation of women**

Myanmar women and girls have been well protected not only by traditions but also by the law. Myanmar society does not accept immoral ways of earning money. But because of false, seemingly innocent, promises on the part of well

groomed traffickers for better job opportunities in other countries, there are a few cases of trafficking Myanmar women to neighbouring countries.

In order to prevent Myanmar women and young girls from being victims of trafficking, the Government has implemented preventive measures. Since the women in the border areas are more vulnerable, the Ministry of Progress of Border Areas and National Races and Development Affairs has established eight training centres in the towns adjacent to neighbouring countries since 1992. These centres provide vocational training to girls and women and help them to engage in income-generating activities.

The Ministry of Social Welfare, Relief and Resettlement conducts day-care teacher training courses and home-making courses for girls and young women in the states and divisions.

To disseminate information on the cases of trafficking in women and children, the Ministry of Information has set up libraries where anyone can read newspapers, journals and other publications free of charge. There are more than 300 offices of the Information and Public Relations Department throughout the country to which children's reading rooms are attached.

The Ministry of Immigration and Population and the authorities have also instituted measures along the border. Women between the ages of 16 and 25 years are not allowed to cross the border unless accompanied by a legal guardian.

Apart from the ministries concerned, the States and

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**The Suppression of Prostitution Act, 1949, and  
the Law Amending the Suppression of  
Prostitution Act, 1949**

In Myanmar, prostitution is discouraged and soliciting (seduction) in public is a crime. It is illegal to force or entice a woman into prostitution or to keep a brothel.

Section 3 of the Suppression of Prostitution Act provides that whoever, in any public street or public place or place of public access within sight of or earshot of any such street or place, whether from within or without any house, building, room, vessel, vehicle or not, (a) by words, gestures, willful and indecent exposure of her person or otherwise, lures or

years” contained in subsection (1) of section 5 of the Suppression of Prostitution Act, 1949, was amended by the expression “shall be punished with imprisonment for a term

The expression “shall be punished with imprisonment

with imprisonment of either description for a term which may extend to 10 years and shall also be liable to a fine.

provided with medical treatment, counselling services and social support before being reintegrated into society.

women have the right to contest in the election, and to vote as well.

In sections 3 and 12 of the Law Relating to the Election of Pyithu Hluttaw and Different Levels of People's Councils (Pyithu Hluttaw Law No. 8 of 1976), it is prescribed that every citizen "has the right to vote and the right to contest in the election". "Every citizen" in the said provisions is inclusive of both men and women under the existing Citizen's Law.

In the Burma Socialist Programme Party, there were many women cadres working for the party at different levels. There were also women representatives in the Pyithu Hluttaw (Parliament).

During the reign of the State Law and Order Restoration Council, under section 6 of the Pyithu Hluttaw Election Law, it was prescribed that every citizen, irrespective of sex or creed, had right to vote, and under section 8 of the same, it is prescribed that every citizen, irrespective of sex or creed, has right to contest in the elections. Thus, under the said Law, men and women have the same rights as to voting and being elected.

The number of Myanmar women seeking high position in public offices, politics and business has risen in the past decade. There are now women directors-general and managing directors, the highest rank in public offices, and a woman rector at the university level.

Women are also moving rapidly into the world of business. In terms of economic sectors, women executives are especially prominent in retailing, fashion, cosmetics and public relations. At a glance the number of women in positions of political and economic power is small, but it has increased compared to previous decades.

In the national convention being held to draw up the national constitution, women representatives from the various states and divisions and from different walks of life actively participate.

In the professions, most of the teachers are women. In the field of health, 50 per cent of doctors and 90 per cent of nurses are women. In the area of law and economics, the number of women judges, law officers, lawyers and entrepreneurs is increasing rapidly.

Myanmar women have played important roles in many fields, among which the most prominent is the social field. They have taken part in enhancing individual and group development and alleviating adverse social and economic conditions.

The non-governmental organizations such as Myanmar Maternal and Child Welfare Association, the Myanmar Women's Sports Federation, the Myanmar Women Entrepreneurs' Association, the Myanmar Medical Association and other women's cooperatives and religious associations have been endeavouring to promote the status of Myanmar women. In these organizations women outnumber the men, and most of the executive posts are held by prominent women leaders who have actively led the organizations to implement the plans of action in full strength.

### **Article 8. Equality in political and public life at the international level**

In Myanmar there is no legal impediment or any form of restriction on women's representing the Government at the international level or participating in the work of international organizations.

Myanmar women have represented the country in international forums since the early days. In the 1930s women participated in the drafting of the constitutional reforms in London and, also in 1947, in the drafting of the Constitution.

There are no special measures to ensure gender equality as regards representation on an international level. Representation depends on whether or not the candidates are in the field of expertise required at such meetings or conferences.

Women delegates to international conferences have ably represented the country, although the number of such women is far less than that of men. At the Fourth World Conference on Women, the Myanmar delegation included seven women. They represented various ministries and departments such as Ministry of Health, Ministry of Education, Office of the Attorney General, Ministry of Foreign Affairs, and Myanmar Maternal and Child Welfare Association.

In the international organizations there are Myanmar women serving at the professional level as well as at the general staff level. In the Ministry of Foreign Affairs, women represent 27 per cent of the home-based staff and 20 per cent of the diplomatic personnel serving in Myanmar embassies abroad. Women have risen to the Minister Counsellor level. There was a woman director-general in the International Organizations and Economic Department of the Ministry of Foreign Affairs. As regards participation of women diplomats in international meetings, it is very encouraging because of the nature of the duties. At present there are women diplomats at the Permanent Missions to the United Nations in New York and Geneva.

**Article 9. Laws pertaining to nationalities**

Myanmar women enjoy freedom of rights guaranteed



have the same opportunity to participate at the township level and the state/division level in sports competitions. The Students' Annual Sports Festival has been held in the state/division capitals since 1990. The Eighth Students' Annual Sports Festival was held in Hakha, the capital of Chin state, in March 1998. Altogether 798 girl athletes (about 34 per cent of the total athletes) competed for nine different sports activities, individually as well as in teams. At every festival, there is a cultural fashion show and beauty contest for girl students. The beauty queen is awarded a golden crown, golden sceptre and scholarship for her study at the tertiary level. Nineteen outstanding women athletes, who are able to represent the country, have emerged from these festivals.

The Ministry of Education is providing equal opportunities for boys and girls to develop healthy life styles. It is cooperating with other departments and United Nations agencies to protect both boys and girls from the threat of narcotic drugs and HIV/AIDS. Educative talks on drugs and HIV/AIDS are given by health personnel and teachers at schools. Information, education and communication materials on narcotic drugs, HIV/AIDS and reproductive health are distributed for both sexes. Information on the well-being of families and family planning, which are crucial for youth and women, are included in the upper secondary-level health curriculum. The school health curriculum is available for both boys and girls. Many similar health topics are included in

is still in progress. Fifty-five learning packages especially designed for women and girls have been developed and distributed to project areas. Basic literacy programmes in 98 townships have been implemented, to be followed by functional literacy, income-generation and quality-of-life improvement programmes. In the 98 townships, learning circles are opening for learners, out of which about 77 per cent are women learners.



domestic responsibilities. However, this is not financially rewarding, and it means a much longer working day for benefits, such as sickness benefits, maternity benefits, funeral benefits, temporary disablement benefits, permanent

The health care system in Myanmar has public, private and cooperative sectors. In the public sector, the Department of Health is responsible for the provision of health care.

The health services delivery system is organized on three levels: central, intermediate and peripheral. Specialist hospitals and general hospitals at the central and intermediate levels provide secondary and tertiary care; district and township and rural health centres/subcentres at the peripheral level provide primary and secondary health care to the community.

The private sector includes both traditional and western medical care at private hospitals, private clinics and drug stores (pharmaceuticals).

The health expenditure for the Department of Health is allocated under three main headings: primary (station hospital/rural health centres, maternal and child health, school health, control of communicable disease, nutrition and sanitation), secondary, and tertiary health care. Sixty-eight per cent of the expenditures for health is spent on primary health care.

There is no strong gender preference in child-bearing. As a consequence, gender differentiation in feeding during childhood and adolescence is not common. There is a custom of serving food to husbands first at meals. However, this does not mean that the husband gets the largest share of the food. Unequal treatment does not exist as far as food is concerned. There is very little difference in the health status of married and single women, although more food is given to pregnant women.

Maternal and child health care in urban areas is delivered through 84 urban health centres, 348 maternal and child health centres, and 80 school health teams; in rural areas it is delivered in 650 station health units and station hospitals, 1,410 rural health centres and 5,640 rural sub-centres, providing primary health care plus maternal and child health care. A birth-spacing programme has been developed to improve maternal and child health.

Health activities are supplemented by multisectoral coordination and collaboration with non-governmental organizations such as the Union Solidarity and Development Association, the Myanmar Maternal and Child Welfare Association, the Myanmar Medical Association, the Dental Association, the Health Assistants Association, the Nurses Association and the Myanmar Red Cross Society.

Maternal services are delivered by doctors, lady health visitors and midwives at the maternal and child health centres or, in larger towns, at the urban health centres. To increase

maternal and child health (MCH) coverage, there are voluntary MCH posts with auxiliary midwives.

Antenatal care is delivered at specialist and township hospitals and MCH centres. It is estimated that 76.4 per cent of pregnant women are given antenatal care by midwives.

Seventy per cent of the delivery is attended by trained personnel (midwives, auxiliary midwives and trained traditional birth attendants) in the rural areas. Approximately 40 per cent of deliveries occur in government hospitals, and 2–3 per cent, in private hospitals and nursing homes in urban areas.

Non-governmental organizations like the Myanmar Maternal and Child Welfare Association provide antenatal care at their centres. Deliveries are conducted at maternity shelters all over the country.

Services for family planning and reproductive health problems are available at government facilities such as hospitals and MCH centres. Family planning services for certain contraceptive methods are offered at rural centres and sub-centres. The Maternal and Child Welfare Association clinics also offer family planning services. If there are other reproductive health problems, the patients are referred to the nearest township hospital or MCH centre. There are also general practitioners, clinics and private hospitals where women can seek care.

### **Maternal mortality and morbidity**

Maternal mortality is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration or the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental cause.

The causes of maternal mortality according to a 18-hospital study in Myanmar in 1989/90 are abortion, sepsis, haemorrhage, hypertensive disease of pregnancy, and obstetric trauma (obstructed labour and uterine rupture).

Hospital studies have shown that abortion is a major cause of maternal death. The abortion delivery ratio is at 1:3 in the major teaching hospitals in Myanmar.

A three-month study on obstetric morbidity in 18 hospitals where obstetricians and gynaecologists are based was undertaken in 1991. Hypertensive disease in pregnancy was the most frequent morbidity. Labour hypertension and post-partum haemorrhage and retained placenta were found to be the most common causes of morbidity.

The maternal mortality rate per 1,000 live births is 1.00 (urban) and 1.70 (rural). The infant mortality rate per 1,000 live births is 47.5. The total fertility rate is 3.48 (urban).

### **HIV/AIDS**

HIV surveillance was started on a limited scale in 1985. The National AIDS Committee was formed in 1989 with the Minister for Health as the chairman and representatives from other ministries and non-governmental organizations as members. HIV/AIDS was prioritized as the third most important health problem in 1991, and an AIDS Prevention and Control Programme was incorporated into the National Health Plan.

A blood-screening programme for HIV was started in 1989, and by 1997, 84 per cent of all the blood used could be screened for HIV. Blood safety is augmented by the recruitment of non-remunerated voluntary donors, donor education, donor selection and donor referral.

Nationwide health education activities down to the grass-roots level are carried out, directed towards the general public as well as to high-risk persons. Peer education programmes for intravenous drugs users, commercial sex workers, and youth have been implemented.

Sexually transmitted disease (STD) control activities have been integrated into the AIDS control programme. STD syndromic management has been introduced nationwide. Training courses for doctors and intervention strategies to prevent STD/AIDS have been implemented.

Nationwide counselling services have been established and provisions made for adequate medical care of all persons with HIV/AIDS. Non-discrimination and the maintenance of confidentiality towards those persons have been emphasized.

Training programmes on HIV/AIDS have been carried out for health workers in all states and divisions as well as for non-governmental organizations and community leaders. Research activities on epidemiology, behaviour, impact of HIV/AIDS, psycho-social aspects, virology and clinical aspects have been carried out to improve HIV/AIDS prevention as well as clinical care and management.

## **Article 13. Finance and social security**

Under Myanmar customary law, women are tenants-in-common in respect of properties. They jointly own the property accumulated during the period of marriage together with their spouses. In Myanmar, there is a special law entitled the “Married Women’s Property Act” protecting the rights

of women in property. Section 5 of the Act states: “Any married woman may effect a policy of insurance on her own behalf and independently of her husband; and the same and all benefit thereof, if expressed on the face of it to be so effected, shall ensure as her separate property, and the contract evidenced by such policy shall be as valid as if made with an unmarried woman.”

With respect to bank loans, mortgages and other forms of financial credit, no national law in Myanmar discriminates against women. They are entitled to enjoy the same rights as men.

Myanmar women have the right to participate in

The Government is concentrating on upgrading the standard of living of rural farmers. Rural credit and agricultural research extension are key factors in the alleviation of rural poverty. The Government has disbursed seasonal agricultural loans, loans for purchasing cattle and agricultural implements in order to cover the cost of cultivation. The Myanmar Agricultural Development Bank has been disbursing more loans to farmers, including women farmers, and livestock breeders annually for all-round development of rural areas. According to 1996/97 provisional data, seasonal agricultural loans amounted to 9,025 million kyats; loans for purchasing cattle, carts, water pumps, power tillers and agricultural implements amounted to 1,475 million kyats; special loans for border-area development, loans for orchards and for livestock breeding amounted to 433 million kyats.

The main component in the development of the agricultural sector is the provision of agriculture facilities, and the Government has been constructing irrigation dams and embankments. Myanmar became a member of Coarse Grains, Pulses, Roots and Tuber crops (CGPRT) in Asia in 1992, and a programme of action regarding CGPRT crops has been successfully implemented since then.

The State has spent 4,192 million kyats from the Border Area Development Fund and 4,350 million kyats from the funds of various ministries on poverty alleviation, during 1989/90 to 1997/98.

The following projects have been implemented with the cooperation of UNDP and UNDCP:

- (a) Border Area Community Development Project in Kokang, Wa and Kyaing Tong East regions; successfully completed;
- (b) Rakhine Quick Impact Project DII, in Myauk-U, Minbya, Kyauk Taw, from January 1994 to January 1996;
- (c) Chin Quick Impact Project HDJ, in Tiddim, Thantlang, Haka, Paletwa in 1994–1996;
- (d) Integrated Rural Development Project in Tachilake Township, 1994–1996;
- (e) Integrated Rural Development Project in Maing Yaung Township, Eastern Shan State 1994–1996;
- (f) Preparatory assistance for alternative development in Southern Wa, 1994–1996.

For centuries, women in Myanmar have participated in the affairs of everyday life and also in agriculture, commerce and social affairs. The Myanmar Maternal and Child Welfare Association (MMCWA), a huge voluntary non-governmental organization, has many branches in both urban and rural areas

throughout the country. Most of its members and staff are women from different social strata and they are dedicated to the health and social welfare of women, children and families. Involvement of the MMCWA at all levels of the birth-spacing programme promotes the coverage and outreach of the services.

Basic health services in the country are delivered through a well organized infrastructure of hospitals and health centres. Station hospitals and rural health centres are located in rural areas. Each centre is headed by a health assistant and supports four rural health subcentres, serving about 20,000 inhabitants. A lady health visitor is in charge of antenatal care, delivery and postnatal care as well as supervision of the midwives. The station hospital or rural hospitals are staffed by medical officers, female nurses, lady health visitors and midwives.

The most accessible health facilities to the rural communities are the rural health centres, with a female midwife sometimes assisted by a public health supervisor, grade two. Each subcentre serves 5–10 adjacent villages so that an average of 5,000 rural persons are cared for. Midwives are truly multipurpose health workers. They perform 17 primary health care tasks, including immunization, control of infectious diseases, health and nutrition education, and attending to women's needs. Midwives are helped by volunteer auxiliary midwives and community health workers. They form the backbone of primary health care of rural communities in Myanmar. There are 330 rural station hospitals, 1,410 rural health centres, 9,524 midwives, 1,851 lady health visitors and 24,822 auxiliary midwives in the health care system for the rural population.

In Myanmar there is a social security scheme operated by the Social Security Board under the Ministry of Labour. The scheme is open to all businesses employing five or more workers and operating in the covered areas. The scheme

