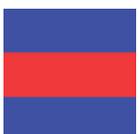




The Republic of the Union of Myanmar

2014 Myanmar Population and Housing Census

Policy Brief on Population Dynamics



Department of Population
Ministry of Labour, Immigration and Population
With technical assistance from UNFPA



Introduction

The total population of Myanmar as recorded in the 2014 Myanmar Population and Housing Census stood at 51,486,253. This included the estimated 1,206,400 persons not enumerated in Rakhine, Kachin, and Kayin States. The population grew at a rate of 0.89 per cent annually between 2003 and 2014 or 46 per cent when compared with the 35,307,913 population in 1983 as reported in the 1983 Population and Housing Census. The increase in the population size has policy implications for all sectors of society and economy.

To better understand the changes that have taken place in Myanmar's population, it is important to analyse the three components of demographic transition namely, fertility, mortality, and migration. Over the years, each of these components has gone through important changes.



Key points

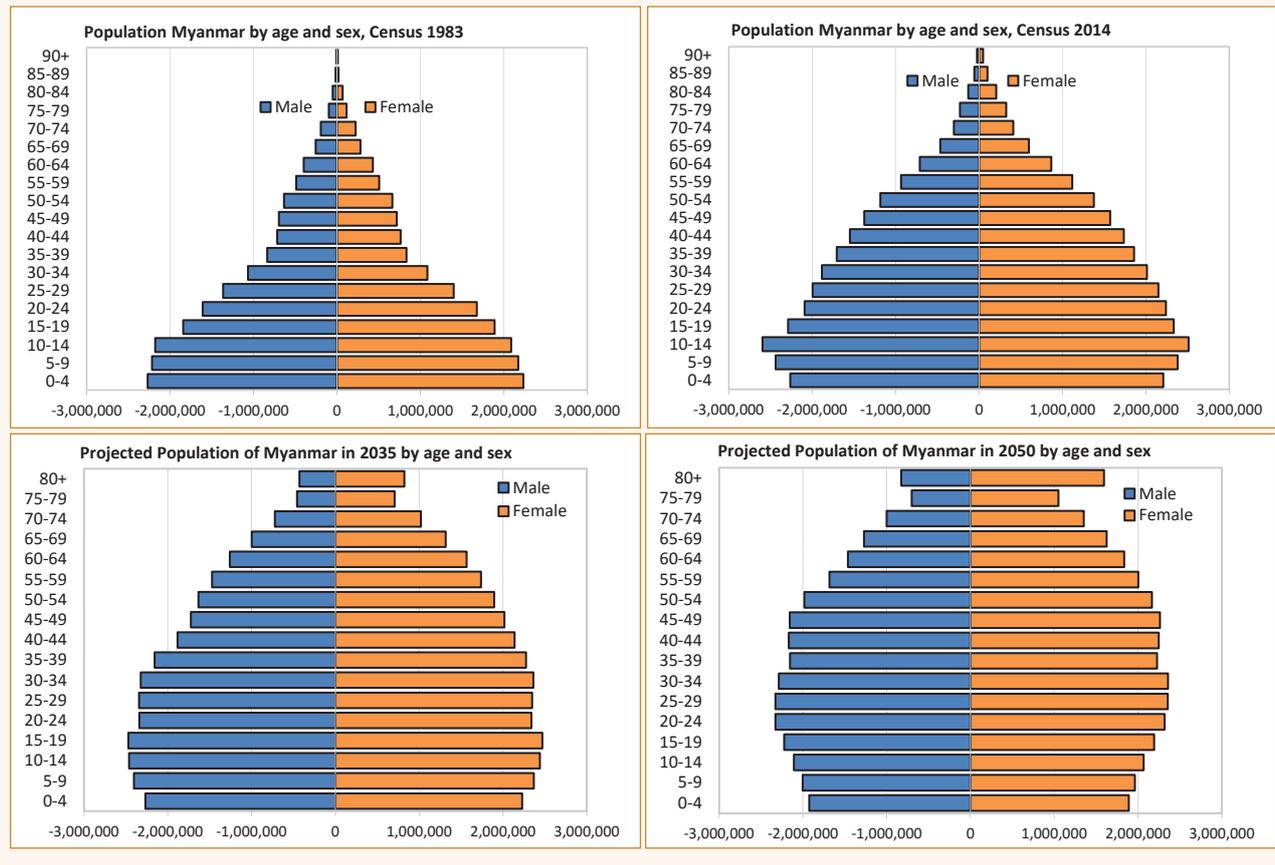
- (1) It is estimated that by 2035, the population of Myanmar will reach 61.4 million, and about 64.1 million by 2050. While the levels will show increases, there will be a dramatic change in the age structure with the increasing share of the older age population and decreasing one for the younger population.
- (2) With this transition, the working age population (aged 15 to 64 years) is seen to increase from 33 million in 2014 to 39.5 million in 2030 and further to 42.7 million in 2050. The increase in the number of active persons in a country can lead to a rapid economic growth¹ if appropriate measures are to take place in the fields of family planning, public health, education, governance, and economic, and labour market planning.
- (3) The 2014 Census data clearly showed that Myanmar's fertility level is decreasing from 4.7 births per woman in 1983 to 2.5 in 2014, and expected to drop to 2.1 births per woman in 2030. While it is dropping, the level is still high compared to neighbouring countries. Stark differences among the different States/Regions were also observed. Policies that could reduce the fertility level include addressing the unmet need for family planning, increasing access of young women to education and labour market especially in priority States/Regions in the country.
- (4) Despite the progress made in reducing mortality indicators - infant, under five, and maternal mortality, Myanmar has still one of the highest rates within the Southeast Asian region. Large discrepancies likewise existed in the different States/Regions in the country. Myanmar needs to expand the health care system to reach all areas in the country, and benefit all people irrespective of their socio-economic status.
- (5) Ensuring that births are assisted by skilled birth attendant and that births are taking place in health institutions² will dramatically reduce maternal and infant deaths. Also, as mothers are generally the guardians of family's health, educating them on health will likewise improve the health of the family in general, and of the children, in particular.
- (6) Yangon has attracted most migrants from other States/Regions. Of the total population of Yangon, 51% were lifetime migrants³. This has put a lot of pressure on housing, education and employment opportunities, health care services, and other burdens being encountered by typical favorite destinations of migrants. Thus, policy makers should ensure sufficient housing and social services that would meet the needs of the migrants and realign migration streams to areas away from Yangon through the establishment or relocation of industrial zones in other States/Regions.
- (7) Myanmar has become a major labour supplier to other countries in Southeast Asia. The Census counted 2 million international migrants. Recognizing the economic benefits of international migration, policy recommendations include: (i) establishment of a reliable system of remittances, (ii) information dissemination on employment opportunities abroad or within the country, (iii) creation of employment opportunities within the country to provide alternatives to potential migrants, and (iv) development of a comprehensive policy on international migration.

¹ This is referred to as the "demographic dividend".

² Based on the 2009/2010 Multiple Indicator Cluster Survey, 70.6 per cent of births were assisted by a skilled birth attendant and only 36.2 per cent took place in a health institution.

³ Born in another Township within Yangon, or in another State/Region.

Figure 1: Population pyramid showing 1983 and 2014 populations, 2035 and 2050 population projections



Population age structure

Because of the changes in Myanmar’s fertility, mortality and migration patterns, important transition in the age structure of the population has taken place between 1973 and 2014. The proportion of young people (0-14 years) to the total population has decreased from 41.5 per cent in 1973 to 38.6 per cent in 1983 and to 28.6 per cent in 2014. At the same time, the population has gradually grown older. Between 1983 and 2014, half of the population have ages below 20.2 years while in 2014 this level increased to 27.1 years. An important aspect of the change in Myanmar’s age composition is that the percentage of the population in the active age groups (15-64 years) has increased substantially; from 57.5 per cent in 1983 to 65.6 per cent in 2014.

By 2035 and 2050, the number of the youngest population (aged 0-14) is projected to decrease to 14.1 million in 2035 and further to 12 million in 2050. The reduction in the number especially in the school age population should be taken as an opportunity to enhance the current educational system by focusing on quality education as well as improving primary health care especially for children 0 to 4 years old.

Table 1. Percentage distribution of population by age group, 2014 Census, 2035 and 2050 population projections

Age group	2014	2035	2050
0-14	28.6	23.1	18.6
15-64	65.6	66.4	66.7
65 and over	5.8	10.5	14.7

The country should be prepared with the increasing number of older people. Policies could be focused on: improvement in geriatric health care, advocacy

for healthy ageing, encouragement of middle-aged workers to save for their retirement, universal social pension scheme, employment opportunities for those who are still willing and able, training of family or community carers, and expansion of Older People Self-Help Groups.

Demographic Dividend

A demographic dividend can only be attained if the Myanmar economy is able to create a sufficient number of jobs to be able to absorb the increasing number of working age population. A demographic dividend could be very important for Myanmar as it would help lift some of the country’s population out of poverty and deprivation.

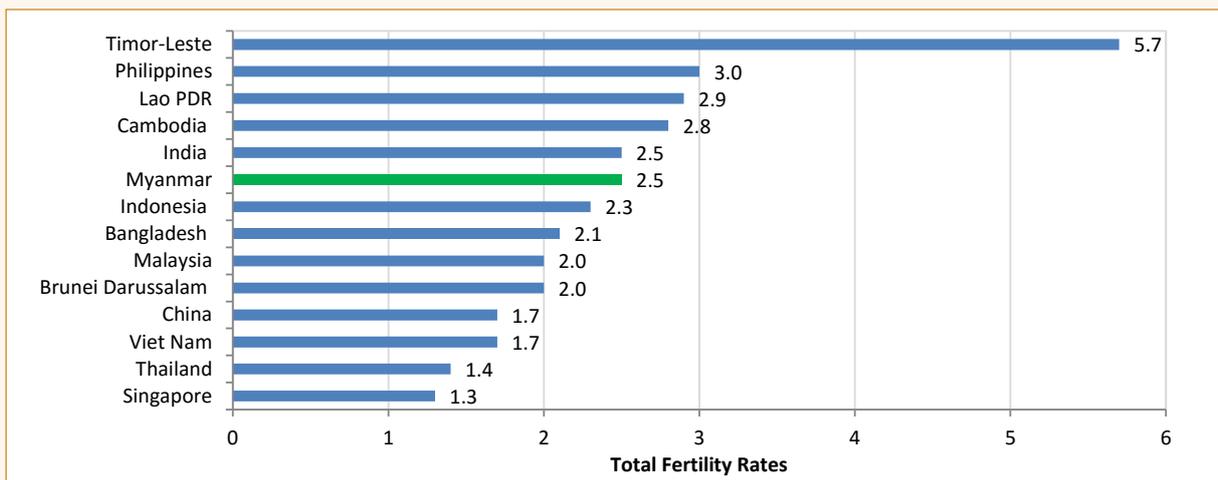
By 2050, approximately, 42.7 million people in the working age population are expected to be in the labour market. However, policy makers should not only focus on job creation in order to maximize the benefit of a demographic dividend but should also be concerned about the quality of labor such that workers are well educated and trained, with skills matching their job description, and higher productivity with workers who are physically and mentally fit to work.

Increasing the participation of young women in the labour market would likewise contribute to the demographic dividend in Myanmar. Compared with men, only 50.5 per cent of women aged 15 -64 are in the labour market, despite younger generations having higher education.

Fertility

Myanmar’s fertility level (total fertility rate) is still high at 2.5 births per woman. Compared with

Figure 2: Total fertility rates, Southeast Asian and neighbouring countries, 2014 Census



Southeast Asian and neighbouring countries in the region, Myanmar’s rate is higher than most countries except Timor-Leste, Philippines, Lao PDR, Cambodia, and India.

Across the different States/Regions the fertility rate varies from as high as 5 children per woman in Chin State to only 1.9 children in Yangon Region.

The projected number of births in 2022 is just under one million and will further decrease to 947,000 by 2030; 830,000 by 2040; and 775,000 by 2050. The decrease in the number of births may have a beneficial effect on the availability of antenatal care, birth attendance and maternal and child health care. It may allow for a quantity/quality trade-off, which allows each mother and newborn child to obtain a larger investment in health.

The economic growth of Myanmar during the last few years provides an opportunity for further investments in maternal and child health care. The current demographic developments, with an expected yearly decrease in the number of births, would help increase the efficiency of additional investments in maternal

and child health care programmes.

Improvements in the country’s family planning programme would lead to a decrease in the unmet need for contraception, estimated at 16.2 per cent in 2015, and would help bring down the total fertility especially in high fertility States/Regions such as Chin, Kayah, Kayin, Tanintharyi, Shan and Kachin.

In the Census, the adolescent fertility rate was estimated at 33 births per 1,000 women aged 15-19. Adolescent fertility rates for urban and rural areas were 22 and 38 per 1,000, respectively. Improving access to education for young women especially in the rural areas⁴ would enable them to delay marriage and thus childbirths. Providing young women with the right information about and access on sexual and reproductive health services would ensure safety during pregnancy, delivery, and care of infants as well for the young couples to meet their needs for family planning.

⁴ Only 20.5 per cent of women aged 17 years in the rural areas had reach grade 11 or higher, compared to 43.2 per cent of their urban counterparts,

Figure 3: Total fertility rates by State/Region, Myanmar, 2014 Census

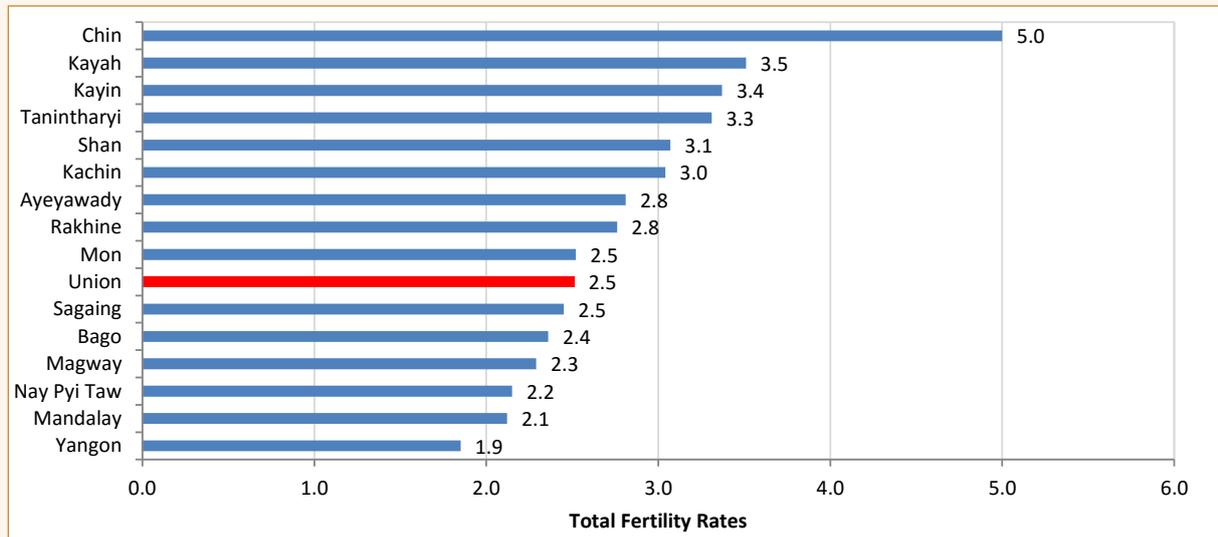


Figure 4: Maternal Mortality Ratio, Myanmar, Southeast Asia and neighbouring countries, 2014

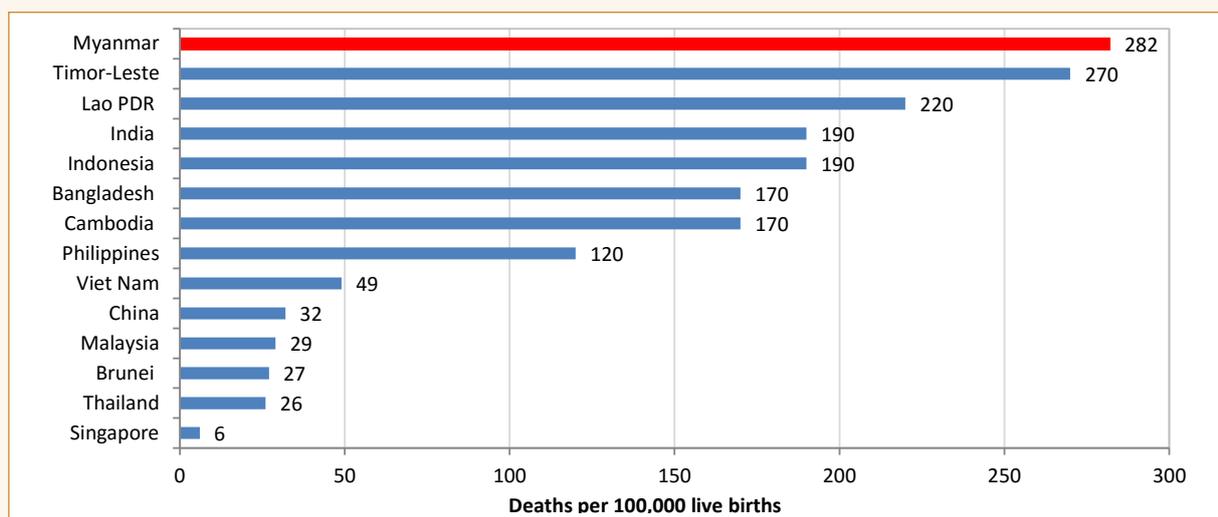
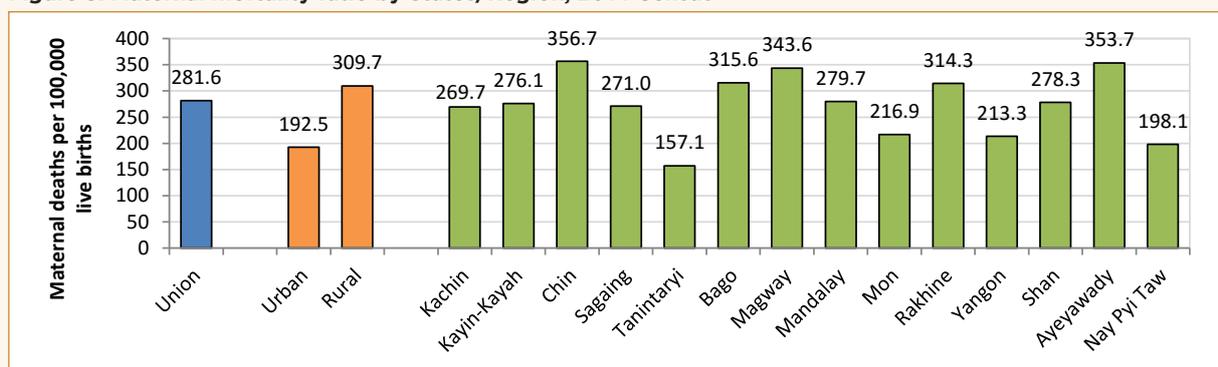


Figure 5: Maternal mortality ratio by States/Region, 2014 Census



Mortality

Infant mortality rate (IMR) from the 2014 Census was recorded at 62 infant deaths per 1,000 live births. While the country has made a progress over the years, Myanmar still share the rank of countries in the region with high IMR as Lao PDR (54), Timor-Leste (46), and India (41), while Singapore recorded the lowest rank at 2 infant deaths per 1,000 live births⁵.

Just as with IMR, Myanmar made a significant progress when it comes to the reduction of under-five mortality (U5MR). From 125 under-five deaths per 1,000 live births in 1989, it went down to 72 in 2012 and still expected to fall in the future. However, this rate is still a long way to meet the Sustainable Development Goals (SDGs) global target of 25 children deaths per 1,000 live births.

The decline in the IMR and U5MR is uneven across the different States/Regions and between urban and rural areas. Ayeyawady, Magway, and Chin recorded the highest among the States/Regions. Urban areas registered a lower U5MR (46 deaths per 1,000 live births) than rural areas (79 deaths per 1,000 live births). Expanding access to health care services to these marginalized regions and rural areas should be the top priority of the government in order to further reduce the levels of mortality in the country.

In Myanmar, seven women for every 1,000 women at age 15 (or about 1 in every 137 women) are likely

to die from pregnancy related causes. In developed countries, it is 1 in 4,700 women. In terms of maternal mortality ratio (MMR), Myanmar recorded the highest compared with the Southeast Asia and neighbouring countries. The ratio stood at 282 maternal deaths per 100,000 live births while Singapore’s ratio is only at 6 (Figure 4).

Maternal mortality levels vary among States/Regions and between urban and rural areas. Chin (357/100,000 live births) and Ayeyawady (354/100,000 live births) recorded the highest, while Tanintharyi (157) had the lowest. The MMR in urban areas was 193/100,000 live births compared to 310 in rural areas. For maternal mortality to decline further, maternal mortality in rural areas and in States/Regions where population groups live in remote places or in relative under-development must be addressed as a priority.

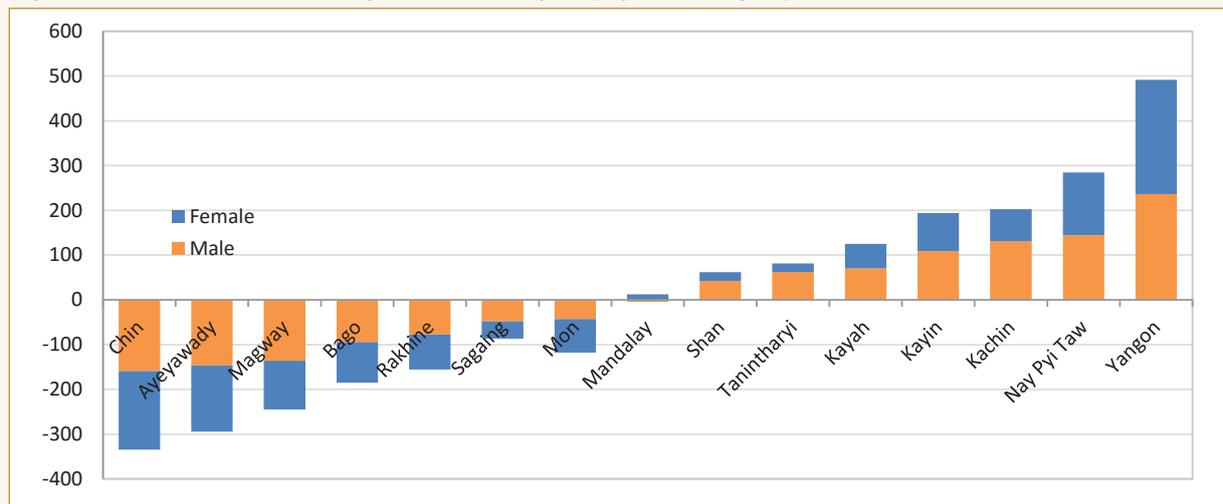
Maternal mortality is the most preventable of all causes of death and is closely linked to the social and economic status of the mother. More attention should be given to reducing the barriers to access to health facilities faced by uneducated and poor women living in remote areas. Higher levels of socio-economic development in every part of the country will also contribute to reduced maternal mortality.

Migration

Migrants, both internal and international, play an important role in harnessing economic growth as they provide the manpower, knowledge and skills to

⁵ Data from other countries are from UN ESCAP 2013. <http://www.unescap.org/stat/data/statdb/DataExplorer.aspx>. IMR for Myanmar from that source is 40. From UN ESCAP population data sheet 2014, Myanmar is the third highest infant mortality among all Asian countries; only Afghanistan (64.8) and Pakistan (63.2) have higher levels of infant mortality.

Figure 6: Net internal lifetime migration rates * by sex, by State/Region, 2014 Census



*Per 1000 population enumerated in households in the 2014 Census

meet the demands of labour markets. International migrants also contribute to the development of the economy of their home country by sending remittances to family members that stay behind.

A total of 3.4 million people (7 per cent of the population) moved between States/Regions, Districts and Townships during the five years prior to the 2014 Census. Moreover, some 19.3 per cent of Myanmar population had moved to another Township different from their birth place (lifetime migration). The State with the highest degree of lifetime outmigration is Chin where 168 per 1,000 population migrated to different Townships. The majority of migrants from Chin State moved to bordering Sagaing or Yangon.

Yangon, being the industrial and commercial heart of the Union, is the favorite destination of migrants. In 2014, it recorded an influx of 246 persons per 1,000 of its population (236 per 1,000 males and 255 per 1,000 females).

Continuous inflow of migrants to Yangon will eventually saturate the city. Promoting the establishment of satellite cities with potential for economic development and employment creation should be continued in order to reduce flows to Yangon. Also, the Government should continue with its efforts to mechanize farming in an effort to improve the productivity of rural areas as well as provide similar access to education that urban people enjoy. Information regarding job opportunities in other locations should also be shared with both rural and urban residents so that informed choices whether to migrate or not can be made.

The Census indicated that at least 2 million former members of Myanmar households were reported as living abroad. This is equivalent to 4 per cent of the total population of Myanmar. Using some demographic techniques to account for the undercount due to deliberate non-reporting of undocumented migrants by the household members as well as cases of having the entire households leaving the country, the estimate is roughly 4.25 million.

Of the 2 million living outside of the country, 1.4 million or 70 per cent were reported as living in Thailand, while 304,000 or 15 per cent in Malaysia. During the five years prior to the survey, majority of the emigrants came from the States/Regions bordering Thailand and China, namely, Mon, Kayin, Shan and Tanintharyi.

International migration generally makes a positive contribution to the economy of households through remittances and skills development. The country could also benefit from those remittances if a reliable system of money transfer into the country is established both to encourage remittances, as well as quantify these resources.

Undocumented migrants are prone to risk of trafficking, exploitation and abuse. Though their exact number is not certain, policy makers should be able to develop a comprehensive policy and legislation on international migration that cover issues such as the rights of international migrants and their protection, documentation process, appropriate channel of information dissemination on employment opportunities abroad or within the country to reduce the perceived risks of migration, etc.

Remittances could alleviate poverty and promote economic growth as shown in the study in 24 developing Asia-Pacific countries by Katshushi et al (2012, p 29)⁶. The authors, however, noted that the volatility of remittances may jeopardize the stability and durability of economic growth. It is thus, important that part of the thrust of the national policy is the creation of more and better employment opportunities in the country so that potential migrants could ideally be able to make decisions whether to migrate or not on the basis of choices.

⁶ Katshushi S Katshushi S Imai, Raghav Gaiha, Abdilahi Ali and Nidhi Kaicket (2012). Remittances, growth and poverty: new evidence from Asian countries. Occasional Papers. Knowledge for Development effectiveness. International Fund for Agricultural Development (IFAD).

Note: The analysis in this policy brief does not cover the non-enumerated populations. Some populations in three areas of the country were not enumerated. This included an estimate of 1,090,000 persons residing in Rakhine State, 69,800 persons living in Kayin State and 46,600 persons living in Kachin State (see Department of Population, 2015, for the reasons that these populations were not enumerated). In total, therefore, it is estimated that 1,206,400 persons were not enumerated in the Census.



The Republic of the Union of Myanmar

POLICY BRIEF ON POPULATION DYNAMICS

TOTAL POPULATION IN 2014

51,486,253
(Including an estimated 1,206,400 persons not enumerated in Kachin, Kayin and Rakhine)

35,307,913
1983

46% INCREASE

2014



POPULATION ESTIMATES

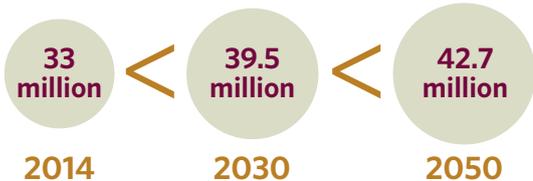
2035: 61.4 MILLION PEOPLE
2050: 64.1 MILLION PEOPLE



Significant change in age structure
Increased share of older age population & decreased share of younger population



WORKING AGE POPULATION (AGED 15-64)



Increase in number of economically active persons can lead to rapid economic growth
Potential for demographic dividend



FERTILITY



1983: 4.7 births per woman



2014: 2.5 births per woman



2030: 2.2 births per woman

Big variations between States/Regions
5.0 Chin State > 1.9 Yangon Region

MORTALITY



- ▶ Mortality is among the highest in Southeast Asia
- ▶ Large differences among States/Regions, between urban & rural, and different socio-economic status

(Infant and under-five deaths per 1,000 live births and maternal deaths per 100,000 live births)

MIGRATION

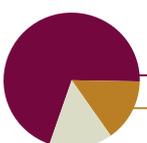
Internal migration



OF THE TOTAL POPULATION OF YANGON WERE LIFETIME* MIGRANTS

- ▶ Continuous inflow of migrants to Yangon puts a lot of pressure on housing, education, employment opportunities and health services

International migration



2 MILLION PEOPLE WERE LIVING OUTSIDE OF MYANMAR

- 70% WERE LIVING IN THAILAND
- 15% WERE LIVING IN MALAYSIA

- ▶ Economic benefits through remittances and skills development
- ▶ Undocumented migrants are at risk of trafficking, exploitation and abuse

*people who moved between townships at least once since their birth

POLICY OPTIONS



- ▶ **Increase in the number of active persons can lead to RAPID ECONOMIC GROWTH if appropriate measures are taken in the field of:**

Family planning, public health, education, governance, and economic and labour market planning

- ▶ **Use the DECREASING YOUNGER POPULATION AS AN OPPORTUNITY to:**



- ▶ **Enhance the educational system** by focusing on quality education



- ▶ **Improve primary health care** for 0-4 year olds



- ▶ **PREPARE FOR AN INCREASING OLDER POPULATION through policies that focus on:**

Improving geriatric health care, healthy ageing, encourage middle-aged workers to save for retirement, universal social pension scheme, employment opportunities for those who still want to work, training of family/community carers

- ▶ **Enable women in all States/Regions to decide HOW MANY CHILDREN TO HAVE AND WHEN by:**



- ▶ Addressing the unmet need for **family planning**



- ▶ Increasing access of young women to **education**



- ▶ **Reduce mortality by expanding a GOOD QUALITY HEALTH CARE SYSTEM** reaching ALL AREAS of the country & ALL PEOPLE irrespective of their socio-economic status



- ▶ **Ensure availability of sufficient housing and social services to meet the needs of internal migrants**
- ▶ **Realign migration streams to areas away from Yangon through the establishment or relocation of industrial zones in other States/Regions**



- ▶ **Establish a reliable system for remittances for those living abroad**

- ▶ **Disseminate information on employment opportunities abroad and within the country to enable people to make informed choices on migration**
- ▶ **Create employment opportunities within the country to provide alternatives to potential migrants**



- ▶ **Develop a comprehensive policy on international migration**

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