Women in Development
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PN-AAX-443

STATUS OF WOMEN IN BURMA

Date of Acquisition_____
Source_____

Available evidence suggests that women in Burma occupy a position in the society and economy somewhat higher than in most Asian countries; e.g. India, Pakistan, Bangladesh, and probably higher than Sri Lanka.

The tradition of Buddhist male education in monasteries apparently has had a spill over in both Burma and Sri Lanka in terms of a widespread interest in and support for education, which in both countries has resulted in development of non-religious educational facilities which women have utilized heavily. In both Sri Lanka and Burma female literacy appears to be marginally lower than male literacy. In Burma female literacy is probably 10-11 percentage points below that of males, but attendance in colleges is as high or higher. In response to questions at the University of Rangoon concerning female versus male enrollment, a top official said, "Unfortunately yes." (Female enrollment is higher.) Further discussion revealed that it is higher in social sciences, e.g. at the Economic Institute but lower at technology institutes(engineering). It was suggested that unemployment of educated females may be slightly higher than for educated males, but the big factor was much higher unemployment of the educated in general though much of it is disguised by continued study and marriage.

The role of women in medicine was discussed with the Director of the Department of Health who said that currently female enrollment in medicine exceeded male enrollment. Further, women were widely penetrating normally male medical bastions, no longer restricted mainly to treatment of females and children. Some male MD's were specialized in obstetrics.

On medical facilities in rural areas, there was a general recognition that obstetrical and pediatric treatment was inadequate. To remedy this, village midwives are being given three months intensive training and auxiliary midwives six months training and increased supervision is being provided by professional health workers. Auxiliary midwives are volunteers--senior village women(under 45) drawn from the better educated or accepted leaders.

About 70% of the pregnancies are cared for by trained midwives(30% by traditional midwives). For the former infant mortality is estimated at about 50 per thousand and maternal mortality at under two per thousand.

In discussion with the statistician at the Medical Department, he intimated that infant mortality probably was underestimated by 20-30 percent(based on very limited surveys). If we

assume that trained midwife deliveries supervised by the health department provide reliable figures, then infant mortality in cases handled by traditional midwives would have to be 120-150 per thousand to bring the total up by 30%. We probably can assume that maternal mortality is similarly higher for pregnancies attended only by traditional midwives. These figures presumably apply to settled, rural communities, mainly in the plains. Health services in less settled, mountainous areas are much poorer.

In general, women appear to be more economically active in Burma than in most other countries. Women were very prominent in shops, outdoor stalls, hotels, restaurants--generally as clerks, managers, cashiers, etc., but in some cases waiting on tables and cleaning. They also were frequently seen in construction work, generally in the same jobs as in India; earth movers, hod carriers--but also carrying lumber(carpenter's helpers). Only a scattering of women were observed in senior government positions. Men were more commonly seen caring for infants and young children in public than usually is the case in other countries.

Inheritance goes equally to daughters and sons. There is some tendency for daughters to stay with their parents, bringing their husband home, and for sons to leave to take jobs away from home or to go to their wife's farm. Where one of the children remains home and cares for the parents and farm, that child frequently receives the family farm and other children get other compensation. In some cases two or three children may remain home and divide the land.

It was reported that women manage the household funds, but that is common in other countries too.

The Buddhist tradition of large numbers of males going into monasteries may have thrust somewhat more responsibility onto women. In Mandalay, with a population of 200,000, the monasteries reportedly had 50,000 population. Of course, many of those would be boys and young men who later might leave to marry and take up lay jobs. One would hypothesize that women are more frequently heads of households in Burma than in other Asian countries.

Population programs, per se, are outlawed in Burma. Contraceptives also are illegal. However, the number of abortions is reported to be large. (Legal if approved by a special committee, but reportedly committee action is so slow as to be useless.) Child spacing is condoned and even encouraged. Contraceptives can be obtained by prescription where deemed essential to the mother's health. Breast feeding is widely recommended as a means of child spacing. Marriage age averages 20.5 years for women and 25-26 for men. According to the Medical Department, there is no record of a girl under 15 having borne a child. (Considered statistically

reliable.)

Female longevity now exceeds male longevity. In contrast with 20 years ago, adult females now outnumber adult males.

ASIA/TR/ARD:RRNewberg:an:7/25/78

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