ADVANCE EDITION

REGRESSING GENDER EQUALITY IN MYANMAR:

Women living under the pandemic and military rule

The **Women living under the pandemic and military rule survey** is one of the early pieces of work falling under the umbrella of the **UNDP Myanmar Development Observatory**. The Observatory will inform the international community, development partners and Myanmar civil society with up-to-date insights on Myanmar's socio-economic trajectory as the current situation develops. The data-driven in-house think-tank is constructed around three pillars:

1. **Economy**, to track the economic impact of the military takeover and pandemic, including relating to poverty.
2. **Sustainable Development Goals (SDGs)**, to assess regressions on key development indicators especially for vulnerable and marginalized populations.
3. **Conflict**, to monitor evolving dynamics with a particular focus on the nexus among conflict, poverty, livelihoods and the SDGs.

Data collection for the Women living under the pandemic and military rule survey was commissioned by the United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), under the steering of the UNDP Myanmar Development Observatory, and and undertaken by Myanmar Survey Research.

Foreword

One year after the military takeover, it is difficult to foresee any rapid improvement in the divisive course of events in Myanmar. Women are starting to see their future disappear before their eyes. They are scared to leave their homes and the peace, political and economic rights they enjoyed for a decade are rapidly disappearing.

UNDP and UN Women brought their complementary mandates and capacities together to conduct this study. This alliance has generated much-needed data on the impact of the twin crises on women. This complements datasets already held by both organizations, supports analysis to highlight the gendered nature of the pandemic and military takeover and provides a solid foundation for designing gender-sensitive interventions.

The Women living under the pandemic and military rule survey looks at the way that women are affected by macro developments and trends. It is important to understand the real-time social and economic impacts of COVID-19 and the military takeover, not just for measures of income poverty but also for vulnerability more generally and for how the double crisis is impacting Myanmar's women both at the family and individual levels.

Data from the survey on the **Women living under the pandemic and military rule survey** shows the following worrisome findings across women's living standards as it relates to security, health outcomes and economic impacts:

Women are witnessing violence against women and girls
One in five women in the survey has seen violent behaviour against a woman or girl living in their neighbourhood since COVID-19 began and, 6 percent know a girl or woman who has sought support to deal with domestic violence in the same period.

Women are experiencing increased insecurity and fear, with links to women's health and living standards
The military takeover coming on top of the pandemic brings another massive issue to the fore: fear. One in three women feel unsafe in their own home at night. Half of women are afraid to leave their own ward or village during the day. The UNDP recently created the Civilian Vulnerability to Violence Index (CVVI) ranking townships by the extent of violence against civilians. Linking this index to the survey data shows that living in one of the top 100-most violent townships is correlated with being more likely to have experienced COVID-19 symptoms since March 2020. "Women report that getting to health services have been more difficult." This clearly shows that exposure to violence is intertwined with increased vulnerability across development indicators.

Women report significant difficulties in accessing COVID-19 vaccinations and mistrust official information
Looking at impacts of the COVID-19 pandemic, this new data shows that only half of the women have had a second dose of vaccination and they recount that access to health services has seriously declined. The report suggests that the number of people dying from COVID-19 is several times higher than the official counts. The results also show the

divergence from official COVID-19 information, as women seem to have increasingly less trust in those sources.

Women are bearing the brunt of drastic coping mechanisms to deal with falling incomes

Four out of 10 households' have cut down on how much they eat as a way of dealing with their constantly declining incomes. In a third of these households, it is the women who have been cutting down most. Families are increasingly compelled to cut back on what they buy, cut into their savings (most common among young, educated women) and borrow from friends and relatives. The burden of these coping strategies are several times more likely to fall on women alone than on men alone.

Nearly half of women report a significant increase in their unpaid care and domestic work, reducing their chances to earn a livelihood

Women, who had always taken on more of the housework and caring roles, are now faced with even more 'time poverty.' Two of out five women with increased caring responsibilities, say this has impacted their ability to earn a livelihood and nearly a third say they can no longer do paid work because they must care for children or elderly people in the household.

Myanmar is undergoing a developmental U-turn, and this is *the* time to step up commitment. Efforts must be made immediately to halt the risk of women being left behind as the two crises continue into 2022.

The United Nations Development Programme (UNDP) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) sincerely thank the 2,200 women in Myanmar who provided valuable insights and gave their time to take part in this survey.

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Acronyms

CATI	Computer-Assisted Telephone Interviewing
CDM	Civil Disobedience Movement
COVID-19	Corona Virus Disease 2019
CSO	Central Statistical Organisation
GBV	Gender-Based Violence
HFHS	High-Frequency Household Surveys, World Bank
HVS 2020	Household Vulnerability Survey 2020
ILO	International Labour Organization
MLCS 2017	Myanmar Living Conditions Survey 2017
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PPSoGS	Public Perception Survey of Government Services 2019
SAC	State Administration Council
SDG	Sustainable Development Goal
UN	United Nations
UNDP	United Nations Development Programme
WFP	World Food Programme

Executive Summary

The **Women living under the pandemic and military rule survey**, jointly conducted by UNDP and UN Women, is a new data source that reveals the adverse effects of COVID-19 and the military takeover on women and their households. **The survey is the largest data gathering of women's views and experiences since the military takeover.** The new data quantifies the changing situation of women in Myanmar. The study utilizes several historical comparisons with earlier surveys. The main findings are summarized here:

THE IMPACT OF VIOLENCE ON WOMEN

Feelings of insecurity

- Security has become a massive issue for women in Myanmar. Almost one in three women reports not feeling safe in their own ward/village during the day. **Insecurity is higher in urban areas**; younger women in townships experience more violence and feel it more acutely. This is a considerable departure from 2019, when reliable data showed that only 3.5 percent of women felt unsafe during the day. When asked about **moving outside their own ward or village, more than half of the women report not feeling safe** and, disturbingly, **over a third of women report feeling unsafe in their own homes** at night.

Attitudes on the extent of physical violence since COVID-19 began

- Most women disagree that there has been more beating, slapping or punching between household members since COVID-19 began in March 2020. However, one out of four women agrees. Women in their thirties and living in regions – (an administrative territorial entity) – are most likely to agree. **One in five women has seen violent behaviour against a woman or girl their neighbourhood since COVID-19 began**. Women in their 30s and married women are most likely to be aware of nearby violence.

Seeking support against domestic violence

- Six percent of women know a girl or woman who has sought support against domestic violence since COVID-19 began, higher in the states and among younger women. The majority of the women who had sought assistance, had spoken to the elder in the community. **Women who sought support are four times more likely to use an 'informal' source of support (relative, friend, etc.) than a formal one** such as the Myanmar Women's Affairs Federation or the police. Women were asked to name all the sources they might use if they experienced domestic violence at home. Most women would talk to a relative outside the home. One-fifth said they would report experiences of physical violence to a Ward Administrator. Five years ago, one-third of women stated they would not tell anyone if they experienced violence, this has now declined to 6 percent, perhaps indicating **an increased awareness and reduced shame in reporting such experiences to others**.

THE IMPACT OF COVID-19 AND THE MILITARY TAKEOVER ON WOMEN'S HEALTH

Attitude to access to health services

- **Half of women in 2021 report access to health services becoming more difficult.** Women living in regions and 31- to 39-year-old women are most likely to report that access has become more difficult. Five percent of women had a pregnancy or childbirth issue for which public or private health services could not be accessed. The rate is higher in states and urban areas. For pregnant or breastfeeding women, the percentage doubles to 11 percent.

Experienced symptoms of COVID-19

- **Two out of five households had at least one person who had experienced COVID-19 symptoms**. As there are approximately 11 million households in Myanmar, this would indicate about 4,444,000 households in Myanmar. Reporting of COVID-19 symptoms is higher in the regions than the states, among urban households, those living in townships with more violence and in households with above-average incomes.

Deaths from COVID-19

- **1.2 percent of women reported that at least one person in their household had died from COVID-19.** 1.2 percent of 11 million households would suggest **132,000 COVID-19 deaths, almost seven times the official number given by the Ministry of Health of Myanmar.**

Extent of vaccination and sources of information on COVID-19

- More than half of women have not received a second dose of a COVID-19 vaccination. Lower income, less-educated, women living in regions compared to the states and women living in more violent townships are those least likely to have received a second vaccination. Six out of 10 women living in the regions have not had a second vaccination. The main reason for not having a second vaccination was that they were waiting for it to arrive in their ward/village. In 2020 and 2021, the main source of COVID-19 information for women was "Other government information", but there has been a noticeable reduction in the use of these sources. The second-most popular source is family and friends, going up in 2021. There has been a tripling of women using non-government Facebook and social media for COVID-19 information. **These results suggest a movement away from official sources.** Using government television and newspapers for COVID-19 information is more common in rural areas and among older women. Friends and family are more likely to be a source in the states, where a woman is the household head and for women living in more violence inflicted townships. For these groups, there may be issues **with accessing information from a phone, so they rely on non-technology-based sources.**

THE ECONOMIC IMPACT OF COVID-19 AND THE MILITARY TAKEOVER ON WOMEN

Changes in household and personal income

- **Nearly seven out of 10 women report that household income has fallen since the military takeover.** The percentage is slightly lower than that reported six months earlier in the People's Pulse survey. This could be the first signs of a 'bottoming out' of the economic decline that households are experiencing. However, there are distinct urban/rural differences, with **rural households undergoing a continual decline in their incomes.** Women's own personal incomes have fallen to a slightly lesser extent than have those of their households. A reduction in own personal income is higher in the states, in lower-income households and among older women.

The coping strategies used to deal with falling incomes, by gender

- The incidence of using coping strategies continues to rise. Currently, **more than three-quarters of households are cutting back on non-food purchases.** Next, people are relying on their savings, borrowing from family or friends, and the selling of assets. The only strategy that has reduced over time is taking out a loan from a financial institution or money-lender. This reduction might not be due to a lack of need, but to a lack of supply. Borrowing from family/friends and taking out loans are more common in households with children, in lower-income households and among women with less education. Reversely, using savings is more common among younger (18-30) and higher-educated women. **Women are more likely to be responsible for the coping strategy when they are the head of household and not married.** Selling assets and taking loans are correlated with living in urban areas. Taking a loan is correlated with living in a region, where there might be more access to banks or lending institutions. **In households who took a loan, the loan was taken out by a woman in six out of 10 cases.** In households where assets were sold, the assets belonged to a woman in three out of 10 cases. In People's Pulse survey, the principle items sold were gold and jewellery, followed by livestock and motorbikes; six months later, this pattern is almost identical in this survey.

Eating less food due to diminishing incomes, by gender

- Data from May 2020 to the current day shows an uninterrupted, steady increase in households eating less food so that they can cover other living expenses. **Currently, four out of 10 households cut back on what they eat.** The highest rate of eating less food is reported by 31- to 39-year-old women. Women in lower-income households, married women and women with lower levels of education are more likely to cut down on food consumption. In households reducing food consumption, men and women are jointly reducing their food consumption in half of them. However**, in a third of these households, women are more likely to reduce their food intake.**

The impact of COVID-19 and the military takeover on the number of paid earners in a household

- The percentage of households with at least one earner has fallen over time. The steepest reduction came about during the lockdowns associated with COVID-19**. Since the military takeover, the percentage at the union level has continued to fall. Urban households have rallied to some extent and rural households have continued to decline.** Higher-income households have almost recovered to pre-COVID-19 levels. On the other hand, among respondents 40 years old and above, those households are facing a serious decline in the percentage of earners in the household. Households living in violence inflicted townships are almost twice as likely not to have any earners in the household than households living in less violent townships.

Housework and caring responsibilities

- **Nearly half of women feel that housework has increased since COVID-19 began.** Most women felt that women had taken on the burden of this extra housework, **especially women living in urban areas** and in the regions. **Three out of five women stated that caring responsibilities had increased since COVID-19 began**. Once again, more in the regions, and more in households with children and for women aged between 31 and 39 years. Two-fifths of women with **increased caring responsibilities** said this had impacted their ability to earn a livelihood. Nearly a third said they could no longer do paid work because of increased caring responsibilities; this figure is greater in households with lower incomes and within the 31-to-39 age group.

Decision-making for large purchases

- There is almost a doubling of the percentage of women reporting to be the main decision maker for the purchase of major items, **suggesting increasing equality within the household**. A woman is more likely to have an impact on decision-making if living in urban areas, the household has an above-average income and she is more-educated.

The consequences of COVID-19 and the military takeover will not disappear quickly. Women are likely to face long-term setbacks in work force participation and income. Selling assets and using their own savings will have repercussions for their economic well-being far down the road.

1. Introduction

1.1 Context

Currently, Myanmar faces a compounded political and public health crisis, on top of intensification of conflicts, all of which is putting the lives of women at risk. There is an increasing level of violence across the country: some is an intensification of long-running conflicts and some is newly erupted. The deteriorating socio-economic situation, and new displacements, are adding hundreds of thousands of people to those in need of humanitarian and basic needs assistance who were not previously targeted for support. The survey took place against a backdrop of deepening economic recession, health system collapse, rising poverty and food insecurity. In January 2022, the World Bank[1] projected growth of 1 percent in the year to September 2022. It noted that the combined effect of the pandemic and the military takeover led to a 30-percent reduction of the economy, measured by GDP growth.

Support during the pandemic

With the onset of COVID-19, the UN agencies, funding partners and civil society organizations (CSOs) planned their responses to address the socio-economic and health crisis resulting from the pandemic. Interventions were focused on economic recovery and support to the Government of Myanmar (GoM) for social protection and economic recovery schemes that reached the most vulnerable groups, in a gender-responsive manner.

One of the key strategies of the COVID-19 response was technical partnership with the GoM, and UN agencies were working together with the GoM as well as CSOs on expanding social protection schemes and on addressing 1) issues of rising gender-based violence and prevention, 2) livelihood needs of the most vulnerable and 3) gaps seen in health and other services. In all of these, meaningful participation and leadership of women and their empowerment were to be ensured. Citizens and CSOs were beginning to work together with the GoM through structures such as Myanmar National Committee on Women (MNCW) or technical working groups to ensure Gender Equality and Women Empowerment (GEWE).

Support since the military takeover

As the UN and other entities seek to respond to the situation since the military takeover, it is imperative that gender data, research and analysis be available for informed support. Information about the condition of women in Myanmar and an examination into the specific ways that they are dealing with the extended economic distress, are needed to inform the programmatic direction of UN Agencies and other development partners to help address these issues.

With the military takeover, the situation has become significantly more complex, with:

- UN loss of a legitimate government partner to work with
- A rift/conflict between civil society organizations and the military regime
- An escalating humanitarian crisis

Additional challenges have come about since the military takeover, including:

- Shrinkage of democratic spaces
- Inadequate service provision in sectors such as health and education
- Extended economic distress
- Escalating violence and vulnerability
- Concerns for the safety and security of women and their organizations

At this time, technical support has shifted to non-governmental peace, humanitarian and development stakeholders.

1.2 Scope and objective of the study

There are approximately 28 million women and girls in Myanmar and the **Women living under the pandemic and military rule survey**, jointly conducted by UNDP and UN Women, is a new data source identifying the current challenges of women in Myanmar. The survey, undertaken from November to December 2021 with national-level coverage, captures the **views of 2,200 women**.

Despite numerous challenges to quantitative data collection in the last two years, various surveys have been conducted over the period. However, there has been a dearth of data quantifying explicitly how women have been affected by the two crises. The aim of this survey is to fill some of these gaps.

As of December 2020, less than half (44 percent) of indicators needed to monitor the SDGs from a gender perspective were available. In addition, areas including gender and poverty, physical and sexual harassment, women's access to assets, and gender and the environment lack comparable methodologies for regular monitoring.

1.3 Background

1.3.1 History tells us where matters might be headed for women

Over the last 50 years, military rule has been the norm, rather than the exception, in Myanmar. For many decades, women were excluded from positions of power and did not receive the same economic and educational opportunities as men. During these decades, with the country's culture of militarization and hyper-masculinity, social norms determined that women and girls should oversee the household, family and other caretaking responsibilities while men should be leaders. The patriarchal mentality of this period is epitomized in the military-drafted 2008 constitution, which frequently refers to women as mothers and declares that certain jobs "are suitable for men only". In the 2021 Social Institutions and Gender Index,[2] Myanmar was classified as the second-most discriminatory country out of nine Southeast Asian nations.

During the military's prior 50-year reign, the budgetary allocation for health and education ranged from 1 percent to 3 percent of GDP, compared to 20 percent to 30 percent dedicated to the military. This scarcity of investment harmed women, resulting in a lack of opportunities and access to public services, as well as high maternal and infant mortality rates.

The present political turmoil not only suggests a regression of women's rights, but is also a **direct threat to their physical safety.** Studies have long shown that higher rates of gender inequality correlate with an increased risk of violence against women.[3] United Nations human rights experts found that "the extent of gender inequality in Myanmar makes it especially prone to sexual and gender-based violence." [4] Civilian government and women's rights groups had been drafting a national law to protect women from this violence.[5]

This reversion harms women and men. Without gender equality, Myanmar cannot fulfil its potential as a stable, peaceful and economically productive member of the international community. Myanmar's decade-long period of political transition, peacebuilding and democratic elections unfortunately has fallen short of freeing the country from military control. The exclusion of women throughout the failed transition to democracy is partly why Myanmar was unable to create deep institutional change.

Women in the survey are asked, "Tell me in your own words about life for women in Myanmar over the last few months," to which one in four women stated, "Women are not safe and secure when they go outside."

1.3.2 The short-term outlook is bleak

Looking back over the past 15 years, Myanmar's journey from a closed to a more open economy, and the relatively high rates of economic growth that accompanied that journey, delivered a massive reduction in poverty. According to the 2017 Myanmar Living Conditions Survey, the poverty rate was halved, from 48 percent in 2005 to 24 percent in 2017.[6]

Yet, now, there is a real possibility that all these gains – and the millions of transformed lives – will be reversed in a few short years. UNDP's People's Pulse survey[7] and a recently updated Poverty Analysis[8] draw a disheartening picture of how Myanmar's most vulnerable are trying to deal with the economic impacts of COVID-19 and the military takeover. The research shows a virtual doubling of the poverty rate by 2022. Many people have lost their jobs or sources of income and their families are cutting back on food, selling jewellery and assets, and many people are digging into their savings to cope, though many of those now have no savings left. The survey updates many of these findings from a female perspective.

Women talking in the survey, December 2021

"*There is no place and rights for women. It is like women are useless in this country*." **50-year-old from Ayeyarwady.**

"*After February 2021, the number of drug addicts increased, and women became victims of rape and robbery. Women's lives became insecure*." **21-year-old from Kachin.**

"*Women are not safe. There are more bad guys and more violence*." **32-year-old from Mon**

"*After the military takeover, all the hopes and aims are gone and everything has been difficult. The education system is becoming worse and worse, and the scarcity of jobs is increasing*." **55-year-old from Kayin.**

2. Methodology

The **Women living under the pandemic and military rule survey** interviewed **2,200 women aged 18 and above**. Interviews took place during the last week of November and the first week of December 2021 and took, on average, 20 minutes. The response rate was 50.3 percent. Details on the sample design, non-response replacement and the response rate can be found in Annex 1.

		Number of women interviewed
	Union	**2,200**
	Household level	
1	State	554
	Region	1,646
2	Urban	700
	Rural	1,500
3	Top 100 violent/conflict townships	1,094
	Townships with less violence/conflict	1,106
4	Household without children	652
	Household with children (0-17)	1,548
5	Male headed household	1,863
	Female headed household	337
6	Household income less than average[9]	1,229
	Household income above average	922
	Individual level	
7	18-30 years old	685
	31-39 years old	611
	40 years old and above	904
8	Highest education: primary or below	731
	Highest education: above primary	1,469
9	Married	1,552
	Not married	648

In the chapters cross-tabulations for all nine breakdowns shown here were run.

Results are shown only where the p-value was less than 0.05, concluding that a statistically significant difference exists.

The collection of reliable information in conflict situations amplifies ethical challenges. Without an appropriate level of ethical understanding, research can do more harm than good. The survey was undertaken within an ethos of Do No Harm and potential negative impacts were minimized by:

- Using mature and experienced researchers and interviewers aware of ethical dilemmas.

- Getting the right balance of interviewers with relevant language skills and ethnic backgrounds.
- Being up-to-date with how the research is likely to be affected by, or affect, a local conflict.

The survey researchers:

- Constantly monitored the security situation and analysed risk, particularly by listening to local informants
- Ensured informed consent was obtained
- Clearly explained the objectives of the research
- Used methods to maintain confidentiality of the data (encryption, etc)
- Understood the value of restraint to know when to stop

3. Limitations

3.1 Weaknesses of interview methods

Myanmar in the double crisis of COVID-19 and the military takeover is facing severe challenges in data collection. The switch to adaptive methodologies is taking place at an extremely rapid rate.

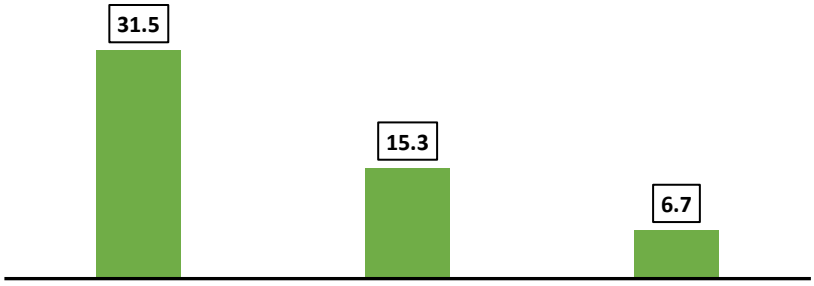
COVID-19 drove Computer-Assisted Telephone Interviewing (CATI) to be increasingly used in surveys. As the pandemic took hold, it was no longer possible for a respondent and interviewer to be in the same enclosed space and a phone call became the practical solution.

There are well-documented shortcomings related to CATI and the weaknesses that are particularly pertinent to this survey include:

- People living in areas where mobile coverage is non-existent or weak are excluded.
- Sensitive questions, such as experiences of GBV, would not yield reliable data, as it can be difficult for the respondent to talk privately. Some topics cannot be asked in CATI interviews.
- Questions need to be concise. When doing face-to-face interviewing, questions can be longer to ensure more reliable responses.

In addition, **people without phones cannot be interviewed**. This is a worldwide weakness of the CATI method. Telephone interviews risk excluding the poorest parts of society and this is almost certainly the case in Myanmar. Figure 3.1 shows that poor households are less likely to own a mobile phone.

Figure 3.1: MLCS 2017: Households without a mobile phone, by poverty status (percent)



Since the military takeover, the challenges have been compounded further. The perceived risks of providing data for the respondent and of gathering it for the interviewer have made collecting data increasingly difficult.

3.2 Comparisons with other data sources

The report attempts to compare the results from this survey with other surveys undertaken since 2015 (Table 2). All surveys have differing methodologies and, in trying to tell a comparative story, the limitation of this approach is explicit in the descriptions of the specific results.

Table 2: National-level survey sources of data used in this report

Household survey covering all of Myanmar	Data collection period	Sample size	Conducted by
1. Demographic and Health Survey 2015/2016	December 2015, to July 2016	13,260	Ministry of Health and Sports (MoHS) and ICF
2. Myanmar Living Conditions Survey	December 2016 to December 2017	13,730	CSO/UNDP & World Bank
3. High-Frequency Household Surveys	May, June, August & October 2020 (4 rounds)	Approximately 1,000 for each Round	World Bank/Central Statistical Organisation
4. Household Vulnerability Survey	October 2020	2,016	Central Statistical Organisation/UNDP
5. People's Pulse Survey 2021	May/June 2021	1,200	UNDP

4. The impact of violence on women

4.1 Living in the midst of violence

4.1.1 Background

One year on from the military takeover on 1 February 2022, the UN special envoy for Myanmar, Noeleen Heyzer, stated that violence and brutality have intensified since the military took power, sparking a resistance movement in the country, and all sides have hardened their positions on 'using violence as a solution'.[10] She also said that around 1,500 civilians have been killed in the past year and that the number of internally displaced people had risen from more than 320,000 at the end of 2021 to over 400,000 now.

Six months earlier, in June 2021, Nicolas Koumjian, Head of the Independent Investigative Mechanism for Myanmar, stated, "When people are targeted at night and randomly, it could be an indication that the objective is to create terror on a part of the civilian population and this terror could be a crime against humanity."[11] The analysis below aims to examine some of the impacts of living amid violence.

4.1.2 The Civilian Vulnerability to Violence Index (CVVI)

The UNDP **Civilian Vulnerability to Violence Index (CVVI) captures violence against civilians** at the township level in Myanmar. The CVVI is constructed by analysing primarily ACLED[12] data for events where civilians were the main group impacted by violence. Two additional indicators were created by the UNDP reflecting 1) civilian fatalities and 2) the number of events leading to displacements. Indicators were measured as the cumulative number of events or fatalities from **1 February 2021 to 31 January 2022.** Based on the variation in indicators across townships **seven indicators were included in the CVVI:**[13]

- Shelling/artillery/missile attack
- Arrests
- Looting/property destruction
- Displacements
- Civilian fatalities
- Attack
- Remote explosives

Min-max normalization is applied before aggregating the indicators using equal weights. The **resulting CVVI enabled a ranking of townships in terms of civilian vulnerability to violence since 1 February 2021.** The CVVI ranks all 330 townships in Myanmar from 1 to 330. The townships in which the survey respondents were currently living are coded as:

1. Top 100 violent/conflict townships
2. Townships with less violence/conflict

Map 1 shows the top 100 townships that are included in the survey. Interviews took place in 238 of the 330 townships, so there are gaps in the numbers. The map clearly shows that most violence/conflict is found in Yangon, Shan, Mandalay and Magway. None of the top 100 most-violent/conflict-affected townships are in Naypyitaw.

The survey shows that **women living in the top 100 violent/conflict townships are**:

Less likely to:

- feel safe in their own ward/village – 36.6 percent compared to 23.4 percent for those living in less violent townships.
- feel safe during the day outside their own ward/village – 63.4 percent compared to 48.9 percent for those living in less violent townships.
- feel safe at night in their own home – 38.5 percent compared to 31.2 percent living in less violent townships.

More likely to:

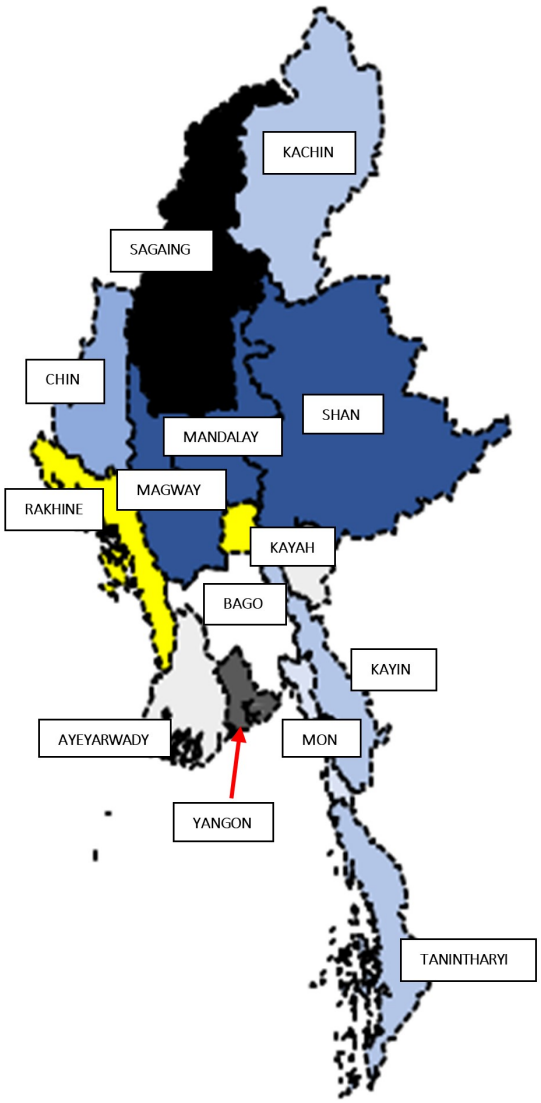
- have experienced COVID-19 symptoms since March 2020 – 46.2 percent compared to 34.4 percent in less violent townships.
- say that getting to health services has been more difficult in the last one month – 58.2 percent compared to 48.8 percent.
- not have a second COVID-19 vaccination – 56.0 percent compared to 49.8 percent.
- get information about COVID-19 from family or friends - 50.7 percent compared to 44.2 percent.
- live in a household where, before COVID-19 began in March 2020, there were no earners - 10.4 percent compared to 3.2 percent.
- currently live in a household where there are no earners - 20.7 percent compared to 12.1 percent.

Tragically, casualties from the internal armed conflict are still increasing in parts of the country. Most of the states and regions are presently impacted.

Map 1: One-hundred top townships with increased violence/conflict: Rank from the CVVI by state/region

(Naypyitaw and Rakhine do not contain any of the top 100 violent townships)

SAGAING	YANGON	SHAN	MAGWAY	KACHIN	MON
Kalay (1)	Hlinethaya (39)	Muse (6)	Pauk (14)	Hpakant (37)	Ye (30)
Monywa (2)	Tamway (66)	Kyaukme (12)	Taungdwingyi (29)	Myitkyina (44)	Kyaikto (41)
Shwebo (20)	Shwepyitha (87)	Lashio (70)	Gangaw (17)	Momauk (54)	Thaton (50)
Yinmabin (13)	Insein (51)	Taunggyi (28)	Yesagyo (10)	Bhamo (93)	Bilin (74)
Sagaing (55)	Sangyoung (64)	Hsipaw (32)	Pwint Phyu (84)	Mohnyin (42)	KAYAH
Palae (33)	Thingangyun (79)	Kukai (65)	Pakokku (57)	KAYIN	Dimawso (7)
Kani (3)	Dagon Myothit (south) (59)	Namtu (36)	Natmauk (86)	Hpapun (16)	Loikaw (11)
Tabayin (4)	Dagon Myothit (north) (83)	Keshi (99)	Magway (53)	Myawady (19)	Hpruso (61)
Khin U (5)	Mayangon (98)	Namkham (90)	Saw (69)	Kawkareik (60)	AYEYARWADY
Taze (8)	Thakayta (76)	Mongkaing (26)	Myaing (18)	Hpa-an (40)	Pathein (31)
Ye-U (30)	Mingaladon (82)	Phekon (25)	CHIN	Kyainseikgyi (100)	Maubin (63)
Mingin (15)	South Okkalapa (89)	MANDALAY	Thantlang (34)	TANINTHARYI	Yegyi (91)
Myaung (22)	North Okkalapa (85)	Myingyan (9)	Falam (48)	Dawei (43)	BAGO
Wetlet (35)	Hlegu (92)	Chanmyathazi (24)	Haka (78)	Launglon (58)	Bago (46)
Kanbalu (47)	Hlaing (49)	Mogoke (21)	Mindat (34)	Palaw (68)	Pyay (62)
Ayadaw (56)		Mahaaungmyay (27)	Matupi (52)	Thayetchaung (73)	
Tigyaing (67)		Taungtha (72)	Kanpetlet (97)	Yebyu (88)	
Budalin (71)		Amarapura (80)			
Katha (75)		Pyigyitagon (81)			
Kawlin (77)		Madaya (23)			
Chaung U (95)		Kyaukse (94)			
		Sintgaing (94)			



Women living in violent townships
(Townships with 1 to 100 CVVI ranking)

VIOLENCE

4 out of 10 do not feel safe in their own village or ward during the day.

6 out of 10 do not feel safe in another ward/village during the day.

4 out of 10 do not feel safe in their own home at night.

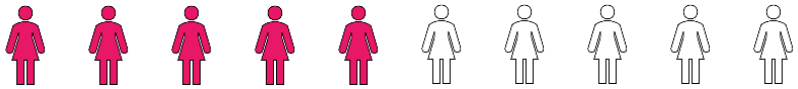
HEALTH

4 out of 10 had a household member experience COVID-19 symptoms since March 2020.

6 out of 10 say that getting access to health services in the last month had been more difficult than usual.

6 out of 10 not had a second dose of a COVID-19 vaccination.

5 out of 10 get COVID-19 information from friends or family.



ECONOMY

1 out of 10 live in a household where, before COVID-19 began in March 2020, there were no earners.

2 out of 10 currently live in a household where there are no earners.

4.2 Feelings of insecurity

4.2.1 Background

When asked, "Tell me in your own words about life for women in Myanmar over the last few months," one in four women (25.7 percent) stated, "Women are not safe and secure when they go outside in this period." Security has become a crucial factor in women's lives, after a period of relative stability.

Violence against women has been associated with the military, with reports of sexual assault, rape and killing of women, particularly from ethnic minority communities. Such reports led to UN Secretary-General António Guterres listing the Myanmar Armed Forces as "credibly suspected of committing or being responsible for patterns of rape or other forms of sexual violence."[14] Women in the survey were asked for a general evaluation of their current feelings of safety.

"It is no longer safe for women (due to robbery, murder, rape) even when traveling during the day. Sexual harassment can happen to women at any time." 26-year-old woman from Naypyitaw

"I feel sad because I heard about the violence and rape cases."
53-year-old woman from Mandalay

"It is unsafe for women to live even in their own house due to the current situation." 44-year-old woman from Yangon

4.2.2 Feelings of insecurity during the day and at night

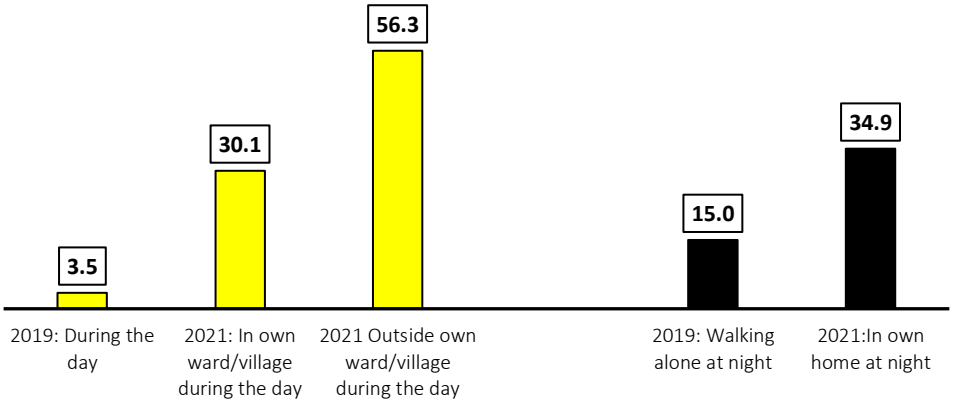
Specifically, the survey asked women how safe they feel during the day in their own ward or village (Table 4.1). **Almost one in three women reports not feeling safe (30.1 percent)** and this feeling of insecurity is higher in urban areas (34.7 percent), in areas experiencing more violence and conflict (36.6 percent) and among younger women (34.2 percent).

Table 4.1: Feels safe during the day in own ward/village (percent)

	Yes	No	Total
Union	**69.9**	**30.1**	**100%**
Household level			
Urban	65.3	34.7	100%
Rural	72.0	28.0	100%
Top 100 violent/conflict townships	63.4	36.6	100%
Township with less violence/conflict	76.6	23.4	100%
Individual level			
18-30	65.8	34.2	100%
31-39	67.3	32.7	100%
40 and above	73.6	26.4	100%

This marks a massive departure from 2019, when the Public Perception Survey of Government Services (PPSoGS) interviewed 2,520 households, with half of the interviewees being women. At that time, only 3.5 percent of women reported feeling unsafe during the day and 15.0 percent mentioned being afraid to walk alone at night (Figure 4.1).[15]

Figure 4.1: Women report feeling unsafe, by survey year and time of day (percent)



2019 Figures from PPSoGS[16]

When examining feelings of security **outside their own ward or village,** this rises to **more than half (56.3 percent) of the women reporting that they do not feel safe**. There is more insecurity felt in regions compared to states, in areas with more violence and among younger and more-educated women (Table 4.2).

Table 4.2: Feels safe during the day outside own ward/village (percent)

	Yes	No	Total
Union	**43.7**	**56.3**	**100%**
Household level			
State	52.6	47.4	100%
Region	40.7	59.3	100%
Top 100 violent/conflict townships	36.6	63.4	100%
Township with less violence/conflict	51.1	48.9	100%
Individual level			
18-30	36.9	63.1	100%
31-39	39.0	61.0	100%
40 and above	50.1	49.9	100%
Highest education: primary or below	47.7	52.3	100%
Highest education: above primary	38.0	62.0	100%

Disturbingly, **over a third of women (34.9 percent) report feeling unsafe in their own homes at night**. Once again, there is more insecurity in regions (37.3 percent) than in states (27.7 percent). Women living in violent townships were more likely to feel unsafe in their own homes at night (38.5 percent compared to 31.2 percent).

"It's unsafe now to travel alone from one place to another. Due to the current situation, there are many cases of physical abuse and rape of girls, which can lead to shame and risk to their lives".
58-year-old woman from Magway.

"In Kachin state, due to the political unrest, it is not safe for a woman to live indoors or outdoors, alone or in groups".
26-year-old woman from Kachin.

4.3 Physical violence at home since March 2020

4.3.1 Background

Twelve months ago, UN Secretary-General António Guterres warned of a "shadow pandemic" of violence against women – a by-product of COVID-19 lockdown measures. The UN Women report **'Measuring the shadow pandemic: Violence against women during COVID-19',**[17] based on survey data from 13 countries shows that almost one in two women reported that they or a woman they know experienced a form of violence since the start of the COVID-19 pandemic. At this point, the UN declared it was releasing emergency funds[18] to fight the problem globally. Intense media coverage generated greater awareness, but it is yet to translate into a significant jolt in funding to assist women in Myanmar.

Myanmar's penal code does not have a specific law protecting victims of domestic violence. For instance, while rape is criminalized, marital rape is not. A Prevention of Violence Against Women (PoVAW) Bill was in development and consultation over several years. However, by late 2020, it was still under discussion.

The pandemic and the military takeover have created conditions that can aggravate tensions at home. Families are confined to their homes, facilitating surveillance and making escape from abuse much more difficult. Job loss and reduced income can lead to men feeling inadequate in their socially prescribed role as breadwinners. In the conditions of social isolation brought on by the pandemic and the military takeover, usual restraints on behaviour can become weakened.

Deep-rooted gender stereotypes also impact women's ability to talk about abuse and leave violent relationships. Being a 'good mother' and a 'good wife' involves tolerating manifestations of stress from partners, children and parents.

> *"Because of COVID, there are shortages of jobs and marital problems."* 38-year-old woman from Shan
>
> *"There is no place to complain when women are abused. I did not receive support for mother and child. No treatment for obstetrics and gynaecology."* 29-year-old woman from Chin.

Data on domestic violence against women is scarce due to victims fearing social isolation, retaliation, judgement by others and further maltreatment from the abuser. However, in 2018, 10.7 percent of women aged 15-49 years reported that they had been subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months.[19] Meanwhile, nearly one in five women (17.0 percent) of ever-partnered women aged 15-49 years experienced intimate partner physical and/or sexual violence at least once in their lifetime.[20]

Since COVID-19 began, the number of domestic violence complaints has risen. The Akhaya Women Organisation reported that case reports increased by over seven-fold during lockdown, most of which are domestic violence cases.[21]

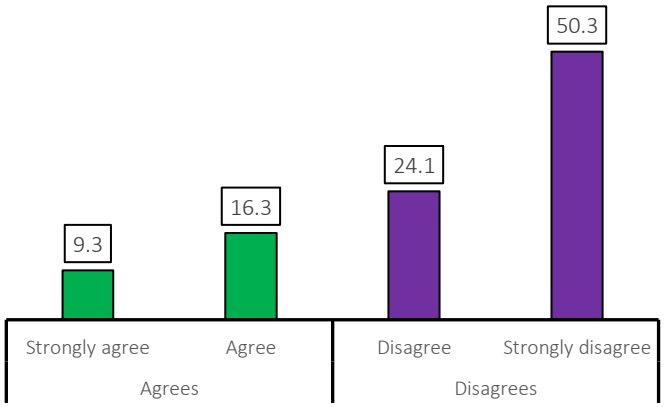
4.3.2 Attitudes on the extent of physical violence at home

Asking questions on **personal, actual experiences** of GBV during short telephone surveys would not be adhering to principles of 'Do no harm'. Some respondents were living in challenging environments and sufficient care could not be guaranteed via a telephone survey. Therefore, the women in the survey were asked **their opinion** on whether there had been more physical violence since COVID-19 began. Figure 4.2 shows that most respondents disagreed with the statement that there had been more beating, slapping or punching between household members. However, one out of four women (25.6 percent) agreed with the statement.[22]

Box 2: Do No Harm: Potential negative consequences of asking questions about violence against women were avoided by experienced interviewers:

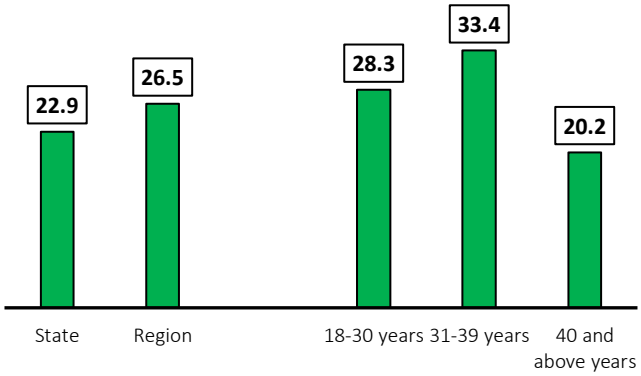
- Ensuring informed consent was obtained.
- Clearly explaining the objectives of the question.
- Ensuring confidentiality of the data.
- Understanding when to stop and never pushing for an answer

Figure 4.2: Opinion on statement, "There has been more beating, slapping or punching between family members since COVID-19 began in March 2020" (percent).



Women in their 30s and women living in regions are more likely to say that violence has increased (Figure 4.3). Regions such as Yangon and Mandalay have seen a rapid slide into poverty during COVID-19 and the military takeover.[23] This might partially explain why women living in regions are more likely to agree that violence between household members has increased since COVID-19 began in Myanmar.

Figure 4.3: Percentage agreeing that "there has been more beating, slapping or punching between family members since COVID-19 began in March 2020" by state/region and age group



In terms of noticing violence against women in their neighbourhood, one out of five women (20.4 percent) had seen violent behaviour since COVID-19 began. Women in their 30s and married women are more likely to notice violence in their neighbourhood (Table 4.3).

1 out of 4 women in their 30s noticed violence in their neighbourhood.

Table 4.3: family members noticed violence against women by family members in neighbourhood since COVID-19 began in March 2020 (percent)

	Yes	No	Total
Union	**20.4**	**79.6**	**100%**
Individual level			
18-30	21.1	78.9	100%
31-39	26.1	73.9	100%
40 and above	17.3	82.7	100%
Married	22.1	77.9	100%
Not married	16.1	83.9	100%

4.3.3 Seeking support against domestic violence

Due to COVID-19 restrictions and the military takeover, women face more challenges in reporting and leaving situations of domestic violence. COVID-19 and military takeover security measures have reduced the capacity of the police to respond to domestic violence cases. Meanwhile, movement restrictions limit the spaces for seeking help. Some service providers have closed their offices and are working from home and transitioning online. International Alert[24] runs an initiative on social media providing information on GBV services run by women's organizations and phone numbers for reporting. But helplines and social media services rely on women having access to phones and the privacy from their abusers to make calls.

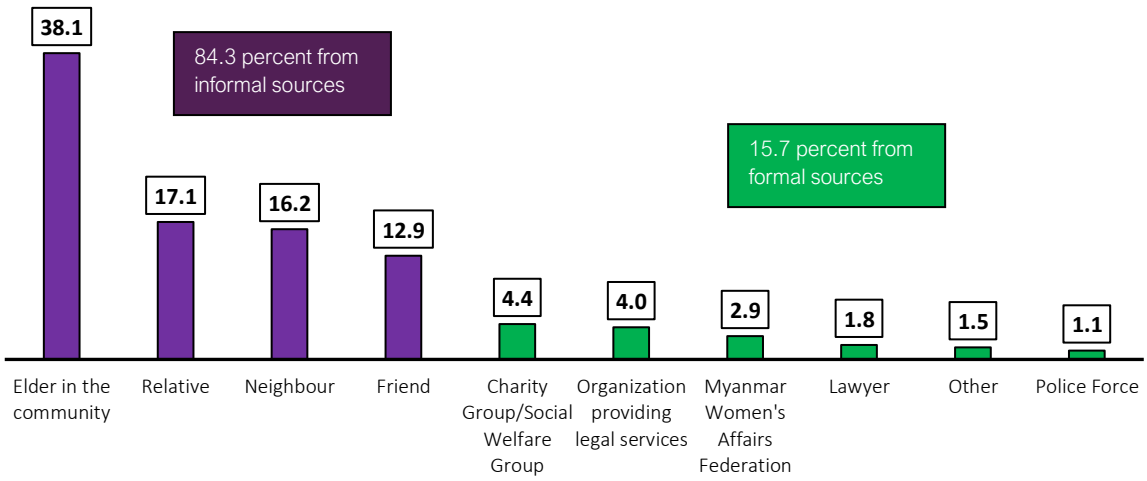
The survey shows that, at the union level, 6.3 percent of women know a girl or woman who has sought support against domestic violence since COVID-19 began. This is significantly higher in the states (10.4 percent) compared to regions (5.0 percent) and among younger women (Table 4.4).

Table 4.4: Knows a girl or woman who has sought support against domestic violence since COVID-19 began in March 2020 (percent)

	Yes	No	Total
Union	**6.3**	**93.7**	**100%**
Household level			
State	10.4	89.6	100%
Region	5.0	95.0	100%
Male headed household	6.9	93.1	100%
Female headed household	3.7	96.3	100%
Individual level			
18-30	8.7	91.3	100%
31-39	8.6	91.4	100%
40 and above	3.9	96.1	100%

For the 6.3 percent of respondents who mentioned that they knew a woman who had experienced domestic violence since March 2020, the location where they sought support can be seen in Figure 4.4. The **majority of these women had sought assistance from the elder in the community (38.1 percent).** Women were four times as likely to use an 'informal' source of support than a formal one such as the Myanmar Women's Affairs Federation or the police.

Figure 4.4: Knows a woman who has sought support against domestic violence since March 2020 and the organization she went to for support (percent)

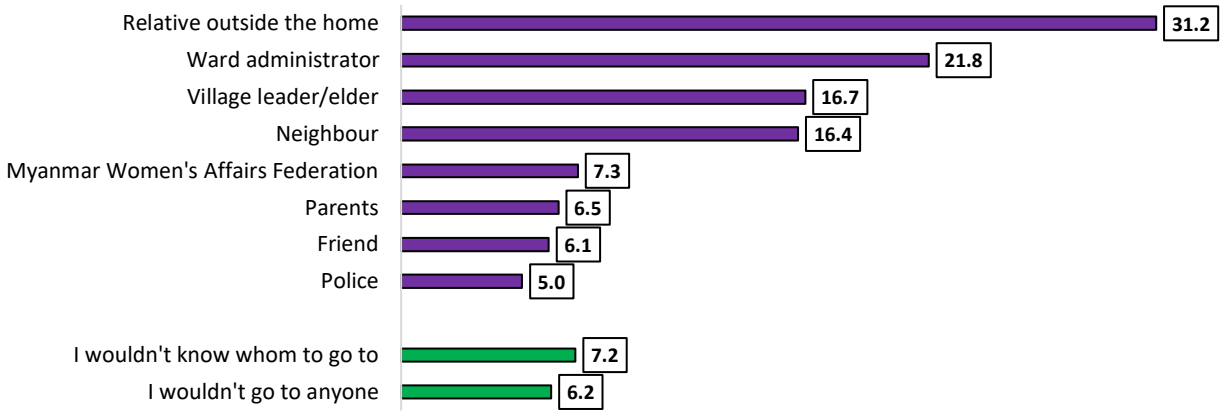


The DHS 2015/16 found that only one percent of women sought help from the police, which appears not to have changed over time.[25]

Women in the survey were asked, "If you have experienced physical violence from a household member where would you go for help?" Respondents were encouraged to name all sources they might use. The results in Figure 4.5 show that **most women (31.2 percent) would talk to a relative outside the home**. A fifth of women said they would report their experiences of physical violence to a ward administrator.

In 2015/2016 during the DHS, 37 percent of women stated they would not tell anyone – this has decreased to 6.2 percent. This could indicate an increased awareness and reduced shame in reporting experiences to others. However, it should again be noted that the survey is not able to talk to the most marginalized women (those without phones for example) and these women might be less likely to tell people about violence they are subjected to at home. In addition, the two surveys use different methodologies, which makes comparisons weaker.

Figure 4.5: Where women would go for help if they experienced physical violence in the home (percent)



5. The impact of COVID-19 and the military takeover on women's health

5.1 Attitude to health services

5.1.1 Background

COVID-19 and the military takeover have created challenges for women and children to access health services. The health service is close to collapse, with attacks on hospitals, financial barriers and movement restrictions for staff. Hospitals lack basic equipment and, in July 2021, the military appropriation of desperately needed oxygen made worldwide headlines.[26]

Some health care professionals are at the vanguard of the Civil Disobedience Movement (CDM). Medical doctors have informed the UN of military raids on charity and makeshift health facilities and of the destruction, damage or confiscation of medical equipment and the abduction, beating and arbitrary detention of colleagues.[27] Military forces have attacked health care workers or facilities in at least 355 separate incidents from 1 February to 30 November 2021, with a least 31 health care workers killed in the same period.[28]

"The right to health is being undermined by the junta's assault on the health care system. Junta forces are harassing, arbitrarily detaining, torturing, and killing healthcare providers in retribution for the leadership that many provided to the civil disobedience. Many continue to t reat patients clandestinely despite the enormous personal risk." UN Special Rapporteur, Tom Andrews.

September 2021

5.1.2 Attitudes to access to health services in the last month

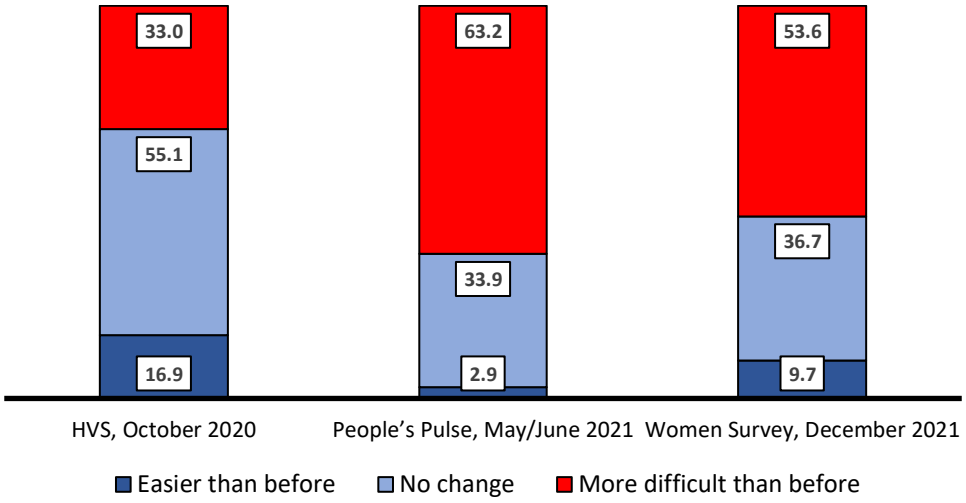
Throughout the time of COVID-19 and the military takeover, three national-level CATI surveys have asked women their attitude towards access health services health services in the last month. The results in Figure 5.1 show that, between October 2020 and early 2021 (post-military takeover), there was a doubling of the percentage of women who said access had become more difficult (33.0 percent to 63.2 percent).

"Women do not have access to rural clinics, which makes it difficult for them to get contraceptives." **24-year-old from Chin**.

"Pregnant women do not have access to health care. Men are using drugs and committing domestic violence, they are abusive to women. There is no one to give birth to patients. Men abuse women because they have no income." **34-year-old from Kayah**

"Can't go to work since the transportation is difficult and there is scarcity of jobs. I was afraid to go to the hospital if I was sick because of the high cost of health care." **45-year-old from Bago.**

Figure 5.1: Women's attitudes on access to health services in last month, 2020 to 2021 (percent)



The peak seen in the People's Pulse survey (63.2 percent) could be a consequence of data collection coinciding with the third wave of COVID-19 in Myanmar. In 2021, at least **half of women in 2021 reported health services becoming more difficult**. Statistically significant, it can be seen in Table 5.1 that women living in regions are more likely than those living in states (55.5 percent compared to 48.0 percent) to say that access had become more difficult. Meanwhile, 31- to 39-year-old women were most likely to report that access has become more difficult.

Table 5.1: Opinion about accessing health services in the last month (percent)

	More difficult than before	No Change	Easier than before	Total
Union	**53.6**	**36.7**	**9.7**	**100%**
Household level				
State	48.0	39.1	12.9	100%
Region	55.5	35.9	8.7	100%
Top 100 violent/conflict townships	58.2	32.0	9.8	100%
Township with less violence/conflict	48.8	41.5	9.7	100%
Individual level				
18-30	54.5	36.3	9.2	100%
31-39	59.5	27.2	13.3	100%
40 and above	50.3	41.4	8.3	100%

6 out of 10 31- to-39-year women state that getting access to health services in the last month had been more difficult than usual.

5.2 COVID-19: Infection, deaths, vaccination and information

5.2.1 Background

Before the military takeover, women, who make up 75 percent of Myanmar's healthcare professionals, were at the frontline of the COVID-19 response. Women continue in their activism and serve their communities while also assuming significant responsibilities as caregivers for sick family members. The health care system is in chaos and only minimal COVID-19 testing is being done. The official COVID-19 case numbers are thought to be substantially undercounted, mainly due to the lack of testing in a health service that is in disarray.

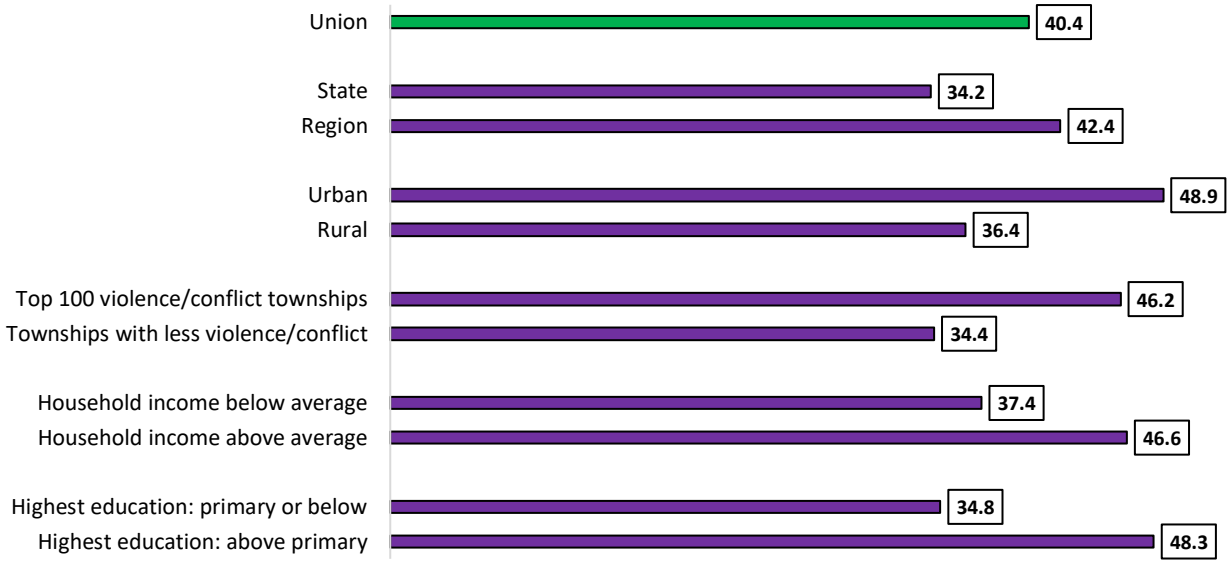
5.2.2 Experienced symptoms of COVID-19

Two out of five (40.4 percent) households had at least one person who had experienced COVID-19 symptoms. This is based on reporting by respondents, **not on reporting of official diagnosis based on testing**. As there are approximately 11 million households in Myanmar, this would indicate about 4,444,000 households in Myanmar.

> *"COVID-19 traumatizes women. Loss of family members due to COVID-19 leads to stress".* 30-year-old from Yangon.
>
> *"Due to COVID-19, staff have been reduced at hotels, markets, stores and malls, causing employees to lose their incomes. This raises debts and increases family tensions."* 32-year-old from Bago.

Reporting of COVID-19 symptoms is higher in the regions compared to states, among urban households, among those living in townships with more violence and in households with above-average incomes (Figure 5.2). It is also noticeable that women with higher levels of education are more likely to live in households where someone has had symptoms. This could be an indication that more-educated women are more alert to identifying COVID-19 symptoms.

Figure 5.2: One or more household member(s) experienced COVID-19-related symptoms since March 2020 (percent)

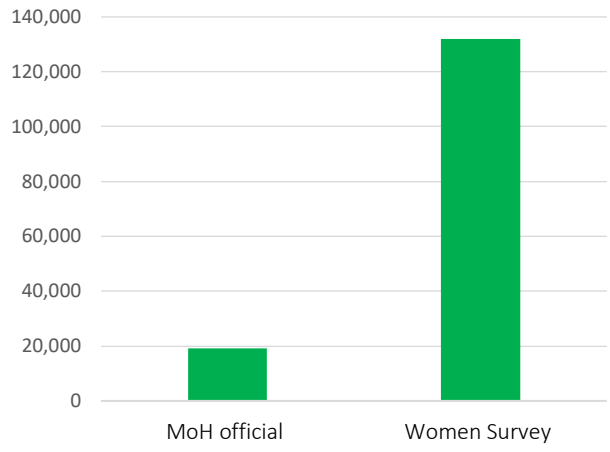


5.2.3 Deaths from COVID-19

In terms of deaths, only people who die at medical facilities or those who had been tested for COVID-19 prior to their death are included in the official figures from the Ministry of Health. In the survey, **1.2 percent of women reported that at least one person in their household had died from COVID-19.**[29] Death by COVID-19 can be difficult to determine, especially in the challenging conditions facing Myanmar's health service. The respondents are unlikely to be able to determine the **exact cause of death**, but it is likely that the person in the household died at least partly because of COVID-19.

The Ministry of Health (MoH) official death toll at the midpoint of interviewing for the survey (1 December 2021) was 19,111. A rate of 1.2 percent of 11 million households would suggest **132,000 COVID-19 deaths, almost seven times the official number given by the MoH.**[30]

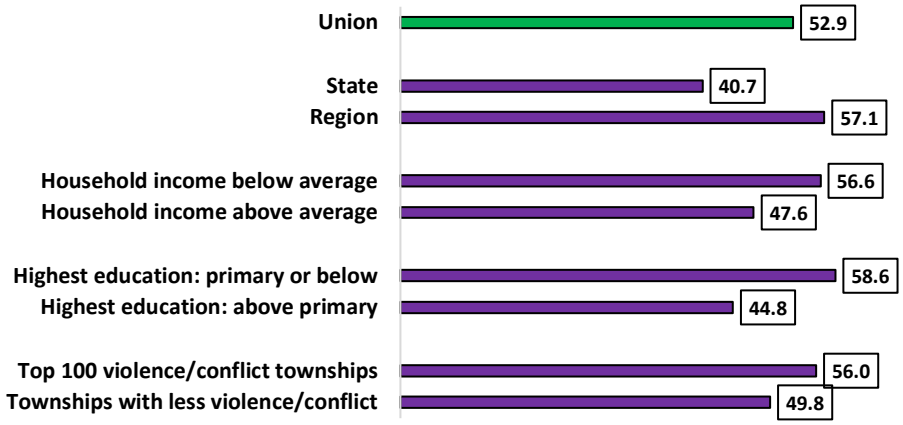
Figure 5.3: Number of COVID-19 deaths in December 2021, official data and reports from survey respondents



5.2.4 COVID-19 vaccination

More than half (52.9 percent) of the women in the survey had not received a second dose of a COVID-19 vaccination. **Women who are lower-income, less-educated, living in regions and living in violent townships are the least likely to have received a second dose of vaccination** (Figure 5.4).

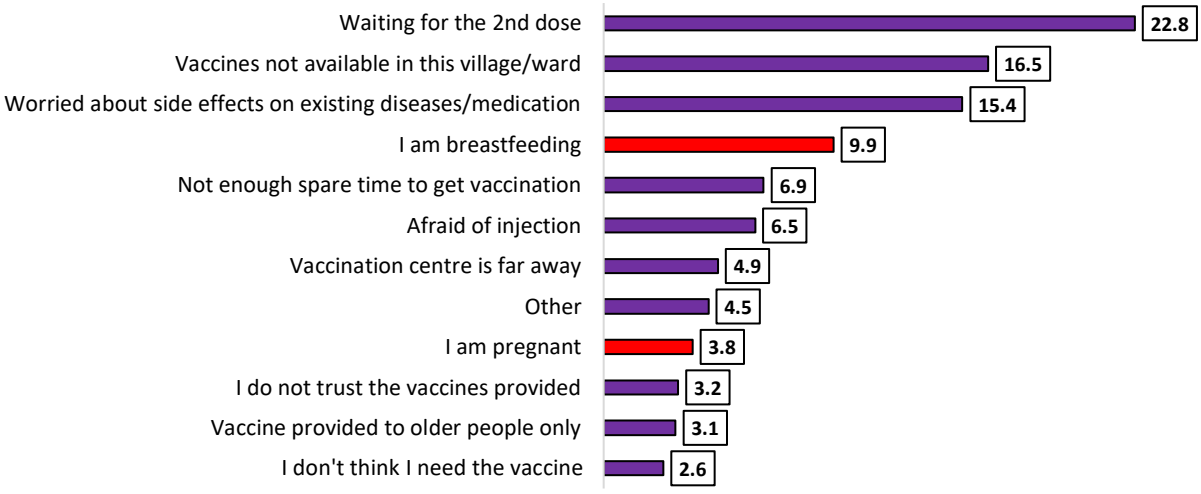
Figure 5.4: Have not received two doses of a COVID-19 vaccine (percent)



6 out of 10 women living in the regions have not had a second vaccination.

The following reasons were given as reasons for not getting a second doze of COVID-19 vaccine (Figure 5.5).

Figure 5.5: Main reason had for received second dose of COVID-19 vaccine (percent)[31]



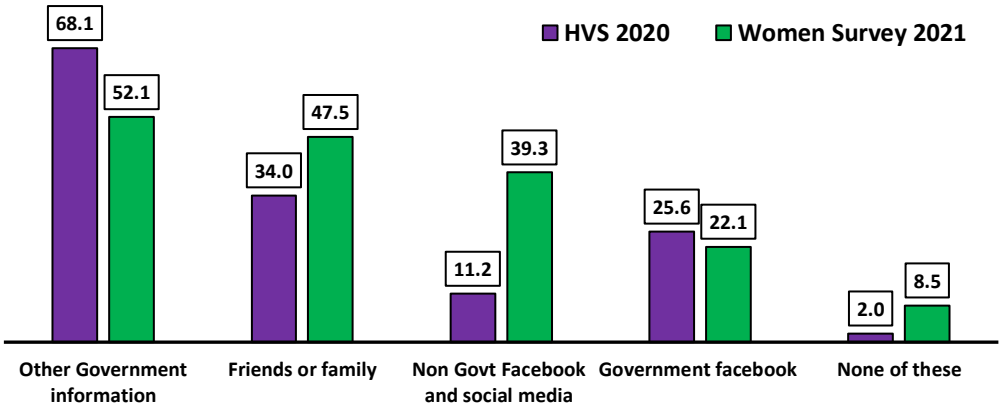
5.2.5 Where women get information about COVID-19

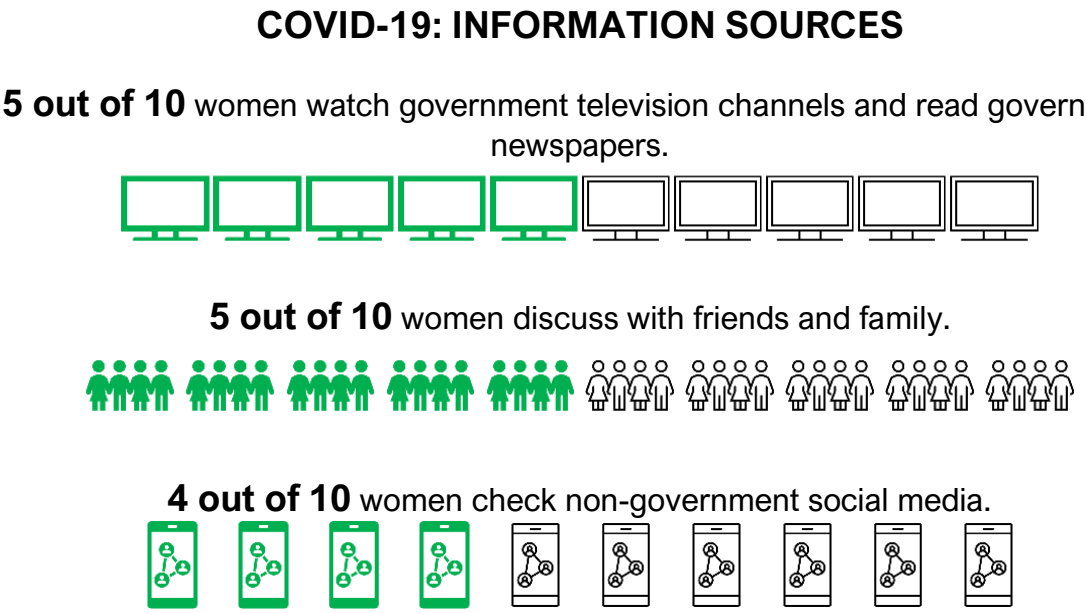
We asked the same question used in HVS 2020, and repeated in this survey, **'what are the sources that women used to get information about OCIVD-19'**. Figure 5.6 shows that, in 2020 and 2021, the main source of information for women is “Other Government

information", which includes television channels such as MRTV and MWD, Myanmar Radio and newspapers such as the Myanmar Alinn and The Mirror. However, there has been quite a reduction in the use of these sources, falling from 68.1 percent to 52.1 percent.

The second-most popular source of information is family and friends, and this has increased from 34.0 percent to 47.5 percent. There has been a **tripling of those using non-government Facebook pages and social media, from 11.2 percent to 39.3 percent**. Government Facebook, which includes those such as the Ministry of Health and Ministry of Information Facebook Pages, has remained relatively stable (25.6 percent in 2020 and 22.1 percent in 2021). **These results suggest movement away from official information sources.**

Figure 5.6: Women's sources of information on COVID-19, 2020 and 2021 (percent)[32]





Using government television and newspapers is more common in rural areas and among older women. Friends and family are more likely to be a source in the states and where the female is the household head. Social media are the favoured choice for younger, urbanite, higher-educated, unmarried women (Tables A5.1 to A5.3).

5.3 Access to pregnancy and childbirth services since March 2020

5.3.1 Background

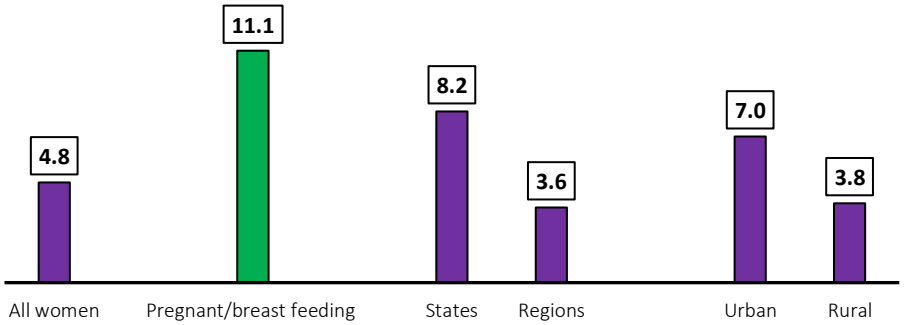
In 2017, Myanmar had the highest maternal mortality ratio in Southeast Asia, with 282 per 100,000 live births.[33] With the health care system currently crumbling, this is unlikely to improve. Since the military takeover, UNFPA stated, "688,422 women are currently pregnant in Myanmar, and it is estimated that nearly 248 preventable maternal deaths may occur in the next month if they are not able to access appropriate emergency obstetric care."[34] Delays and fear of travelling to reach emergency care are contributing to the problem.

> *"It is more difficult for pregnant women in the refugee camps because there are no clinics or hospitals."* 53-year-old from Kayah.
>
> *"Pregnant women are not vaccinated. It is also difficult to go to the hospital when giving birth. No longer safe to go anywhere."* 47-year-old from Sagaing.

5.3.2 Access to health services by pregnant or breastfeeding women

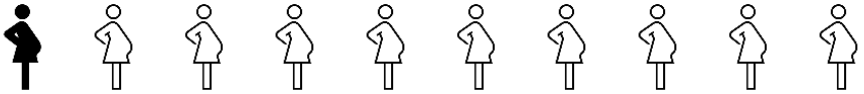
In the survey, 4.8 percent of women had a pregnancy or childbirth issue for which public or private health services could not be accessed; for pregnant or breastfeeding women,[35] this increases to 11.1 percent (Figure 5.7).

Figure 5.7: Had a pregnancy or childbirth issue for which public or private health services could not be accessed since March 2020 (percent)



the rate of pregnant and breastfeeding women who could not access public or private health services is statistically higher in states and urban areas (Figure 5.7). Historically, there have been fewer health facilities available in the states. Health services in regions started from a higher point, but, in the last few months, access has become particularly problematic.

1 out of 10 currently pregnant or breastfeeding women had a pregnancy or childbirth issue for which public or private health services could not be accessed.



6. The economic impact of COVID-19 and the military takeover on women

6.1 Changes in household income

6.1.1 Background

Globally, for the last two decades, extreme poverty had been declining. Then came COVID-19 and, with it, massive job losses, shrinking economies and loss of livelihoods, particularly affecting women. Weakened social protection systems left many of the poorest without a safety net.[36] It is estimated that the pandemic will push 96 million people into extreme poverty by 2021, 47 million of whom are women and girls. This will bring to **435 million** the total number of women and girls living on $1.90 or less.[37]

The pandemic-induced poverty surge will also widen the gender poverty gap. This means that more women will be pushed into extreme poverty than men.[38] This is especially the case among women aged 25 to 34, who are at the height of their productive and family formation period. In 2021, it is expected that there will be 118 women aged 25 to 34 in extreme poverty for every 100 men aged 25 to 34 in extreme poverty globally.

In Myanmar, between 2005 and 2017, the poverty rate was effectively cut in half, from 48 percent to 24 percent.[39] However, now there is a strong chance that these gains will be overturned in a few short years. UNDP's People's Pulse survey[40] and a recently updated poverty analysis[41] both show the dismal way in which Myanmar's most vulnerable are experiencing and trying to deal with the economic impacts of COVID-19 and the military takeover of the government. The poverty analysis reported that the highest number of poor people will be living in Ayeyarwady, followed by Yangon and Sagaing. Meanwhile, the greatest amount of funds needed to bring the poor over the poverty line will be needed in Yangon, due to the large population there and the depth of their poverty.

6.1.2 Changes in household income

Figure 9.1 shows that, during HVS 2020, a substantial proportion of the households experienced a drop in income (83.3 percent) from March 2020, when COVID-19 began in Myanmar and when the Household Vulnerability Survey (HVS) interview took place six months later. The People's Pulse asked people whether their incomes had fallen since the military takeover; 73.6 percent stated that this was the case (Figure 6.1). Women in the survey were also asked whether their household income had fallen since the military takeover; here, the percentage, decreased a little, to 67 percent. This could be seen as the first signs of 'bottoming out'. It could also be that the survey is not fully reaching some parts of society who are still seeing their incomes fall. Figure 6.2 shows distinct urban/rural differences, with **rural households experiencing a continual decline in their incomes.**

Figure 6.1: Change in household income over time (percent)[42]

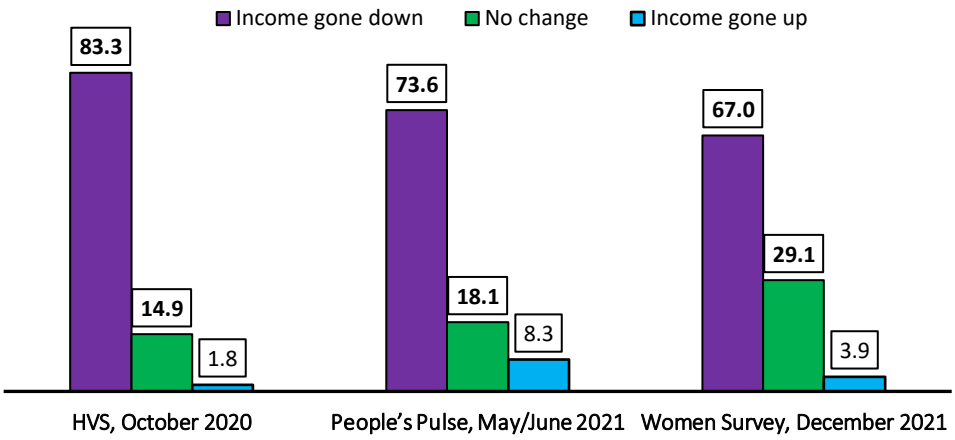
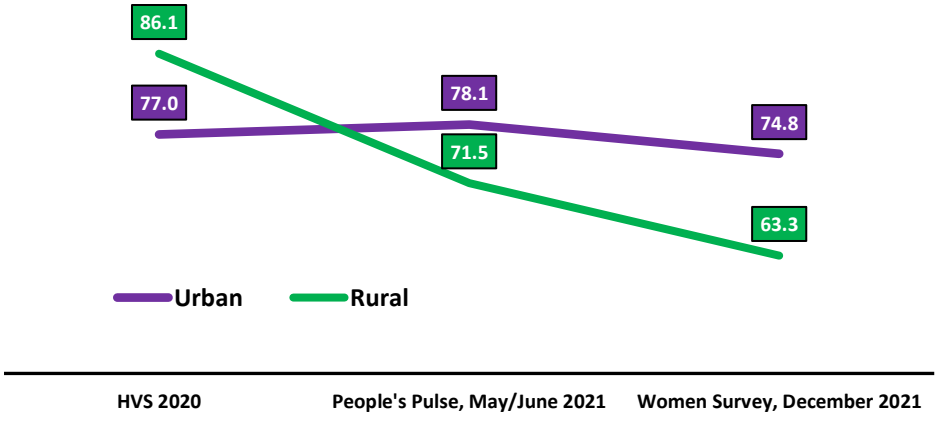
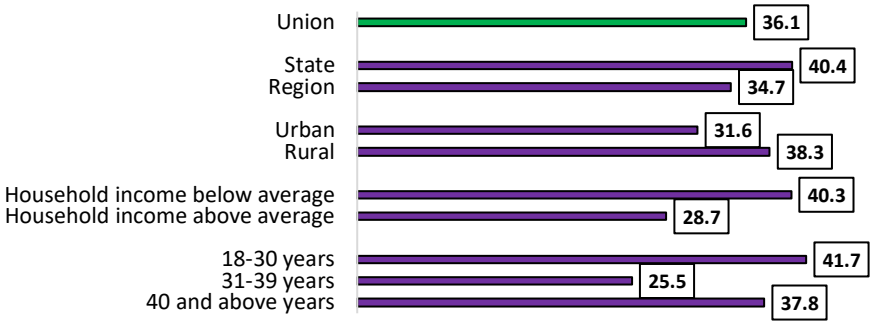


Figure 6.2: Percentage reporting a fall in household income over time, by urban/rural



One in three women (36.1 percent) reported not having their own personal income, a figure that was higher in the states, among rural women and in lower-income households (Figure 6.3).

Figure 6.3: Percentage of respondents who do not have their own personal income



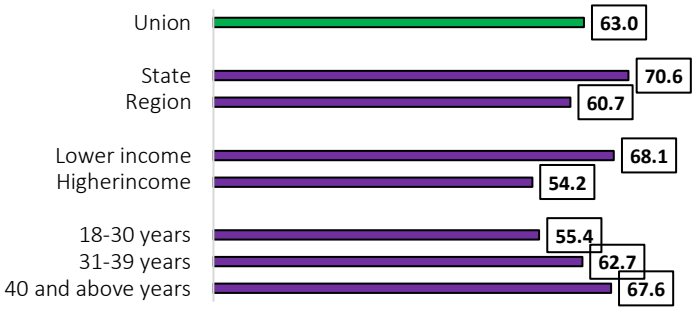
By removing these cases from the data, results for women who do have their own personal finances show that 63 percent said they have gone down since the military takeover, 32.3 percent said they have remained the same and 4.7 percent said they have gone up. Women's personal incomes have fallen to a lesser extent than those of their households.

7 out of 10 households have experienced a fall in household income fall since the military takeover

6 out of 10 women have experienced a fall in their own personal income since the military takeover.

Figure 6.4 shows that the reduction of women's personal income is higher in the states, in lower income households and among older women.

Figure 6.4: Woman's personal income has fallen, by groups (percent)

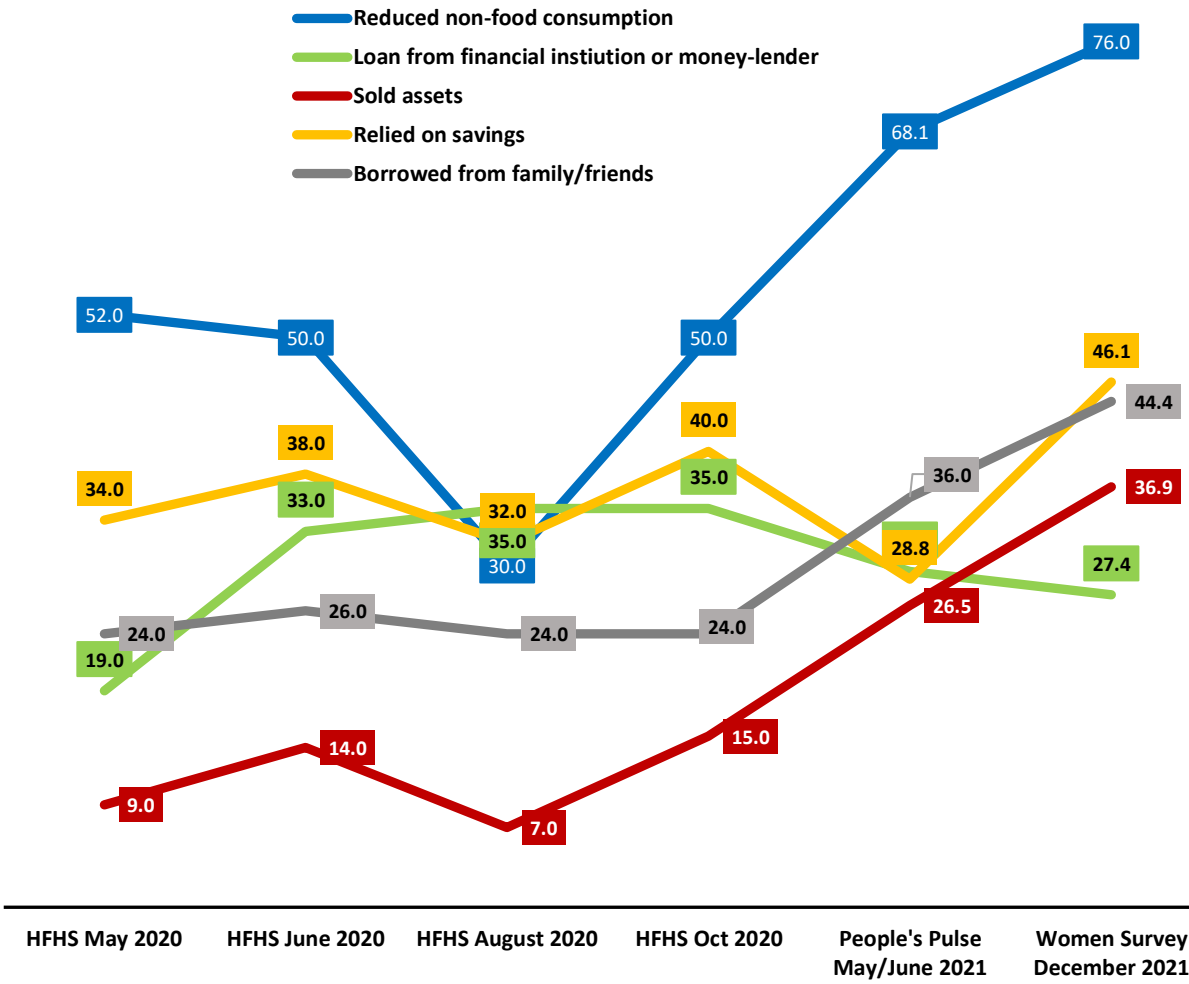


6.2 Coping mechanisms to help deal with falling incomes

6.2.1 Coping strategies over time and by gender

Various surveys have followed the strategies that Myanmar households have used to prop up their falling incomes. Figure 6.5 shows clear trend data for the different methods.[43] Currently, more than three-quarters of households (76 percent) are cutting back on non-food purchases. Next, people are relying on their savings (46.1 percent), borrowing from family or friends (44.4 percent) and selling assets (36.9 percent). The only strategy that has fallen over time (shown in a dashed line) is that of taking out a loan from a financial institution or money-lender. This reduction is partially due to a lack of supply, as the banking and finance sector continues to have limited operational capacity, with restrictions and limits on cash withdrawals and loans. However, some people just cannot afford to take out a loan and pay the interest. It seems that they would rather cut back on non-essential items. Figure 6.5 shows that cutting back on non-food consumption is climbing higher and higher and now, three in four households take this approach.

Figure 6.5: Coping strategies over time (percent)[44]



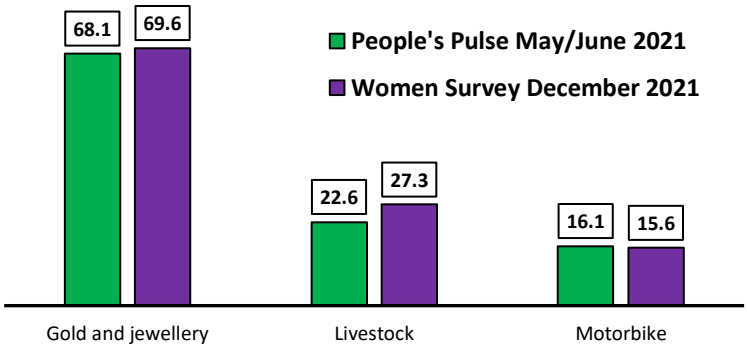
It is a sad situation that, since the summer of 2020, there has been no respite in people's struggles to make ends meet.

Details on women and households that use each of these strategies are shown in Tables A 6.1 to A 6.5. In summary, the characteristics are as follows:

- **Borrowed from family friends:** households with children, male-headed, lower income and woman with less education.
- **Took out a loan:** households with children, lower income and the woman with less education.
- **Reduced non-food purchases:** 31- to 39-year-old women, less education.
- **Sold assets:** urban, households with children, male-headed, lower income and 31- to 39-year-old women.
- **Used savings:** younger women (18-30) with more education.

As seen in Figure 6.5, selling assets is an increasingly common strategy. **In terms of the actual items sold, this has remained similar over time.** In People's Pulse, six months earlier, the principle items sold were gold and jewellery, followed by livestock and motorbikes; this has remained the same in this survey (Figure 6.6).

Figure 6.6: Type of assets sold over time[45] (percent)



A unique aspect of this survey is that it is possible to identify who is taking most of the burden for these coping strategies. It must be noted that this is from the perspective of women respondents; other members of the household were not interviewed. Nevertheless, for one strategy, women seem to be particularly saddled with the problem.

Table 6.1 shows that, in those households that took out a loan since the military takeover, the loan has been taken out by a woman in the household in 63.2 percent of the cases. Women often undertake micromanagement of money, and these are probably small loans to help tide the household over a difficult period.

"Women are taking out loans to run businesses, but now they are struggling to earn a living and are stuck in debt" 55-year-old from Mandalay.

Table 6.1: Coping strategies by gender (percent)

	Female	Jointly	Male
Took loan from financial institution or money-lender	63.2	24.4	12.4
Reduced non-food purchases	39.1	46.8	14.1
Sold assets	27.3	62.9	9.8
Used savings	23.4	66.2	10.4

Coping within the household

In **6 out of 10** households that took a loan, the loan was taken out by a woman.

In **4 out of 10** households that reduced non-food purchases, it was the women who cut back more.

In **3 out of 10** households where assets were sold, the assets belonged to a woman.

In **2 out of 10** households that used savings, the savings belonged to a woman.

Examining the data in more detail (Tables A6.6 to A6.9),[46] it can be seen that women are more likely to be responsible for the coping strategy when they are the head of household and not married. Selling assets and taking loans are correlated with living in urban areas. Taking a loan is correlated with living in a region, where access to banks or lending institutions/people might be easier.

6.3 Cutting back on food consumption

6.3.1 Background

Prior to the military takeover, 2.8 million people were considered food-insecure in Myanmar. WFP estimated that, in three to six months, 1.5 million to 3.4 million additional people could be at risk of food insecurity and in need of assistance due to the economic slowdown provoked by the political crisis.[47] The most recent estimates suggest that approximately 3 million people currently require humanitarian assistance.[48]

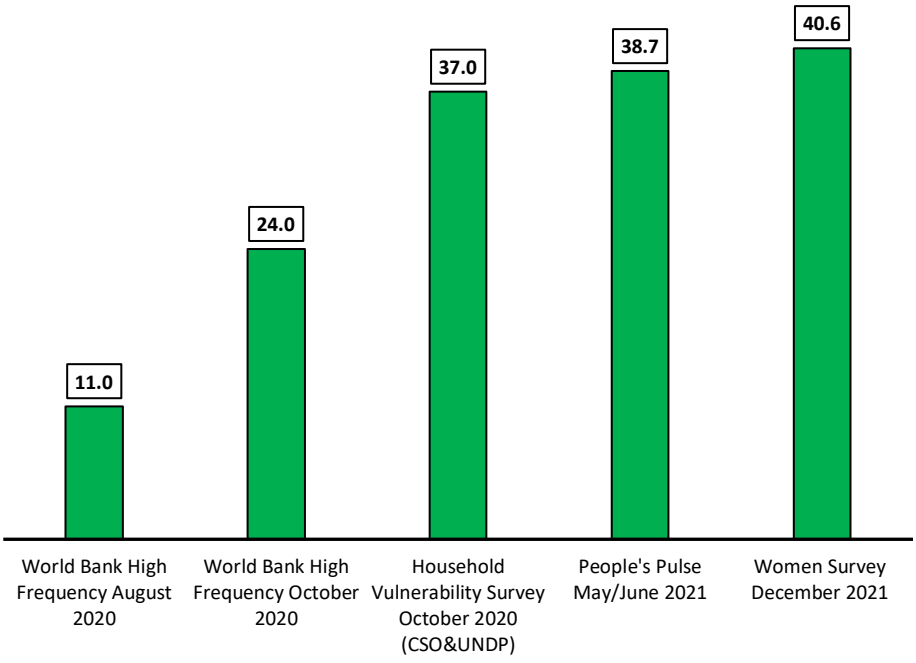
This is largely because poor people have lost jobs and income, making it harder for them to afford food. The market price of rice has risen by 5 percent and cooking oil by 18 percent since the military takeover. Even higher increases were recorded in Rakhine, Kachin and Chin. Given the importance of rice and cooking oil in the diet, continued price increases would further impact household food security.

6.3.2 Eating less food

Figure 6.7 shows the growth in food insecurity. The **same question** has been asked in national-level surveys since August 2020 up until December 2021 and shows the **steady increase in households eating less food so that they can afford other living expenses.**

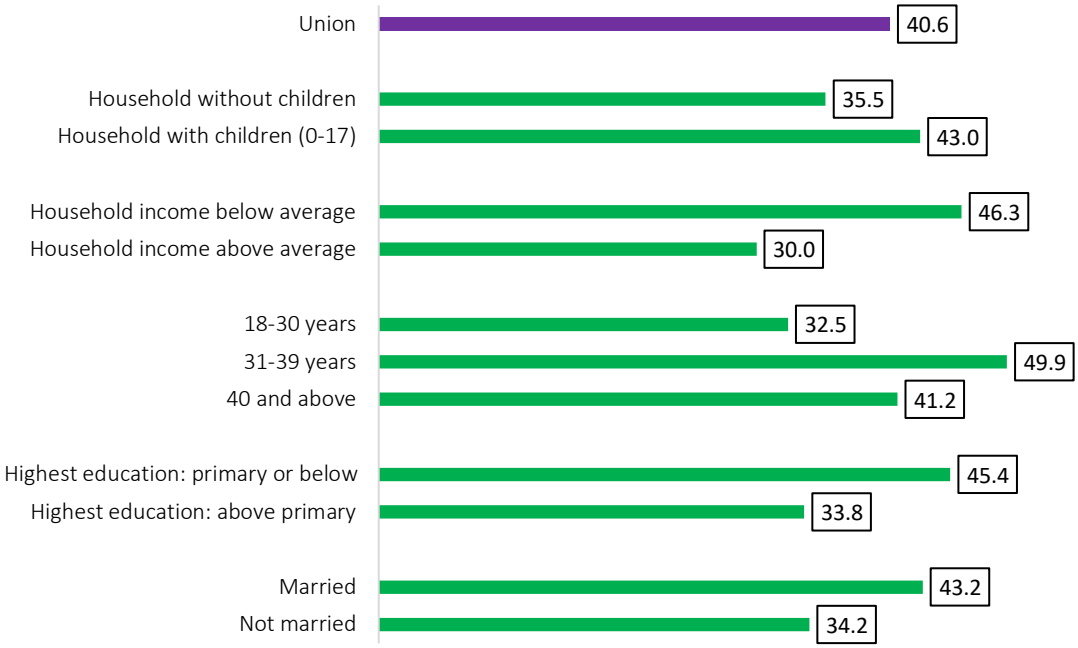
Currently, four out of 10 households have cut back on what they eat. This might be an underestimate, since, as mentioned previously, the poorest households are missed in CATI surveys to some extent and weighting the data cannot completely correct for this.

Figure 6.7: Ate less due to a lack of money or other resources in order to afford other living expenses, over time (percent)



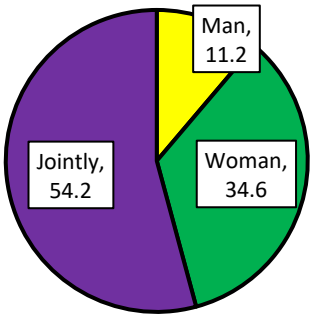
In terms of statistically significant differences, Figure 6.8 shows **the highest rate of cutting down on food is reported by 31- to 39-year-old women (49.9 percent)**. These women are likely to be married, with children and perhaps with aging parents living at home, too. Figure 6.8 clearly shows that lower-income households, married women and women with lower levels of education are more likely to cut down on food consumption.

Figure 6.8: Ate less due to a lack of money or other resources in order to afford other living expenses since 1 February 2021 (percent)



Examining whether there are differences about who is cutting down on food, Figure 6.9 shows that, in **54.2 percent of households, males and females are jointly reducing their food consumption**.

Figure 6.9: Ate less since 1 February 2021, by gender (percent)



"The situation is more difficult for women. With no income, they must worry about the business, and they must worry about the cost of food because they also have to manage the kitchen." **49-year-old from Bago.**

"Although women want to treat the family very well due to COVID, they feel depressed because of the rising commodity prices. Parents are worried about the insecurity of their children due to the political instability." **47-year-old from Mandalay.**

"We are struggling for food because there are no job offers due to COVID. Also, children can't go to school." **33-year-old from Rakhine.**

However, **in a third of households (34.6 percent), women are more likely to reduce their food consumption**. The data was examined for differences by age group and other indicators, but no statistically significant differences were found.

6.4 The impact on paid work

6.4.1 Background

Throughout the world, women are overrepresented in many of the industries hardest hit by COVID-19, such as food service, retail and tourism. Forty percent of all employed women – 510 million women globally – work in hard-hit sectors, compared to 36.6 percent of employed men.[49] With plummeting economic activity, women are particularly vulnerable to layoffs and loss of livelihoods. Globally, 58 percent of employed women work in informal employment, and estimates indicate that, during the first month of the pandemic, informal workers globally lost an average of 60 percent of their income.[50]

In Myanmar, women's waged work is focussed in lower-paid forms of employment, largely due to discriminatory social norms that restrict women to 'appropriate' jobs.

Considerable gender wage gaps have been identified within several industries and, despite many years of advocacy by women's groups, Myanmar's labour laws still do not prohibit gender-based discrimination or sexual harassment within the workplace.[51]

The return to military rule has already rolled back many of the hard-fought gains made in expanding labour rights during recent years. It has also contributed to an estimated 1.2 million workers losing their jobs, 580,000 of them women.[52]

Action should also be taken to ensure that workers' rights are safeguarded. As part of its curb on popular resistance, the military declared 16 trade unions and civil society organizations to be "illegal labour organizations," leaving only a handful of registered trade union federations remaining.[53]

"COVID-19 makes it harder for women to earn, making women feel more insecure when they go out. Women are more likely to be robbed than men." **28-year-old from Kachin.**

"There are less job opportunities than ever before. Graduates are entering jobs that are not in line with their education." **22-year-old from Mon.**

"Some children are working now without finishing their education because the schools are closed." **47-year-old from Mandalay.**

"*In Kyauktaw jobs are scarce for women and no there's no income*." 32-year-old from Rakhine.

6.4.2 Earning income from jobs

In the survey, women were asked whether anyone in the household earned any income from any jobs:

- Before COVID-19 began in March 2020
- Before 1 February 2021, i.e., the military takeover
- Currently, i.e., December 2021

Figure 6.10 shows that the percentage of households with at least one earner has fallen over time. The steepest reduction came about during the lockdowns associated with COVID-19. **Since the military takeover, the percentage at the union level has continued to fall, but urban households have rallied to some extent while rural households have continued to decline.**

Figure 6.10: Has at least one household member in paid work, over time by urban/rural (percent)

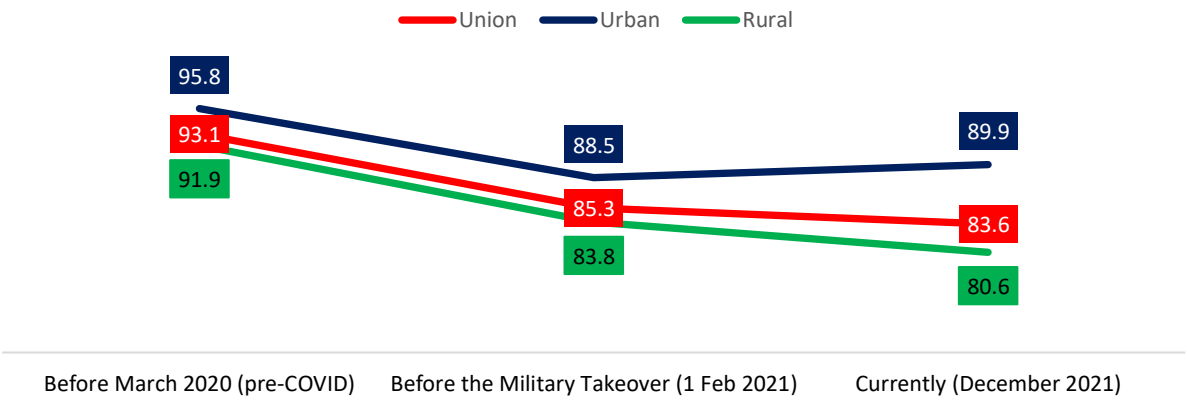


Figure 6.11 shows that higher-income households have almost recovered to pre-COVID-19 levels. Meanwhile, Figure 6.12 shows that, where the respondent is an older woman, 40 years and above, those households are facing a serious decline.

Figure 6.11: Has at least one household member in paid work, over time by household income (percent)

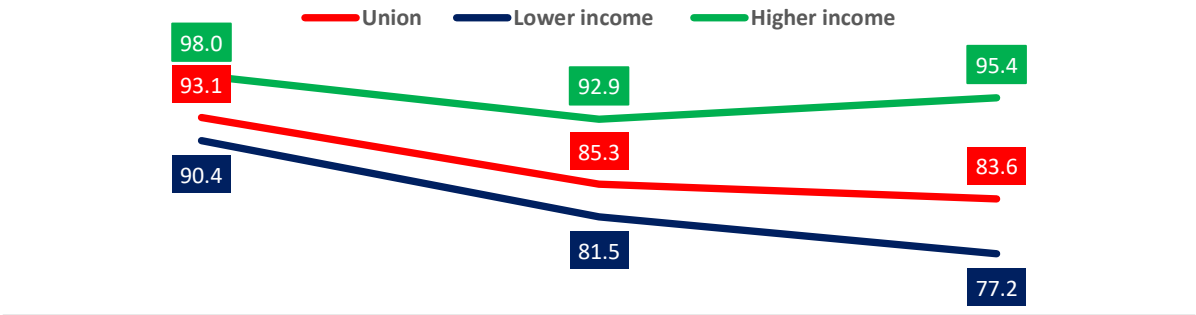
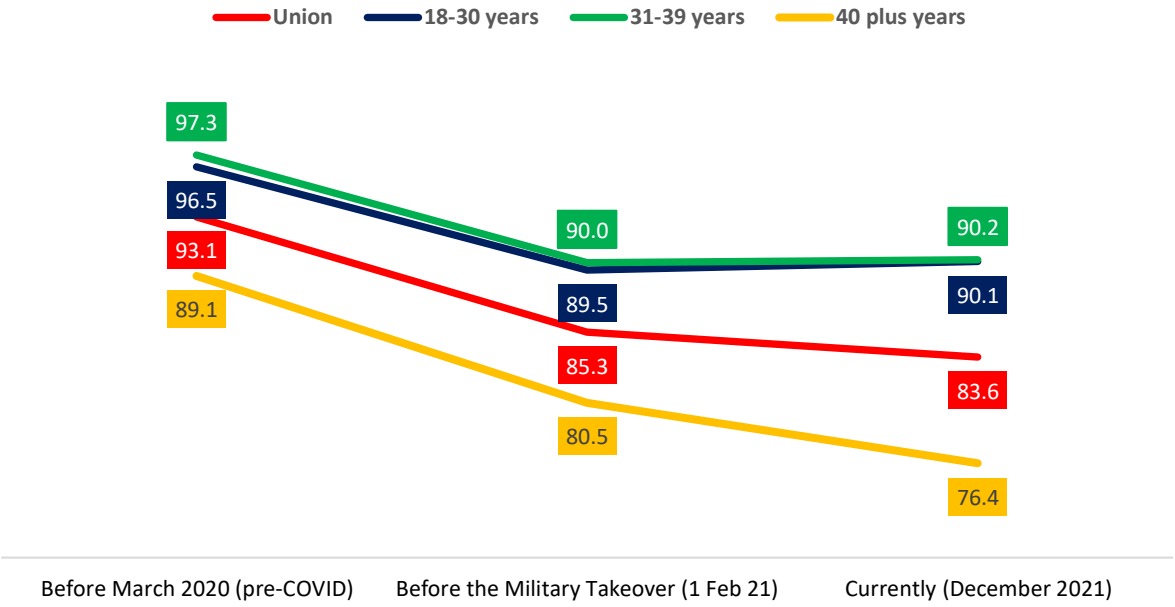


Figure 6.12: Has at least one household member in paid work, over time by age group of the woman (percent)



Women's remarks at the end of the interview show extreme frustration with the employment situation and prospects (see Chapter 7 for complete table).

Table 6.2: *"Could you tell me in your own words about life **for women** in Myanmar over the last few months?"*

	Percent
"Jobs are not good and so women have no income."	14.1
"It is difficult for women to find a job."	13.5
"Women face many difficulties as they lost their jobs."	12.5
"The social affairs and economics of women have become increasingly difficult because of the current political situation and COVID-19."	8.1
"As factories are closed there are more and more jobless women."	7.1

In relation to moving to find work or for other motivations, respondents were asked whether any household members had moved to a different township in Myanmar since the military takeover. **Three percent of households contained someone who had moved (no differences by gender).** This percentage is **the same as that reported in the People's Pulse survey six months earlier.**

"I was frustrated that I could not work because of the political situation and COVID-19. Some people migrate but they get caught as it is not legal." 29-year-old from Tanintharyi

"Jobs are scarce due to COVID and the political situation. We cannot migrate to another country. The family business is not good, and we are not happy." 23-year-old from Mon

The number of households with someone moving abroad is minuscule (0.1 percent). Movement abroad is tightly controlled, restricted and several borders are closed. However, queues at passport offices are enormous and crooked brokers are ready to swindle desperate people[54].

In terms of jobs, men have a slightly higher propensity to lose them. The average number of men who have lost a job since COVID-19 began in March 2020 is 0.6 (approximately one man per two households); for women, it is slightly less, at 0.4.

6.5. Domestic work and unpaid care

6.5.1 Background

When quarantine measures kept people at home and closed schools and day-care facilities, the burden of unpaid care and domestic work exploded[55] for women and men alike. But, even before COVID-19, women did three times more unpaid care work than men, worldwide.[56] School and day care closures, along with the reduced availability of outside help, have led to months of additional work for women. For working mothers, this has meant balancing employment with childcare and schooling responsibilities.

A gendered division of labour is a major obstacle to women's empowerment. When women are disproportionately responsible for performing unpaid household work, this results in time poverty, which limits their ability to participate in the labour force.

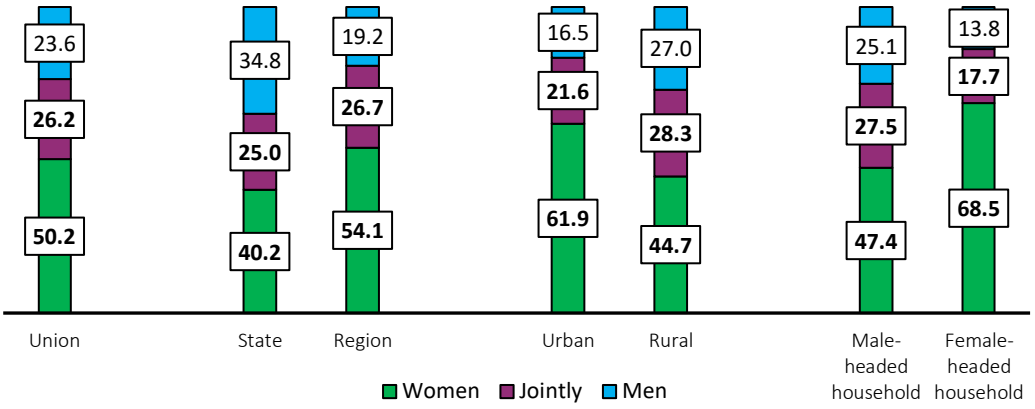
6.5.2 Housework within the home

When asked about housework/chores in the home, **nearly half (48.3 percent) of the women interviewed felt that housework had increased since COVID-19 began in March 2020**, going up to 51.1 percent in households with children (Table 6.3). The majority (50.2 percent) of women thought that women have taken on the burden of extra housework. This is especially felt by women living in urban areas and those living in the regions (Figure 6.13).

Table 6.3: Housework/chores within the household since COVID-19 began in March 2020 (percent)

	Increased	No change	Total
Union	**48.3**	**51.7**	**100%**
Household without children	42.2	57.8	100%
Household with children (0-17)	51.1	48.9	100%

Figure 6.13: Taken on the increased housework since March 2020, by gender (percent)



5 out of 10 women with children report taking on increased housework since COVID-19.

6.5.3 Caring responsibilities since March 2020

Even more than housework, women have experienced an increase in caring responsibilities since COVID-19. **Three out of five women (61.8 percent) stated that caring responsibilities have increased**. Once again, this is the case more in the regions and more in households with children and for women aged 31 to 39 (Table 6.4).

Two-fifths (39.8 percent) of women with increased caring responsibilities said this has impacted their ability to earn a livelihood.[57]

Table 6.4: Caring responsibilities for children, the elderly or others in the household since March 2020 (percent)

	Increased	No change	Total
Union	**61.8**	**38.2**	**100%**
Household level			
State	52.0	48.0	100%
Region	65.1	34.9	100%
Household without children	55.0	45.0	100%
Household with children (0-17)	65.0	35.0	100%
Individual level			
18-30	64.5	35.5	100%
31-39	70.9	29.1	100%
40 and above	55.9	44.1	100%

Nearly one-third (31 percent) of women stated they could no longer do paid work because of caring responsibilities. This is more so the case in households with lower incomes (34.6 percent) and, again, among those in the 31 to 39 age group (38.5 percent).

Figure 6.14: Increased caring responsibilities mean no long able to do paid work (percent)

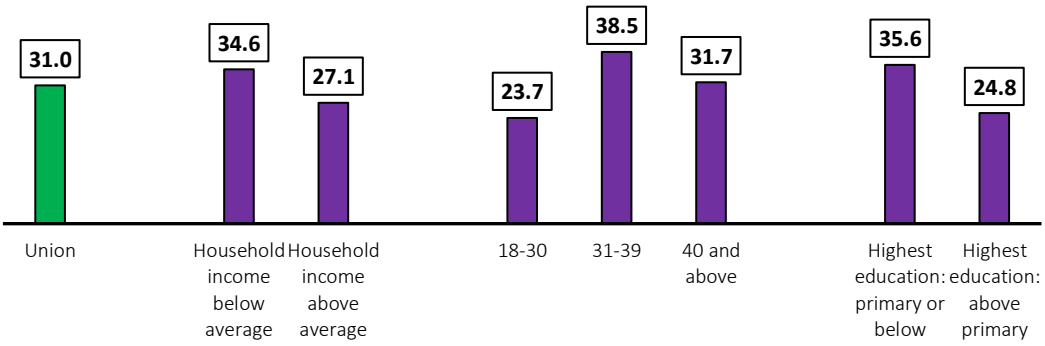


Table 6.5: Increased caring responsibilities mean earnings have dropped by more than a half (percent)

	Yes	No	Total
Union	**50.8**	**49.2**	**100%**
Household level			
State	63.7	36.3	100%
Region	47.7	52.3	100%
Household income below average	55.2	44.8	100%
Household income above average	44.4	55.6	100%

The cost of caring

For women, whose caring responsibilities for children, the elderly, or others in the household has gone up since March 2020:

6.6. Decision-making within the home

6.6.1 Background

Power and decision-making in the household are an important aspect of gender equality. Gender inequalities in the household reinforce and are reinforced by gender inequalities in society. Gender equality is a development goal on its own and a critical factor for achieving sustainable development, enveloping the concept of 'leaving no one behind'. There is evidence of the impact of household decision-making – be it good or ill – on development, health, education, poverty and the division of paid work and household work.[58]

6.6.2 Decision making over time

To examine how decision-making has changed over time, the question asked in the Myanmar DHS 2015/2016 was repeated in this survey.

Figure 6.15: Main decision maker of major household purchases, 2015/2016 and 2021 (percent)

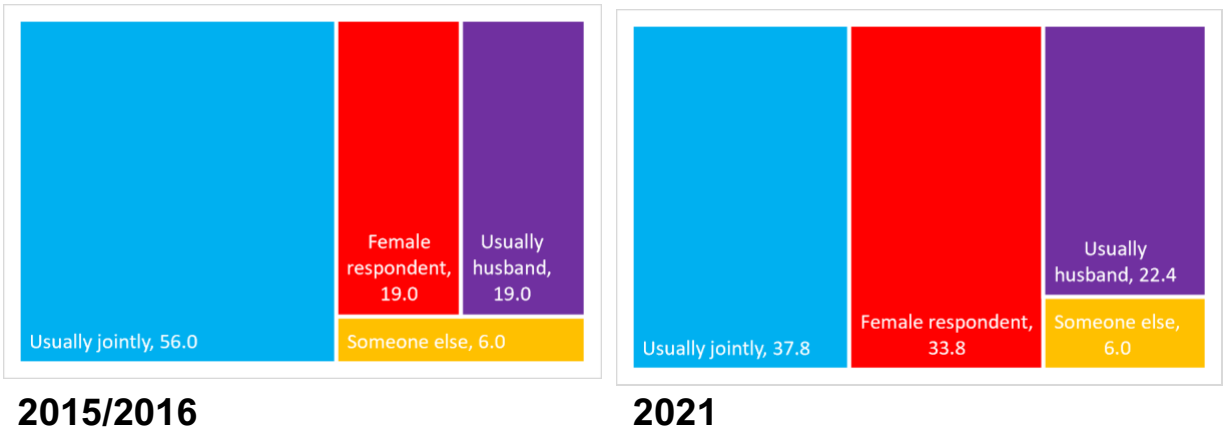


Figure 6.15 shows a clear increase, from 19 percent to 33.8 percent, of women reporting to be the main decision maker for the purchase of major items. Once again, as the most marginalized women are often excluded in CATI interviews, the change might not actually be as large as the results suggest. However, there does seem to be some increasing equality experienced within the household. A woman is more likely to have an impact on decision making if living in urban areas, if the household has an above average income and if she is more educated (Table 6.6).

Table 6.6: Decision maker for making major household purchases (percent)

	Respondent	Husband	Jointly	Total
Union	**36.0**	**23.8**	**40.2**	**100%**
Household level				
Urban	50.3	21.0	28.7	100%
Rural	29.7	25.1	45.2	100%
Male headed household	34.8	24.8	40.4	100%
Female headed household	60.7	2.9	36.4	100%
Household income below average	31.3	26.7	42.0	100%
Household income above average	44.1	19.4	36.5	100%
Individual level				
Highest education: primary or below	33.6	26.3	40.1	100%
Highest education: above primary	40.7	18.9	40.4	100%

AGE MATTERS

Myanmar's Generation Z, those born roughly from 1995 onwards, are an important and distinct demographic in Myanmar. In 2011, when:

- political prisoners were released,
- press censorship was lifted, and
- political parties could operate openly

Members of this generation were in their early-teens. The unprecedented openness that people enjoyed from 2011 onwards led to a transformation in Myanmar, giving birth to Generation Z. This generation quickly learned how to use the Internet, to communicate on social media and to hold workshops and seminars on subjects related to democracy and civil rights. Now, its members are doctors and nurses, artists, bankers, railroad workers, teachers, LGBTQ activists, trade unionists and students, many of whom join and organize protests again the military regime.

For the **18- to 30-year-old women** interviewed in the survey, members of this age group are the **most likely to:**

- Feel unsafe in their area and outside their area during the day.
- Know a girl or woman who has sought support against domestic violence since COVID-19 began.
- Used savings to cover living expenses since the military takeover.
- Use social media (non-governmental) to obtain information about COVID-19.

Meanwhile, they are the **least likely to:**

- Stop paid work due to caring responsibilities.
- Eat less due to a lack of money or other resources to help cover living expenses since the military takeover.

Women in their 30s:
At the time of this survey, 84.6 percent of the 31- to 39-year-old women had children at home. Members of this age group are the main caretakers of children and parents. Their current situation is perhaps one of the most depressing and stressful.

31- to 39-year-old Myanmar women in the survey are members of age group most likely to:

- Say that access to health services has become more difficult.
- Agree with the statement that violence within the home has increased since COVID-19 began.
- Notice domestic violence take place in their neighbourhood.
- Be in households that have either cut down on food consumption, reduced non-food purchases or sold assets.
- Have their unpaid care and domestic work responsibilities increase since COVID-19 and not be able to engage in paid work any longer because of increased responsibilities.

7. In their own words

*"Thank you very much for your help, please could you tell me in your own words about life **for women** in Myanmar over the last few months?"*

	Percent
Women are not safe and secure when they go outside during this period.	25.7
Jobs are not good and so women have no income.	14.1
It is difficult for women to find a job.	13.5
Women face many difficulties as they lost their jobs.	12.5
The social affairs and economics of women have become increasingly difficult because of the current political situation and COVID-19.	8.1
As factories are closed, there are more and more jobless women.	7.1
All is the same, nothing changed. All are okay with their jobs.	4.7
Doctors are not available at health centres, and it makes it difficult for pregnant women and other sick women to receive health services.	2.8
Transportation and travelling are not okay as there are many checkpoints on the way.	3.0
Women must start working outside like men in this situation.	2.3
Businesses become more difficult to run as transportation is not good.	1.5
Women do not get the same opportunities as men.	1.0
They can just start working now.	0.8
I wish there were more job opportunities for women.	0.6
There is more and more domestic violence and issues at home.	0.7
Women are not safe and secure even though they are staying at home because of the current political situation.	0.6
Although women can find a job and work, the salaries are reduced.	0.4
There are no places for women to go and seek support against violence.	0.2
Women are less educated and less knowledgeable.	0.2
Women who are involved in the civil disobedience movement must run and hide in the	0.2

8. Conclusion

The Myanmar military takeover and its crackdown on peaceful protesters are a dangerous set-back for democracy and the rule of law in Myanmar. They are especially devastating for women. The military takeover is likely to reverse the progress made over the last decade. The institutional and societal changes necessary to dismantle persistent gender discrimination are unlikely to take place under military rule.

In addition to violence and regime oppression, people across Myanmar face a dire humanitarian predicament and long-term development challenges, with serious implications for Southeast Asia and beyond. The health and education systems have collapsed and schools and universities have been severely disrupted for months due to COVID-19 and the military takeover.

The consequences of COVID-19 and the military takeover will not disappear quickly. Women are likely to experience long-term setbacks in work force participation and income. Impacts on assets and savings will have implications for women's economic security far down the road. The fall-out will be most severe for the most vulnerable women, including migrant workers, refugees and some ethnic groups.

Economic insecurity has a snowball effect on the lives of women and girls for years to come. What is known from previous crises is:

- Generally, increased unemployment tends to encourage people to go back to traditional gender roles: unemployed men are favoured in the hiring process when jobs are scarce, while unemployed women take on more household and care work.

- During the Ebola outbreak in Western Africa, for instance, quarantines significantly reduced women's economic activity, driving a spike in poverty and food insecurity. While men's economic activity rebounded quickly, women's did not.

In a situation of continuing violence, the destructive impact on the social and economic infrastructure of Myanmar means that humanitarian assistance and support for the restoration of livelihoods and micro and small businesses led by women will be required for the near future.

The environment is difficult and volatile. Rapid localized shifts in power alter the on-the-ground conditions for development workers significantly and it is difficult to plan strategically. Things can quickly change from complex to chaotic.

Specific support for women to mitigate the impact of the pandemic and the political crises at this time could include:

Direct income support to women: economic support packages, including direct cash-transfers to give cash directly to women who are poor or lack income, can be a lifeline for those struggling to afford day-to-day necessities.

Support for women-owned and women-led businesses: Source food, personal protection equipment and other essential supplies from women-led businesses. Economic relief should similarly target sectors and industries where women are a sizeable proportion of workers.

In armed conflict areas, due to instability and displacement, a direct cash-transfer programme would be more practical. Other sustainable support such as support for women-led business and income-generation programmes would be suitable for areas where there is more stability.

Address domestic violence and support to survivors: Community-level initiatives for prevention of domestic violence such as awareness programmes, information on referral services, and longer-term gender norms change activities, are much needed. For example, local radio stations could be recommended to develop an awareness section on protection of women's rights, which could be aired in various local languages. Similarly, the support system for women survivors of domestic violence needs to be strengthened. Again, community-level mechanisms and systems can be established for referral and support to the survivors using a survivor-centred approach.

Ensure continued maternity and reproductive health services: One of the most-impacted areas of service in the compounded crisis has been the health service. This study reveals the growing difficultly in access to maternity and childbirth services. Investing in community-level services for women and community health workers might be an option to fill this gap.

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Annex 1. Sampling methodology and response rate

Sample Design

Myanmar Social Research (MSR) has a panel of phone numbers of people who have agreed to participate in phone interviews. This panel is the sample frame. MSR applied a multi-stage random-sampling approach to achieve a sample of women that is **representative of the female population aged 18 years and above.** The sample size in each state/region is based on the population of women at the national level. The distribution can be seen in Table 1.

Table 1: Distribution of women aged 18 and above by state/region

State/Region	18+ Women	Population %	Target=2,20
Ayeyarwady	2,113,884	12%	265
Bago	1,731,403	10%	217
Chin	139,170	1%	17
Kachin	497,697	3%	62
Kayah	86,242	0.5%	11
Kayin	460,091	3%	58
Magway	1,476,676	8%	185
Mandalay	2,283,664	13%	286
Mon	696,522	4%	87
Nay Pyi Taw	405,078	2%	51
Rakhine	726,758	4%	91
Sagaing	1,901,847	11%	238
Shan	1,818,908	10%	228
Tanintharyi	432,943	2%	54
Yangon	2,797,947	16%	350
Total	**17,568,830**	**100%**	**2,200**

The target sample for the survey is proportionally based on the population of women aged 18 years and above in each state and region, across urban and rural areas, according to the 2014 Census, for each state and region (see Table 2).

Table 2: Urban/rural distribution by state/region

State/	Urban	Rural ratio	Urban	Rural Target	Total Target
Ayeyarwady	16%	84%	42	223	**265**
Bago	24%	76%	51	166	**217**
Chin	24%	76%	4	13	**17**
Kachin	39%	61%	24	38	**62**
Kayah	28%	72%	3	8	**11**
Kayin	24%	76%	14	44	**58**
Magway	16%	84%	29	156	**185**
Mandalay	36%	64%	102	184	**286**
Mon	30%	70%	26	61	**87**
Nay Pyi Taw	34%	66%	18	33	**51**
Rakhine	18%	82%	16	75	**91**
Sagaing	18%	82%	42	196	**238**
Shan	26%	74%	60	168	**228**
Tanintharyi	27%	73%	14	40	**54**
Yangon	73%	27%	255	95	**350**
Total	**32%**	**68%**	**700**	**1,500**	**2,200**

The selection of the phone numbers from the panel was done by systematic random sampling. The panel was sorted by:

- State and region
- Urban and rural

The total sample frame for each location was divided by the sample size required, and every n^{th} number was selected for attempted interviewing. For the selection of the women, MSR interviewers called the phone numbers in the panel. Interviewers asked for the total number of women aged 18 years and above in the household and selected one by using the 'last birthday method'. The woman who had most recently had a birthday was selected for the survey. This allows for the random selection of respondents that is representative across age groups.

Response Rate

The response rate is **50.3 percent** (1,108/2,200).

Table 1: Data collection Outcomes

Interviewed	**2,200**
Non-response	
Household refused	862
Woman refused	106
Language barrier[59]	91
Interrupted interview, phone put down	49
Subtotal	1,108
Households not reached	
Power turned off on the phone	2,554
No answer/did not pick up phone	1,861
No eligible respondent in the household	235
Quota for urban/rural, state/region already met	130
Other	111
Subtotal	4,891

Phone numbers were tried and replaced with a new phone numbers if they did not result in interview, until 2,200 interviews were achieved.

Annex 2. Comparing the coping strategies

Figure 6.5 is based on the following data.

	1. Reduced non-food consumption	2. Loan from financial institution or money-lender	3. Sold assets	4. Relied on savings	5. Borrowed from family/friends
HFS May-20	52.0	19.0	9.0	34.0	24.0
HFS June-20	50.0	33.0	14.0	38.0	26.0
HFS August-20	30.0	35.0	7.0	32.0	24.0
HFS October-20	50.0	35.0	15.0	40.0	24.0
People's Pulse May/June 2021	68.1	29.5	26.5	28.8	36.0*
Women living under the pandemic and military rule survey. December 2021	76.0	27.4	36.9	46.1	44.4

* Unconditional help from family and friends (6.6 percent) **not included** in this category.

2. Loan from financial institution or money-lender created by combining two HFS categories.

	Loan from financial	Loan from money-	Total
HFS May-20	19	Not asked	19
HFS June-20	19	14	33
HFS August-	24	11	35
HFS October-	22	13	35

High Frequency Survey question

Has the household had to do any of the following actions in response to the COVID crisis?
PROMPT ALL CATEGORIES AND FILL WITH YES OR NO USING CODES

a. RELIED ON SAVINGS
b. RECEIVED ASSISTANCE FROM FRIENDS AND FAMILY
c. BORROWED FROM FRIENDS AND FAMILY
d. REDUCED FOOD CONSUMPTION
e. REDUCED NON-FOOD CONSUMPTION
f. SOLD HARVEST IN ADVANCE
g. TOOK A LOAN FROM A FINANCIAL INSTITUTION
h. RECEIVED FOOD ASSISTANCE FROM GOVERNMENT
i. RECEIVED RENT SUBSIDIES
j. RECEIVED UTILITY SUBSIDIES
k. SALE OF ASSETS (AGRICULTURAL OR NON-AGRICULTURAL)
l. ENGAGED IN ADDITIONAL INCOME-GENERATING ACTIVITIES
m. CREDITED PURCHASES
n. DELAYED PAYMENT OBLIGATIONS
o. RECEIVED ASSISTANCE FROM NGO
p. TOOK ADVANCED PAYMENT FROM EMPLOYER
q. RECEIVED UNEMPLOYMENT CHECK
r. WAS COVERED BY INSURANCE POLICY
s. DID NOTHING
t. OTHER, SPECIFY

People's Pulse question

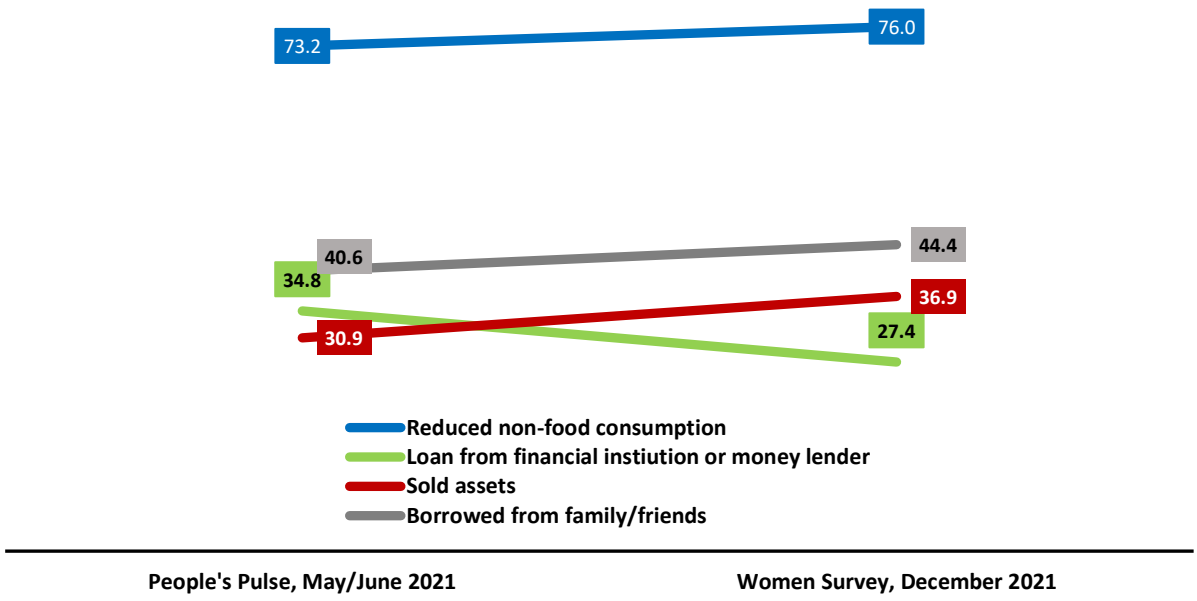
Since February 1st, this year has your household done any of these actions to help cover living expenses? READ OUT AND CODE ALL THAT APPLY.

1. Borrowed from friends or family (THIS IMPLIES THAT THE MONEY WILL BE PAID BACK EVENTUALLY)
2. Unconditional help from family and friends (THIS IMPLIES THAT MONEY IS NOT EXPECTED TO BE PAID BACK EVENTUALLY)
3. Borrowed money from non-family sources (INCLUDE BANKS, MONEY LENDERS, PAWN BROKERS)
4. Used savings to cover living expenses (IF MENTIONED, ASK S2Q10)
5. Cut back on buying non-food items, like clothes, phone credit, etc.
6. Ate less due to a lack of money or other resources (OTHER RESOURCES INCLUDES CONSUMING HOME-PRODUCED PRODUCTS OR BARTERING PRODUCTS)
7. Sold crops that were stored for household's consumption
8. Sold assets such as gold, motorbikes, livestock, etc.
9. Did nothing

Women living under the pandemic and military rule survey question

Since February 1st of this year, has your household done any of these actions to help cover living expenses? READ OUT AND CODE ALL THAT APPLY
Borrowed from friends or family (THIS IMPLIES THAT THE MONEY WILL BE PAID BACK EVENTUALLY)
Borrowed money from non-family sources (INCLUDE BANKS, MONEY LENDERS, PAWN BROKERS)
Used savings to cover living expenses
Cut back on buying non-food items, like clothes, phone credit, etc.
Ate less due to a lack of money or other resources (OTHER RESOURCES INCLUDES CONSUMING HOME-PRODUCED PRODUCTS OR BARTERING PRODUCTS)
Sold assets such as gold, motorbikes, livestock, etc.

Figure A1: Coping strategies by time for women's responses only[60]



Annex 3. Tables

Table: Uses other government information for information on COVID-19 (percent)

	Yes	No	Total
Union	**52.0**	**48.0**	**100%**
Household level			
Urban	43.6	56.4	100%
Rural	56.0	44.0	100%
Individual level			
18-30	46.4	53.6	100%
31-39	47.9	52.1	100%
40 and above	57.5	42.5	100%

Table A5.2: Uses friends and family for information on COVID-19 (percent)

	Yes	*No*	*Total*
Union	**47.5**	**52.5**	**100%**
Household level			
State	53.2	46.8	100%
Region	45.6	54.4	100%
Male head of household	45.2	54.8	100%
Female head of household	59.6	40.4	100%
Top 100 violent/conflict townships	50.7	49.3	100%
Township with less violence/conflict	44.2	55.8	100%

Table A5.3: Uses social media (non-governmental) for information on COVID-19 (percent)

	Yes	No	Total
Union	**39.3**	**60.7**	**100%**
Household level	52.9	47.1	
Urban	33.0	67.0	100%
Rural			100%
	33.9	66.1	
Household income below average	50.1	49.9	100%
Household income above average	39.3	60.7	100%
Individual level			
18-30	63.5	36.5	100%
31-39	41.0	59.0	100%
40 and above	23.9	76.1	100%
Highest education: primary or below	24.6	75.4	100%
Highest education: above primary	60.4	39.6	100%
Married	35.2	64.8	100%
Not married	49.8	50.2	100%

Table A6.1: Borrowed from friends or family to help cover living expenses since 1 February 2021 (percent)

	Yes	No	Total
Union	**44.4**	**55.6**	**100%**
Household level			
Household without children	33.7	66.3	100%
Household with children (0-17)	49.4	50.6	100%
Male-headed household	45.9	54.1	100%
Female -headed household	36.4	63.6	100%
Household income below average	49.5	50.5	100%
Household income above average	34.8	65.2	100%
Individual level			
Highest education: primary or below	48.2	51.8	100%
Highest education: above primary	39.0	61.0	100%
Married	47.4	52.6	100%
Not married	36.9	63.1	100%

Table A6.2: Taken a loan from a financial institution or money-lender to help cover living expenses since 1 February 2021 (percent)

	Yes	No	Total
Union	**27.4**	**72.6**	**100%**
Household level			
Household without children	19.2	80.8	100%
Household with children (0-17)	31.2	68.8	100%
Household income below average	29.7	70.3	100%
Household income above average	22.2	77.8	100%
Individual level			
Highest education: primary or below	32.0	68.0	100%
Highest education: above primary	20.9	79.1	100%

Table A6.3: Used savings to cover living expenses since 1 February 2021 (percent)

	Yes	No	Total
Union	**46.1**	**53.9**	**100%**
Individual level			
18-30	53.5	46.5	100%
31-39	42.5	57.5	100%
40 and above	43.2	56.8	100%
Highest education: primary or below	42.8	57.2	100%
Highest education: above primary	50.8	49.2	100%

Table A6.4: Cut back on buying non-food items like clothes, phone credit, etc. to help cover living expenses since 1 February 2021 (percent)

	Yes	No	Total
Union	**76.0**	**24.0**	**100%**
Household level			
Household income below average	79.6	20.4	100%
Household income above average	69.6	30.4	100%
Individual level			
18-30	77.1	22.9	100%
31-39	82.3	17.7	100%
40 and above	72.5	27.5	100%

Table A6.5: Sold assets to help cover living expenses since 1 February 2021 (percent)

	Yes	No	Total
Union	**36.9**	**63.1**	**100%**
Household level			
Urban	42.4	57.6	100%
Rural	34.4	65.6	100%
Household without children	28.0	72.0	100%
Household with children (0-17)	41.1	58.9	100%
Male headed household	38.4	61.6	100%
Female headed household	29.4	70.6	100%
Household income below average	40.7	59.3	100%
Household income above average	31.8	68.2	100%
Individual level			
18-30	40.9	59.1	100%
31-39	42.6	57.4	100%
40 and above	31.9	68.1	100%

Table A6.6: Gender of owner of assets sold since 1 February 2021 (percent)

	Man	Woman	Joint Ownership	Total
Union	**9.8**	**27.3**	**62.9**	**100%**
Household level				
Urban	9.1	44.6	46.2	100%
Rural	10.2	17.5	72.3	100%
Household without children	4.6	36.7	58.7	100%
Household with children (0-17)	11.4	24.5	64.1	100%
Male-headed household	10.4	24.3	65.3	100%
Female -headed household	3.5	61.1	35.4	100%
Household income below average	11.8	22.6	65.6	100%
Household income above average	5.9	36.7	57.4	100%
Individual level				
Married	10.1	23.5	66.4	100%
Not married	8.9	39.9	51.2	100%

Table A6.7: Gender of household member who took a loan since 1 February 2021 (percent)

	Man	Woman	Jointly	Total
Union	**12.4**	**63.2**	**24.4**	**100%**
Household level				
State	19.6	47.3	33.1	100%
Region	9.7	69.2	21.1	100%
Urban	4.5	70.5	25.0	100%
Rural	15.5	60.4	24.1	100%
Male headed household	13.4	59.9	26.7	100%
Female headed household	3.5	91.6	4.9	100%
Individual level				
Married	14.3	57.5	28.2	100%
Not married	6.0	82.7	11.3	100%

Table A6.8: Gender of household member whose savings have been used since 1 February 2021 (percent)

	Man	Woman	Jointly	Total
Union	**10.4**	**23.4**	**66.2**	**100%**
Household level				
Male headed household	11.0	19.8	69.2	100%
Female headed household	5.0	55.5	39.5	100%
Individual level				
18-30	17.3	25.6	57.1	100%
31-39	8.1	21.2	70.7	100%
40 and above	6.0	22.6	71.4	100%
Highest education: primary or below	6.4	20.8	72.8	100%
Highest education: above primary	15.2	26.5	58.3	100%
Married	10.2	19.1	70.7	100%
Not married	10.8	36.0	53.2	100%

Table A6.9: Gender of household member who has cut back more on non-food purchases since 1 February 2021 (percent)

	Man	Woman	Jointly	Total
Union	**17.8**	**36.2**	**46.0**	**100%**
Household level				
Male-headed household	14.8	3.7	48.2	100%
Female-headed household	8.7	56.1	35.2	100%
Household income below average	13.3	36.2	50.5	100%
Household income above average	14.6	46.2	39.2	100%
Individual level				
Highest education: primary or below	15.9	34.0	50.1	100%
Highest education: above primary	11.6	46.3	42.1	100%
Married	15.6	34.3	50.1	100%
Not married	9.6	53.6	36.8	100%

Table A6.10: Household earnt income from jobs before COVID-19 began in March 2020 (percent)

	Yes	No	Total
Union	**93..1**	**6.9**	**100%**
Household level			
Urban	95.8	4.2	100%
Rural	91.9	8.1	100%
Household without children	87.5	12.5	100%
Household with children (0-17)	95.8	4.2	100%
Top 100 violent/conflict townships	89.6	10.4	100%
Township with less violence/conflict	96.8	3.2	100%
Household income below average	90.4	9.6	100%
Household income above average	98.0	2.0	100%
Individual level			
18-30	96.5	3.5	100%
31-39	97.3	2.7	100%
40 and above	89.1	10.9	100%
Highest education: primary or below	91.2	8.8	100%
Highest education: above primary	95.9	4.1	100%

Table A6.11: Household earnt income from jobs before 1 February 2021 (percent)

	Yes	No	Total
Union	**85.3**	**14.7**	**100%**
Household level			
Urban	88.5	11.5	100%
Rural	83.8	16.2	100%
Household without children	80.9	19.1	100%
Household with children (0-17)	87.4	12.6	100%
Household income below average	81.5	18.5	100%
Household income above average	92.9	7.1	100%
Individual level			
18-30	89.5	10.5	100%
31-39	90.0	10.0	100%
40 and above	80.5	19.5	100%
Highest education: primary or below	83.4	16.6	100%
Highest education: above primary	88.1	11.9	100%

Table A6.12: Household currently earning income from jobs (percent)

	Yes	No	Total
Union	**83.6**	**16.4**	**100%**
Household level			
Urban	89.9	10.1	100%
Rural	80.6	19.4	100%
Household income below average	77.2	22.8	100%
Household income above average	95.4	4.6	100%
Top 100 violent/conflict townships	79.3	20.7	100%
Township with less violence/conflict	87.9	12.1	100%
Individual level			
18-30	90.1	9.9	100%
31-39	90.2	9.8	100%
40 and above	76.4	23.6	100%
Highest education: primary or below	80.6	19.4	100%
Highest education: above primary	87.8	12.2	100%

Endnotes

[1] https://www.worldbank.org/en/news/press-release/2022/01/26/economic-activity-in-myanmar-to-remain-at-low-levels-with-the-overall-outlook-bleak
[2] https://sim.oecd.org/Default.ashx?lang=En&ds=SIGI&d1c=seasi&cs=seasi
[3] https://www.who.int/violence_injury_prevention/violence/gender.pdf
[4] https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A_HRC_CRP_4.pdf
[5] https://www.globaljusticecenter.net/files/20200710_MyanmarPOVAWlawAnalysis.pdf
[6] https://www.mm.undp.org/content/myanmar/en/home/library/poverty/mlcs-2017-poverty-report.html
[7] https://www.asia-pacific.undp.org/content/rbap/en/home/library/sustainable-development/myanmar-people-pulse-survey-report-2021.html
[8] https://www.asia-pacific.undp.org/content/rbap/en/home/library/sustainable-development/impact-of-twin-crises-on-human-welfare-in-myanmar.html
[9] Forty-nine respondents refused to provide information on household income.
[10] https://omaha.com/news/national/govt-and-politics/un-envoy-year-of-violence-has-hardened-positions-in-myanmar/article_639645d3-784b-5861-baa7-9e7fedfcc113.html
[11] https://www.aljazeera.com/program/101-east/2021/6/16/myanmar-state-of-fear. Video, quote taken from 14th minute.
[12] https://acleddata.com/#/dashboard ACLED tracks media reports of violent events against civilians and the number of civilian fatalities. The methodology used to create the CVVI follows the best practice as outlined in the OECD handbook on constructing composite indices.
[13] The CVVI does not include sexual violence partly because of the extremely limited reporting on sexual violence available on township level through mechanisms such as ACLED.
[14] https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/07/report/conflict-related-sexual-violence-report-of-the-united-nations-secretary-general/2019-SG-Report.pdf
[15] PPSoGS and Women living under the pandemic and military rule survey have differing methodologies, so comparisons should be made with care.
[16] Asking the people of Myanmar: Public Perception Survey of Government Services | UNDP in Myanmar. Report not released.
[17] Measuring the shadow pandemic: Violence against women during COVID-19 | UN Women Data Hub
[18] CERF releases $25M for women-led projects battling gender-based violence | CERF (un.org)
[19] https://data.unwomen.org/country/myanmar
[20] Myanmar Demographic and Health Survey 2015-16.
[21] https://www.frontiermyanmar.net/en/the-problem-with-staying-at-home-covid-19-and-domestic-violence/
[22] This attitude question would ideally have been worded: "Some people in Myanmar think that there has been more beating, slapping, or punching between family members since COVID-19 began in March 2020, others think there has been less and others think there has been no change. What do you think?" but the challenging situations being experienced in Myanmar data collection means the question had to be shortened.
[23] https://www.asia-pacific.undp.org/content/rbap/en/home/library/sustainable-development/impact-of-twin-crises-on-human-welfare-in-myanmar.html , p. 13
[24] https://www.international-alert.org/locations/myanmar/
[25] Comparisons should be made with care as the DHS used face-to-face interviewing and will have other methodological differences.
[26] https://www.nytimes.com/2021/07/15/world/asia/myanmar-covid-oxygen.html
[27] https://news.un.org/en/story/2021/09/1100752
[28] https://data.humdata.org/dataset/myanmar-attacks-on-aid-operations-education-health-and-protection
[29] Respondents were asked, "Have any of your household members died from COVID-19? (Please consider the number of household members in March 2020 when COVID-19 began)." The answer categories were 'Yes' or 'No' and women in 1.2 percent of households reported 'Yes'.
[30] With 18 female and 22 male COVID-19 deaths in the data, analysis by gender is not meaningful.
[31] The few respondents who stated that they did not want to take the vaccine because it is supplied by the State Administration Council (SAC) of Myanmar, are included in the category 'Other'.

[32] **Online** Information, Education and Communication (IEC) materials provided by NGOs and women-led organizations are captured in **non-government social media**. If the IEC material is paper-based, it is not captured in either of the surveys.
[33] https://myanmar.unfpa.org/en/node/15221 https://www.dop.gov.mm/sites/dop.gov.mm/files/publication_docs/policy_brief_on_maternal_mortality.pdf
[34] Information based on the Minimal Initial Service Package (MISP) calculator based on the population of Myanmar.
[35] During the interview, women were asked reasons why they had not received two doses of a COVID-19 vaccine. One-hundred-fifty-one women mentioned that it was because they were currently breastfeeding or pregnant. This group was analysed.
[36] https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19
[37] https://www.undp.org/press-releases/covid-19-will-widen-poverty-gap-between-women-and-men-new-un-women-and-undp-data
[38] https://data.unwomen.org/features/covid-19-boomerang-poverty
[39] Myanmar Living Conditions Survey (MLCS) 2017 Poverty Report
[40] https://www.asia-pacific.undp.org/content/rbap/en/home/library/sustainable-development/myanmar-people-pulse-survey-report-2021.html
[41] https://www.asia-pacific.undp.org/content/rbap/en/home/library/sustainable-development/impact-of-twin-crises-on-human-welfare-in-myanmar.html
[42] HVS records whether income fell **since March 2020**. People's Pulse and Impact of COVID-19 and the military takeover on women survey **since 1 February 2021.** For the Impact of COVID-19 and the military takeover on women survey, household income is reported only by women. The HVS and People's Pulse interviews were taken 50/50 with women and men. Examining for gender differences in the reporting of household income in both the HVS and People's Pulse found no statistically significant differences.
[43] Annex 2 provides further detail on the construction of Figure 6.5.
[44] In the Impact of COVID-19 and the military takeover on women survey, these strategies are reported only by women; in the other surveys, they are reported by men and women. To examine whether gender affects the responses, the data for People's Pulse was analysed based only on women's responses and the results are shown in Annex 2. The differences are small and the trends remain the same.
[45] Other assets sold include seven cars, four bicycles, two water pumps, three tuk-tuks, five farmlands, five mobile phones and four non-farmlands.
[46] Questions asked only whether there was an adult man in the household.
[47] https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar_Report_on_Economic_Fallout_-_Apr_2021.pdf
[48] https://www.internationalaffairs.org.au/australianoutlook/walking-the-tightrope-humanitarian-assistance-in-myanmar
[49] https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19
[50] https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women
[51] https://www.lift-fund.org/en/myanmar-forced-labour-study-rice-paddy-industrial-park
[52] https://www.ilo.org/yangon/publications/WCMS_814681/lang--en/index.htm
[53] https://www.reuters.com/article/us-myanmar-politics-ilo-idUSKBN2B71GC
[54] https://www.frontiermyanmar.net/en/desperate-job-seekers-an-easy-target-for-scammers/
[55] https://interactive.unwomen.org/multimedia/explainer/unpaidcare/en/index.html
[56] https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women
[57] No statistically significant variation among the nine groups.
[58] https://unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2016/WS/WP19_UNECE_Willis.pdf
[59] Ninety-one potential interviews were lost due to the language barrier. This included Chittagonian speakers in Rakhine, and some potential respondents from Chin and Shan. There was a Rakhine interviewer in the team who conducted interviews in the Rakhine language. If respondents could not speak Bamar or Rakhine, they were not interviewed; this includes a few cases from Kachin, Kayin and Mon.
[60] No statistically significant difference by gender for the reporting of using savings.

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