

**UNIVERSITY OF YANGON**  
**DEPARTMENT OF ANTHROPOLOGY**

**EDUCATION AND HEALTH EDUCATION**  
**IN SITPINQUIN VILLAGE**  
**THANLYIN TOWNSHIP, YANGON**

**SOE MOE NAING**  
**M.A. Anth.6 (2009-2010)**

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**By**

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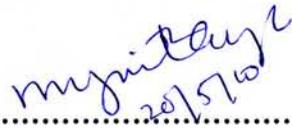
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## **Abstract**

The study of education and health education in Sitpinquin village reveals two facts: - the normal inter relation between education and health education vice versa, and the controversial issue of high enrolment rate loosed on the value of education and health unlike some developing countries.

To obtain the data, Focus Group Discussion (FGD), Interview: Street and informal interview In-depth interview and Key Informant Interview (KII), Observation and so forth.

Finally, this paper suggests that promoting of education and health is not only a family's concern but also a State's concern leads to the global concern.

Key-words: The direct approach, the indirect approach, GER, NER, formal education, non-formal education, informal education, system of education, Health, health education, school health education, community health, traditions and local practice, types of food, Myanmar Food Pattern.

## Introduction

“Education and Health Education (HE)” play the vital roles for every country. Likewise, they are also important in Myanmar. Some western scholars had pointed out that the difference of educational system between Yangon and Mandalay before 1988 is 5-year gap, and health security is low.

Actually, after 1988, the government has been trying its utmost effort to promote Myanmar Education System including building of schools, universities, colleges and upgrading them, initiation of Ph.D programmes and so forth.

From the health’s side, the government has been taking part in health security hands in hands with local communities as well as NGOs. Moreover, new hospitals were built and some present hospitals were upgraded by modern equipment. Again the participation of NGOs and international medical teams were allowed to some extent.

Therefore, the statement of western scholars makes controversial. To reveal the truth, Sitpinquin village was chosen as a study site because it was neither too near nor too far from Yangon. Nevertheless, Sitpinquin can be reached within two hours by normal public transportation. The private cars can be faster than that. It is approximately under 10 miles from the down-town, Yangon. Fortunately, it is full of the characteristic for research. The reason is that Sitpinquin village was selected because of coincidence with the primary characteristic on socio-economic factors. It is mainly under our frame of the thesis. It means that the gap of educational system between Yangon and Sitpinquin and the awareness on health education of Sitpinquin villagers from the point of medical anthropology, were intended to reveal.

The thesis is composed of ( 4 ) chapters under the title of “Education and Health Education in Sitpinquin village , Thanlyin township, Yangon.”

Before starting to write down the thesis, the six following objectives are focused. They are:

- To more understand that the difference between the educated persons and the uneducated persons as well as the white-collar workers and the blue-collar workers, and accepting “Knowledge is power”.

To participate the individual awareness on education and health, and activities of healthy living from self-care to community-health.

- To highlight the inter-connection between the value of education and health.
- To educate the local people: "Promote the education. Grace the citizens."
- To recognize the education as a passport which enable to enter to all corners of the world
- To remind the local people that the progress and process of education and health cannot build up within a short time.

## **Chapter (I)**

### **Research Methodology**

In study design is descriptive study design. In this paper, all of these data were composed of desk review and ethnographic field work. Desk review includes reviewing document on education and health care systems in Myanmar and other nations. The data collection methods includes Key informant interviews and in-depth interviews and focus group discussion (FGD).

#### **Data collection**

To obtain population censuses, it was collected from Village Peace and Development Council (VPDC) and to make sure, it was rechecked by the list of a local government nurse. Again, for the children's population, it was received by the nurse, as well. Regarding with the student's population, it was provided by the Headmistress of Excess Primary School (Sitpinquin)

#### **(i) Key informant interview**

Key informant interviews were individually done. Each key informant was chosen by local people, especially, he or she must be not only trustworthy and knowledgeable but also influenced on them. As a result, the presiding monk from the Sitpinquin monastery, the oldest knowledgeable and trustworthy person, the Headmistress of Excess Primary School (Sitpinquin ) and the local government nurse.

#### **(ii) In-depth interview**

In- depth interviews have been done there. Under some circumstances, those whose were passers-by in the center of village near and far, motor cycle taxi drivers, the shop-keepers and sellers were used as interviewees.

#### **(iii) Focus Group Discussion**

Focus Group Discussion (FGD) was done 7 times in Sitpinquin village. Under the arrangement of a chairman of village Peace and Development Council (VPDC), first, the group of chairman (VPDC) and his members were done, by focus group discussion at the office of VPDC.

Second, pulse farmers were gathered there and did FGD regardless of gender issues. Those whose were not free allowed to come ladies to participate.

Third, FGD performed the group of shop-keepers in the center of village to get to know and compare the food system and diet patterns at the shop there. And, to obtain the community-awareness on health and health education, some villagers, motor cycle taxi drivers including shop-keepers were requested to take part in FGD for another two times. One is for only gentlemen, and another; for ladies only.

Next, at the oldest gentleman's house, some resource persons were gathered and performed FGD to listen the community's voices on the matter of health and health education.

Then, in regarding to education only, FGD was done to the teachers and the headmistress of Sitpinquin at the school, and know their needy.

### **Data Analysis**

Due to the small amount of the intended population and no complicity on education and health education in that area, data analysis needs not to be calculated by computer and computer software like SPSS programme and etc, but merely done by manual.

## CHAPTER (II)

### BACKGROUND OF RESEARCH AREA

The lack of information for Sitpinquin village, the current research area can be attributed to the wide-range reference.

#### (1) History of Sitpinquin Village

Local people said that there are two different versions for naming Sitpinquin. First, Sitpinquin is "War-free Zone". It was named after some kind of demilitarized zone during the series of Anglo-Burmese war I-III.

Secondly, Sitpinquin means 'the field which Sitpin, Elephant grass (Biological terms: *Saccharum arundinaceum* Gramineae) was grown. 'Whichever version possesses its meaning. However, older people prefer the first version to the second version. It has been a long history since over 100 years, Myanmar monarch days. At that time, it was a small hamlet, said the local oldest people.

The choice of site was taking into consideration of these facts as follows:

- (i) Size: The average village size was found to be (561) households. For some purposes, an anthropologist can perform his or her research fully in a single village to attain the data.
- (ii) Ethnic Composition: the village has no ethnic complexity. Fortunately majority are real Myanmar, and very few are Myanmar-Chinese and Indian. The percentage of composition is 99% for Myanmar and less than 1% for Myanmar-Chinese and Indian.
- (iii) Location and security: The village currently located along Yangon- Thonegwa-Kayan road directly, after constructing Yangon-Thanlyin Bridge. In olden days, it could be reached by land-route via water way crossing the Bago River and the east bank of Bago River. Due to the difficult accessibility, it took time by water- way to arrive at the down-town Yangon. On the other hand, it was free from the outside influence. Naturally, it was driven about a mile from the main road and thought to be

isolated. However, it firmly keeps control of peace, solidarity and tranquility.

- (iv) **Local Authority:** Local authority including a resident headman had been selected by the community as well as the presiding monk, and used to be recognized by the government. They are responsible for collection of the land revenue and microfinance matter of the government, and local security .
- (v) **Occupation:** The village consists of mostly paddy farmers in the rainy season, some poultry farmers, some drivers of motor - cycle taxi and a few fishermen. Among paddy farmers, there are considerable gap between land-owner and land-user or land-borrowers. For this reason, although there is no pawn shop legally in the area, money lenders take opportunity for lending money with high-interest rate. Likewise, some paddy farmers grow pulses in the hot reason (summer).  
Nevertheless, it learnt that the beans and pulse farmers had experience the financial crisis in Nargis cyclone of 2008 and global financial recession of 2009.

## **(2) Geographical Setting**

The village lies in the plain and similar latitude of Yangon in a straight line. It is composed of paddy fields crossed by a river-let. It is used not only as water - supply for the paddy fields in rainy season but also as a boundary-line between Sitpinquin village and Bayet village .There is a wooden bridge connecter between two villages. In summer, the river-let is filled with full of husk of paddy and made dead water, dammed the river-let. It can be the birth-place of mosquitoes and leads to affecting malaria later on. Types of land in Myanmar can be categorized into cultural land and urban land: free hold land, lease land, permit land, squatter, trespasser, land of religion, and state-owned land.

## **(3) Communication and Transportation**

Myanmar's recent economic growth, particularly in Yangon has placed a strain on the country's telecommunication system. Myanmar's today communication system is inadequate to meet the needs of an expanding economy and the Government

is looking for foreign joint venture partners. In particular, the government is looking for joint venture partners in the fields of telecommunication alternatives especially mobile phones, paying systems and satellite systems, all of which are open to the private sector.

Whilst other countries have had to move step by step through the various stages of telecommunication development, Myanmar is unclustered and can more straight to advanced technology. Specially opportunities are available to foreigners willing to bring in technology in the fields of "internet" and mobile phones.

Expect mail, it is difficult to communicate. With the advancement of mobile phones, it becomes accessible more or less. There is a pay-mobile phone in the centre of Sitpinquin village in the whole village. Nevertheless, this mobile phone was brought to the Kyaikkhauk pagoda to do business in the festival season. No line phones and public access internet centers could be found there. Those who can afford to buy mobile phones buy the mobile phones and use them privately. For easy communication, local people must aware of the introduction to various mobile phones, fixed phone and card phone as well as government's assistance.

The best and easy way to travel around Sitpinquin is by land-routes nowadays. With the help of Yangon-Thanyin Bridge, it can reach to the center of town Yangon by easy land-routes within a short time. Although land-routes become easy, it is not so good for public transportation sector. For the public transportation, the government provides the coaches till the University of East Yangon thereafter called "Tawa University", and the committee of traffic control (Ma-Hta-Tha) and local co-operative services or veterans arranges, the coaches, mini-buses, express Hilux cars. However, most of the time, these buses are crowded with many passengers like a sardine and become scare after 3pm.

#### **(4) Population**

The population of Sitpinquin village is 2356 persons. There are slight difference in sex ratio and sex ratio of male and female covers 1173:1183. Among them, above 18 years (male: female) consists of 709 :704 and under 18 years (male : female); 464 :479. The oldest person in Sitpinquin village is U San Wai who is 89 years old.

Thus, unlike the developed countries, the population pyramid is not upside down but normal position. The children under 18 years are 943 persons, working force adults (18-60 years); 1380 persons and elderly persons : 33.

**(5). Patterns of Housing**

There are 150 houses in Sitpinquin Village Out of 150 houses, 10 houses are pucca or semi-pucca buildings with conjugated zine roofs, 50 houses; timber houses with conjugated zine roofs, and 90 houses; bamboo houses with thatch roofs.

Although the over-head electric cables has passed through over paddy-fields of outer Sitpinquin village, there is no electric supply there. Therefore, the house from neighbouring village called Bayet supplies the electricity to both Bayet and Sitpinquin village by its own generator. Every day 3-hours electric supply from 7 pm till 9 pm costs 150 kyats per day. Those who afford to buy a generator (3 houses) use their own, and the limited houses. The Majority pass through their night by candle lights.

**(6). Operational Definition**

The terms are used in this paper, "education" means "the education in Sitpinquin village, specially, the education of excess primary school which is the students ranging from Grade V to Grade VIII (Primary to the Seventh Standard) attending and learning there. Educational attainment can be measured in part by Literacy Rates, Gross Enrolment Rate (GER)<sup>1</sup> Net Enrolment Rate (NER)<sup>2</sup>, Primary school Entry Rate<sup>3</sup>, Retention Rate<sup>4</sup>, Drop-out Rate, Reasons for Dropping out of school, percentage of certified teacher, numbers of schools and universities/colleges, graduate skills and life-skills.

Again, "health education" is defined that inter school health activities as well as community health in Sitpinquin village, including public health from the aspect of medical staff and from the point of non-medical staff and local practitioners. Health indicators include cases of malnutrition, immunization coverage, water and sanitation facilities, family planning acceptance, mass cover health (MCH) utilization, some morbidity indicators and cases of low birth weight.

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1) GER : proportion of children under 15 who are currently enrolled in primary school out of the total number of

primary school age (5-9 years) children. The value of gross enrolment exceeds 100 when children over 9 years of age are still of primary level.

- 2) NER : proportion of children of primary school-age currently enrolled in primary school.
- 3) Primary school Entry Rate : proportion of children of primary school entry age (may be determined for 5, 6 or 7 years olds) who are currently attending kindergarten.
- 4) Retention Rate : proportion of children entering kindergarten (first year of primary school) whom eventually reach 4<sup>th</sup> Standard (last year of primary school).

## CHAPTER III

### EDUCATION

As education becomes more humane, more a matter of the impact of personality on personality than of text-book on student, the personal influence of the Headmaster or Headmistress grows in importance. We must encourage the interest of the whole community in the education of its children.

M.L. Jacks, Total Education

#### (1). **Local Perception on Education**

Local community should be encouraged that education is essential to proper's and prosperity and is a lifelong effort or process as well as continuous learning. Again, public education promotes equality.

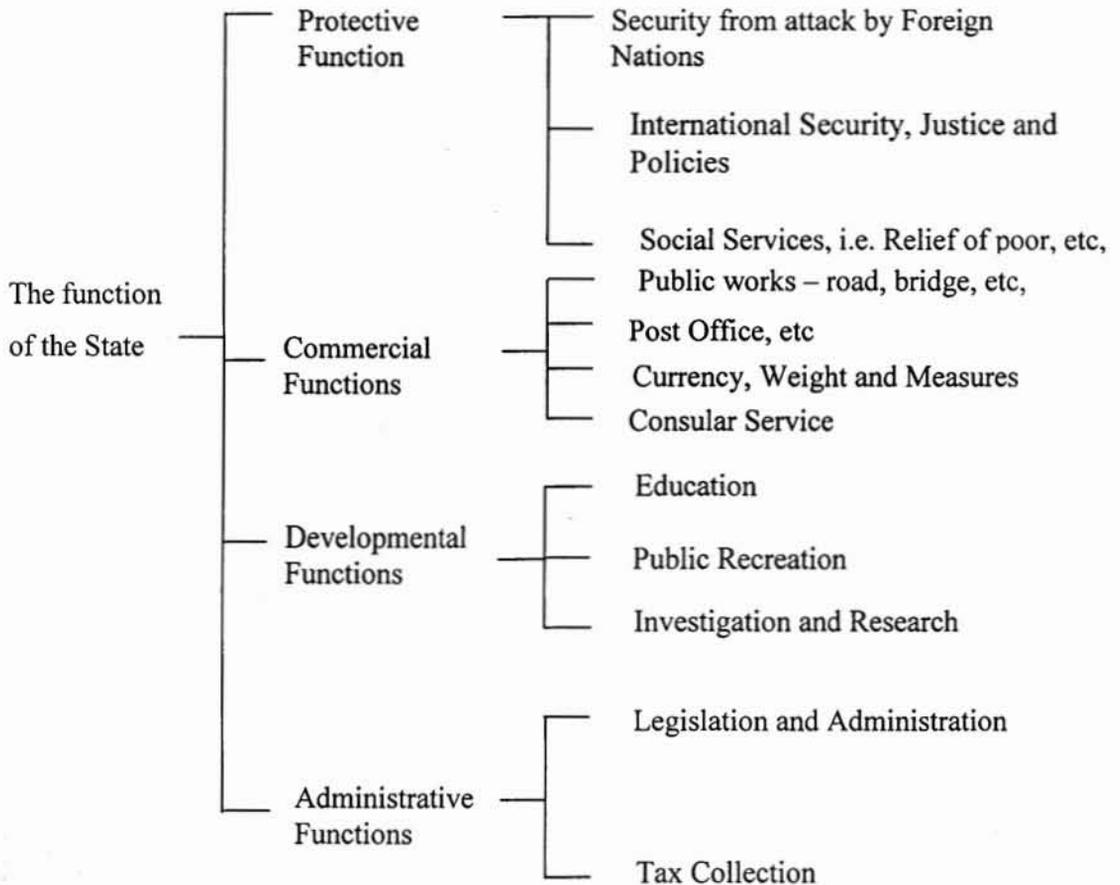
A school has affiliations on the one side with the family and on the other side with the State. The school may be able to point the way to better institution. The schools can assist in training for citizenship by means of two approaches:-

- (i) The **“direct approach”** – actual lessons: current affairs, civics, citizenship, social science, economic and so forth can be given to arouse a sense of obligation.
- (ii) The **“indirect approach”** - it can educate through the normal subjects of the curriculum.

Teaching about citizenship rather than training for citizenship and “training” is a wider term than “teaching”. Actually, no training for citizenship can be equal to that gained by living in a community. Communities, whose member lives together, work together, play together, learn how to give and take, and shoulder at least some share of governing themselves.

Life in a good school does give many opportunities for the growth of public – spiritedness, and public spirit is a more nature quality than team spirit. However, team spirit is a valuable education ideal up to a point; beyond that point, it cases to be an asset and becomes a liability. To establish team building, there must have been these facts: trust, transparence, awareness, co-operation and co-ordination (TTACC).

In brief, local people thought that education is merely for 3R'S (Reading writing and Arithmetic). They lack a sense of lifelong learning, of citizenship of team spirit or community, of common value, of sharing and shared purpose, and of achievement. There are four functions of the State administrative, commercial, protective and developmental. Among them, education consists of developmental function and health; protective function. The under mentioned table makes one more clearer.



Thus, every citizen can aware these functions of the State, and conversely by the rights and responsibilities of individuals being educated. As a result, for the local people, education can be used as a tool of eyes-opener for the life.

The enrolment of Excess Primary School (Sitpinquin) is considerably high. Nevertheless, the low level of educational attainment by the people of sitpinquin is characteristic of low-awareness on education. There is tow factors:-

- (1) Economic concerns, and
- (2) The meaning of education and its value

### (1) **Economic concerns**

The economy of Sitpinquin had been in good condition till 1990s because the government introduced the open-door policy and practiced the market-oriented economy. As a result, although the gap between the rich and the poor, the class-stratum is considerably huge, the local people could sufficiently survive to some extent because of high-price of paddy as well as pulse.

In next decade, the economy of Sitpinquin has been decreasing. Consequently, local people paid more attention on economy than education. In the same vein, businesses of garment factories are booming again. Moreover, the global financial crises or recession arouse all over the world and the Nargis cyclone of 2008 severely destroyed in the delta region and Sitpinquin village, too. Under these circumstances, the poor parents quit their children and make them work at the garment factories. They misconsidered that their children can stand their own legs if they only know the level of 3R's, namely reading, writing and arithmetic. Thus, high drop-out rate leads to the low level of educational attainment in Sitpinquin village.

### (2). **The meaning of education and its value**

Education, Dewey stated that, is the necessity of life, that is education is not just learning in school but learning through life.

Again, Herbert Spencer said, "Education is a preparation for complete living which means to prepare a person to be able to lead a complete or fuller life.

Education is not enough to learn the 3R's, namely reading, writing and arithmetic. The process of education involves teacher, pupil and subject-matter. These three factors form the Eternal Triangle of Education.

Thus, for teachers, educational Psychology should be known at least. Educational Psychology is an applied Psychology to education since it applies the knowledge of Psychology to education. It is concerned with understanding, predicting, and controlling human behaviour in situations that involve learning, growth and adjustment. Especially, educational Psychology is concerned with:-

- (i). Problems of behavior
- (ii). Problems of learning, and
- (iii). Problems of individual differences.

Moreover, teachers ought to possess the leadership skill to influence on his or her colleagues, pupils as well as local people. Likewise, Buddha, Himself, is not a

religious leader but an educator. Therefore, all teachers including teachers of the school (Sitpinquin) should persuade the local people and explain them the value of education, as well.

The developments of a nation depend on first and foremost on the progress of its people. In order to build up human capital more than human-resource, human potentialities and their spirit: ethics and morals, education plays the vital role in much else-materially, economically, politically or culturally.

## (2) Types of Education

Today, type of education system in Myanmar can be categorized into three:

- (2.1) Formal Education
- (2.2) Non-formal Education, and
- (2.3) Informal Education

Nevertheless, no non-formal education like monastic schools, community schools, and private schools found in Sitpinquin village. Although Sitpinquin village is normally more larger than the near-by village called Bayet village, the villagers from Bayet much more encourage the education more than the villagers from Sitpinquin. Despite having the primary school only in the Bayet village, it is better than school of Sitpinquin.

Normally, Myanmar's school are composed of a standard education with five years of compulsory primary(school) education starting from school-going age of five years old till ten years old, ranging from Grade-I (hereinafter called "Thu-Nge-Tan") to Grade-V (The Fourth Standard), four years of middle school education; at the age of ten till fourteen years old, ranging from Grade-VI (The Fifth standard) to Grade-IX (The Eighth Standard), and two years of high school education; age-grade between fourteen to sixteen years old from Grade-X (The Ninth Standard) till Grade-XI (The Tenth Standard). These grades are called Basic Education. During the British colonial days, Grade-XI was called as Matriculation class. In other words, the combination of middle school education and high school education is usually named as secondary education in some foreign-countries. However, it is not so popular in Sispinquin village as well as in Myanmar (See in Fig.1).

In short, Basic Education is 5-4-2 system practiced by every government school. After passing the Grade-XI one can apply for the universities and attend the

universities concerned according to their marks of Grade-XI. Nowadays, the university-graduates have been found in Sitpinquin.

The first school in Sitpinquin village was established at Daw Pwa May's house around hundred years ago. Then, the present school was founded at the present location in 1900. During the Nargis cyclone in May 2008, the school was severely collapsed. In consequence the school was moved and temporarily opened in the monastery. Therefore, villagers assembled a meeting to rebuild the collapsed school and to raise the fund. Fortunately the main building of the school was donated by two tour companies: Seven Star Tour Company and Journey Travel Company and the annex was rebuilt by the one of the non-government organization, "World Vision". Although the construction of the school has recently completed, there has not been any partitions class to class. It is, therefore, difficult to concentrate to their lectures. Likewise, the toilets were not good enough to use for the students.

Notwithstanding, since the school in Sitpinquin is merely designated as the Excess Primary school (in Myanmar local people called "Mu-Lon") by the government, Grade IX has not been allowed to teach yet. This access becomes an advantage of opportunity around the villages. The students who have passed the Grade V from these villages mostly enroll and attend this school. The minority who can afford and spend some amount of money and who do not move again after passing the Grade VIII to join to the High Schools in Thanlyin or Kyauktan township to open their learning in the Primary school of Sitpinquin.

The Excess Primary school of Sitpinquin is situated at the fork-junction between Sitpinquin and Bayet villages. There are thirteen teacher and all are women. The name of head-mistress is Daw San San Tint from South Okkalopa Township in Yangon.

Unbalance of teacher's capacity to the students, almost every teacher including head-mistress, herself, are teaching more than one subject. Among them, three teachers are from Sitpinquin village and other: in Yangon near or far. Three teachers are in Sitpinquin, and others; in Yangon, near or for. Three teaches from Sitpinquin village but not from the school of Sitpinquin, go and teach in other schools. Despite there are no male-teachers, there are five male members in the school committee and the parents. The reason is that, except allocation of teachers by government, local authority's members are normally males.

The local people and the teachers want to promote the school as a middle school. The local authorities have tried to promote it since the management of previous head mistress, but it was all in vain and they did not know why. The new head mistress would like to do this again. What she said is that to promote the school as a middle school needs an extension for Grade IX with fully furnished furniture as well as two more teachers to pay some salary. To pay some salary for two more teachers is within her reach but need some support from the local people and their co-operation. She added that she intends to fix the ceiling and prepare the roofs if she receives the sufficient grant this year. She also wants to have the tube-well dug because everyone in Sitpinquin village is drinking unsafe water from unprotected ponds in the village. Having dug the tube-well, the safe and clean water can be brought by the hand-pump only. Thus, the possession of tube-well is a great merit for region. Nevertheless, the text-books are luckily abundant.

There has a population of 2356 persons in Sitpinquin village and the person above 18-year old are 709 in male and 704 in female, the persons under 18-year old; 464 in male and 479 in female. The students are 343 persons, out of 2356, and from Grade I to Grade VIII. (See in Fig: 2) They all are the students population in 2009-2010 academic year. To be more specific, the primary students (from Grade I to Grade V) are 123 persons, and the secondary students (from Grade VI to Grade VIII); 217 persons. The enrolment of males and females for each grade in 2009-2010 is shown in figure-2.

As universal primary education has become compulsory in almost all over the world, primary education in Myanmar including Sitpinquin village, as well is a must. Even if the enrolment-rate is considerably high, but there have still been approximately 20 children who were not sent to the school in their school going age in Sitpinquin village in 2010. The reason is that parents who cannot afford their children's school expense do not want to send entirely their children to the school despite unofficial universal primary education or some students become drop-outs. Under the management of this new head mistress in academic year (2009-2010), the drop-outs rate remains unchanged and is about 10 percent, around 30 students. On account of this, the rate of the students who failed in their examination is very rare, and most of the rest of the students, themselves, are hard-working or supported by their mothers in every way.

Having been increasing drop-out's rate, there are two major reasons:

- (1) economic concerns, and
- (2) no class for Grade IX in Sitpinquin village

For reason (1), local community should support and co-operate with the parents and the teachers. They should try to find the way which can overcome these economic problems or concerns.

For reason (2), to enable to teach Grade IX, with the assistance of local authorities concerned and the teachers, everyone should participate about it.

Almost every villager in Sitpinquin wants three things:

- (1) to install electric line and electric-supply
- (2) to pave the lane leads to Sitpinquin village, and
- (3) to promote the school to middle school

They believe that in the possession of middle school, they can be proud of the educational status of the village. What they said is the vast difference between Grade VIII and Grade IX because those who passed Grade IX can control themselves without any help from their parents to go to school in towns ( State High School No.1, Thanlyin or in Kyauktan township ), and become Grade X to attend. After they have attended there for two years, and passed Grade XI, they can join the colleges or universities.

To come to Grade XI, one should have firm foundation on education. In order to fulfill this, two nursery schools (pre-schools) have been being run by the retired governments teachers and the graduates when the children come to the school going age, most children are sent to school by their parents. However, there were some drop-outs rate after passing Grade V and considerable drop-outs rate after Grade VIII or Grade IX. Most drop-out students after Grade XI either get married or work in the garment factories. Both sexes-boys or girls can work in these garment factories, but boy's salary is less than girl's because girls are tailors and most boys; general labourers. That is the dark-side of education in these days. There is a coin on both sides: negative side and positive side.

For advantages, with all-round development of Thanlyin and Kyauktan region after having been built the Yangon-Thanlyin Bridge, it gets the easier accessibility and tourism industry to Thanlyin and its environment is much more flourished. Moreover, Thanlyin golf-club, Thanlyin industrial zones, University of East Yangon (Locally, Tarwa University) and university of Marine Technology have been

established. Consequently, more university-students can produce from Sitpinquin village. As a result, there have been fifteen graduates in Sitpinquin village alone. In addition, some children want to attend to the University of Marine Technology and become sea-men. A school culture reflects social and intellectual values.

Therefore, the best single indicator of a country's wealth in human resources is directly proportionate to its young children enrolled in secondary schools. Nevertheless, education alone is not sufficient to assure a nation's prosperity without having the healthy people who belong to the mental and physical health.

### **(3). System of Education in Sitpinquin Village**

Although no non-formal education like monastic schools, community schools and private schools has set up in Sitpinquin, both formal education and informal education system have found there.

In-formal education like growing paddy and pulses, fishing, feasting to the Nats(Spirits) on special occasions and so forth passes down generation to generation.

Formal education has set up in Sitpinquin for about 80 years. It was started as a primary school.

Again, it has recently promoted to Excess primary school in 2000.

After Nargis Cyclone of 2008, the school was severely damaged by cyclone, and the walls of the school was collapsed down it was rebuilt in 2009.

With the help of sponsors: U Win Cho and his wife Daw Nwe Nwe Aye from Bayet villager, two tourism companies: Seven Stars Tours and Journeys Nature Culture Explorations.

#### **(3.1) One School, One Classroom**

The Excess Primary School (Sitpinquin) is at the junction of Sitpinquin and Bayet village.

Almost all of the students are from these two villages. The area of the school is approximately one acre and the building is L-shaped. In front of the school is open yard erected a flag-staff, and there are a single toilet and four double-toilets at the back of the school.

Although the main building is used as the classrooms, there is no partition among classes.

Thus, the classes are from Grade V to Grade VIII in a row without having any partitions. While all classes are teaching at the same time, the students might have been difficult to concentrate their lessons properly. Therefore, the school of Sitpinquin seems one school, one classroom.

### **(3.2) Different Subjects, Same Teacher**

Myanmar's schools have a standard education curriculum with five years of compulsory primary education, but not universal primary education and another six years in secondary education. All students are required to attend school beginning from the age of five.

Myanmar had 23 universities in the year 1993/1994, seven Degree colleges in the year 1993/1994, 10 two-year colleges in the year 1993/1994 having 260, 277 students and 6, 696 teachers.

In addition, there are 142 technical and vocational schools with 31, 164 students and 2, 342 teachers. There is also an academy for development of national groups with 964 students and 92 teachers. There are 36, 499 primary school: 2, 062 middle schools and 858 high schools.

Currently, there are 166, 412 basic education teachers, teaching 8.15 million basic education students, which gives Myanmar 93% literacy, one of the highest literacy rates in the Far East.

In the government data of 2010, there are 159 universities colleges with over 11,800 university/ college teachers and over 450,000 university college students in Higher Education.

In basic education, there are over 40,700 schools with over 266,000 teachers and over 8,000,000 students. The Excess Primary schools come to over 6,500.

The Excess Primary School (Sitpinquin) is one of the school in Myanmar, and out of 166,412 basic education teachers, there are 13 teachers including a headmistress there.

Moreover, the school can hold approximately 400 students, and there are 384 students in academic year of 2009-2010.

The headmistress of the Excess Primary School (Sitpinquin) is Daw San San Tin. She is from South Okkalapa, Yangon. Due to the difficult public transportation, she has been currently living in the annex of the school. In balance ratio of teachers

and, students (13:384), not only 12 teachers but also the headmistress, herself, teaches the students.

Consequently, each teacher teaches more than one subject, same teacher for different subjects.

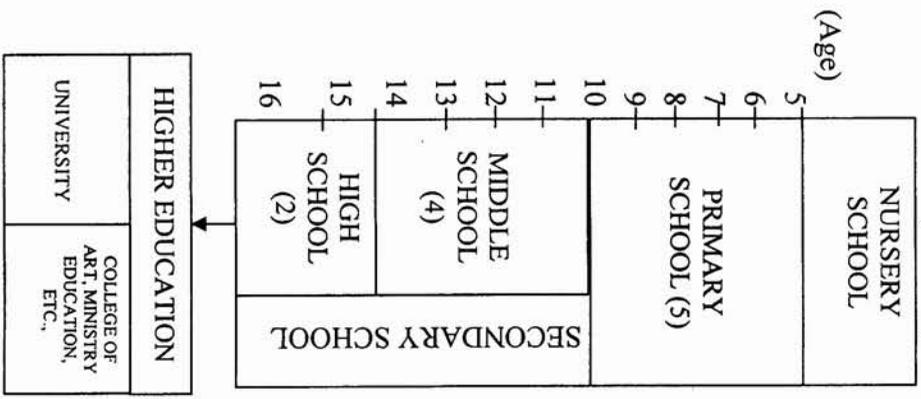
### **Duties of Parents**

It is the duty of parents to see to the welfare of their children. According to the sigalovada sutta, there are five duties that should be performed by parents:-

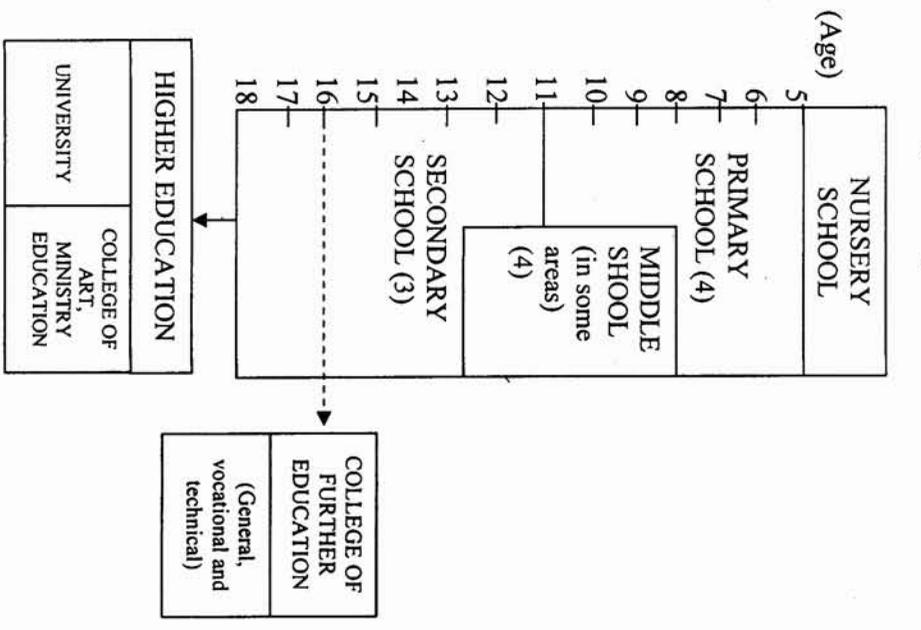
- There first duty is to dissuade children from evil.
- The second duty is to persuade them to do good.
- The third duty is to give the children a good education.
- The fourth duty is to see that they are married to suitable individuals.
- The last duty is to hand over to them, at the proper time, their inheritance.

Parents in modern society: One of the saddest things about modern society is the lack of parental love which children in highly industrialized counties suffer from. Thus, both the government and parents enforce the world conference on education for all (EFA) held in Thailand in 1990 and should co-operate to appear the Universal Primary Education all over the world including Myanmar.

Myanmar Education System  
(5-4-2)



The British Education System  
(4-4-3)



The American Education System  
(5-4-3)

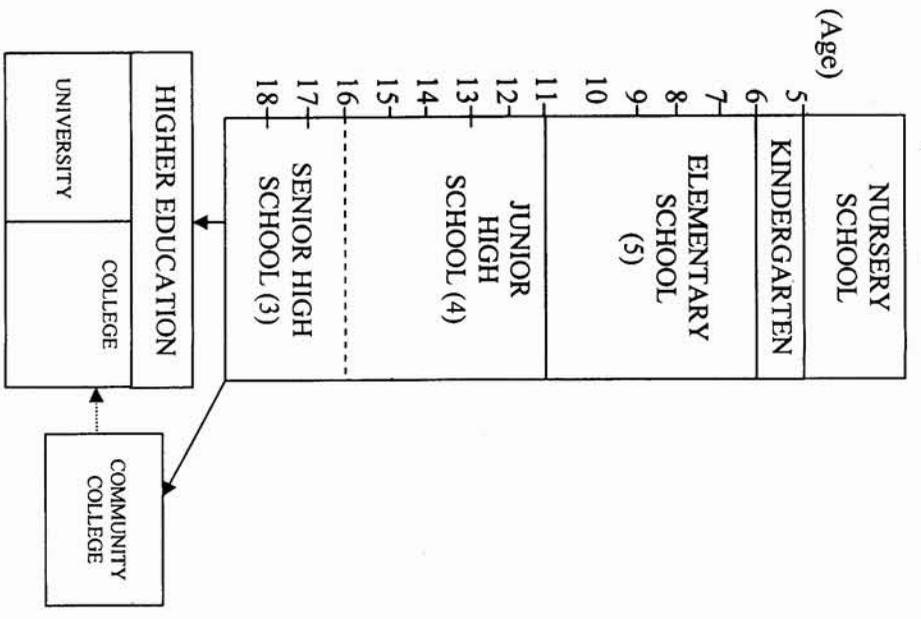


Figure - 1 : Comparison of Education Systems

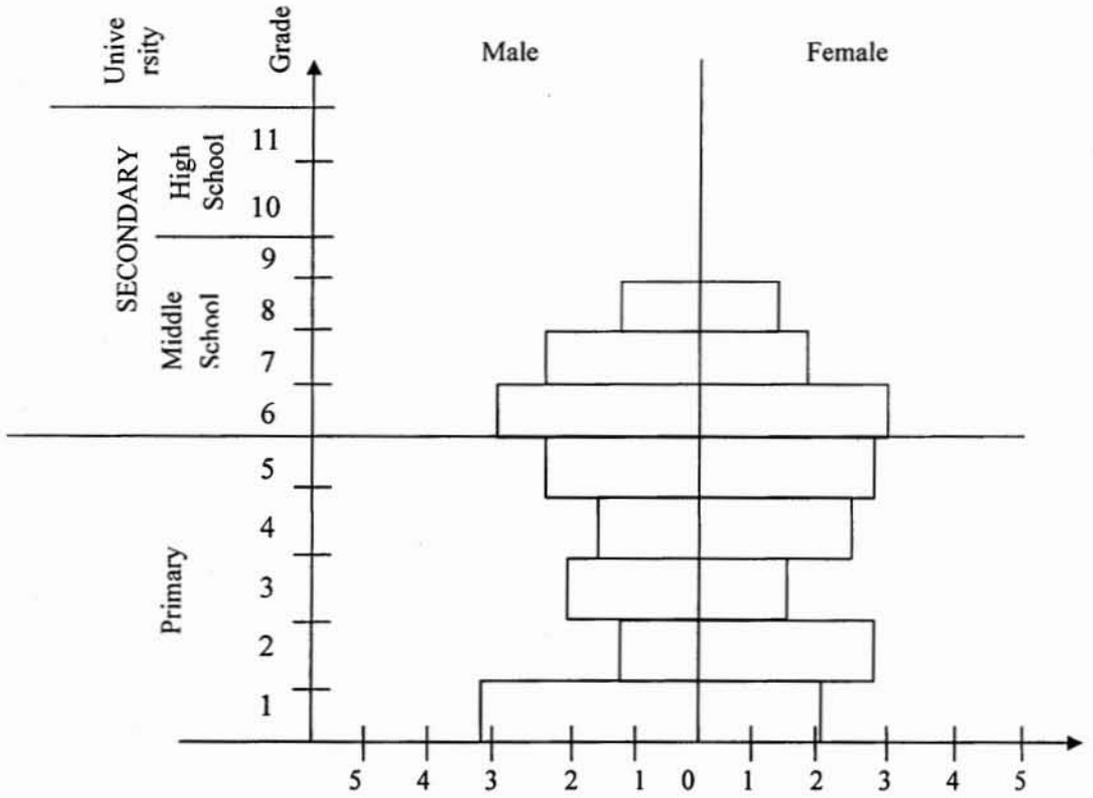


Figure 2 Total Primary and secondary school enrolment by grade in 2010 student

Grade	Male	Female
1	32	19
2	19	28
3	22	14
4	17	21
5	25	23
Total	115	102
6	33	25
7	26	14
8	12	13
Total	71	52

## CHAPTER (IV)

### HEALTH EDUCATION

#### (1) (a) **Definition of Health**

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

#### (b) **Definition of Health Education**

Health is the profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. However, as there are multiple definitions of health, there are also multiple definitions of health education. The joint Committee on Health Education and Promotion Terminology of 2001 defined Health Education as “any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.” The World Health Organization defined Health Education as “comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive and community health.

#### (c) **Definition of School Health Education**

School Health Education or Health Promotion is the process of transferring health knowledge during a student’s school years. Its uses are in general classified as Public Health Education and School Health Education. With the myriads of powerful theories and ideas surrounding the words school, health, and education; it is imperative first to define school health education, its targets and general practice. The definition of school health education has evolved much throughout the 21<sup>st</sup> century. In general, it is regarded as classroom teaching on the subject of health/hygiene. The major trend regarding changing definitions of school health education surrounds the ever increasing notion that school education influences adult behavior.

School Health Education is one component or a comprehensive approach to modern day youth health promotion; separated from say, physical education and environmental health. It is in particular set apart in that classroom health education is

seen as a primary vehicle for equipping students to modify what might otherwise be detrimental health behaviors. Thus, the primary focus of health education is to modify health behavior, presumably for its betterment-achieving longevity in 'good health'. It is important to establish the ends for implementations of health policy. Health behavior is therefore another term that concerns individual and communal enhancement of overall quality of life. However, quality of life for one individual may not be the same for another.

## **(2) Levels of Health**

The population of Sitpinquin village has 2356 persons composed of 1173 in males and 1183 in females. Males and females of above 18-year are 709 and 704, and of under 18-year; 964 and 497 including the students' population of 384.

Sitpinquin village has been provided by NGO's, UNICEF'S programme of Four Cleans (4 C's): clean water, clean food, clean hands, and clean toilet in the school and village, as well. In practice, it lacks clean water and clean toilet as inter-school health education.

## **(3) Common Diseases**

In the community of Sitpinquin, common diseases are common fever and paralysis (stroke) and it is very rare to contagious diseases or other serious cases such as heart diseases, malaria, HIV/AIDS. Most villagers, young or old usually suffer from the paralysis because they are regardless to the weather condition and lack the knowledge of the health education. Then, there is a local health nurse (LHN) but no doctors. In case of serious matter on health, the doctor from a town is invited and obeys the doctor's instruction. As a supplementary, Myanmar traditional medicines are privately used.

Moreover, it has not been found the mortality rate under 5-year old, the persons with obesity, and the persons whom were killed by snake-bite. One and only local health nurse is appointed by the government (Ministry of Health) and local people go and consult with her. Currently, traditional birth attendant (TBA) has not been popular and used any more except the absence of local health nurse (LHN).

Child-delivery is done by LHN, and 1,500 kyat for the medicine and some honourian fees are offered to her. In the absence of local health nurse (LHN), traditional birth attendant (TBA) helps to give a birth, and 10,000 kyat to TBA as

honourian fees. For the serious cases, the patients are sent to the hospital in the town in time. Both of LHN and TBA give great care to every patient. Some patients use western medicine under the LHN's instruction but there are some application of Myanmar traditional medicine in private. According to the registration of babies, in the beginning of the first of every month, the nurses from Thapyaykan village, the near-by village, came to Sitpinquin village as a survey-trip, and give health education (HE) and vaccination for the (newly) babies. Extra-ordinarily, the patients willingly allow to give the vaccination to their babies. However, it was found that the level of health in Sitpinquin village is still low.

In order to be healthy and wise, man cannot live alone. It means that "Man is a social animal". Not only anthropologists but also most scholars believe that statement. To establish the mutual relationship in social dealing, one needs well-fitness in his or her body and soul. To fulfil this, he or she is strong enough to the health. Health alone is influenced by physical, biological, and behavioral factors including psychological factors, as well.

#### **(4) Community Health**

Community Health care Programme in Myanmar (2000) is mainly focused on prevention, provision of health services, maternal and child health care and nutrition, through primary health care approach. The programme consists of 12 project namely (see in figure-5 to compare)

- i. Primary Health Care and referral of patients
- ii. Maternal and Child Health and Birth Spacing
- iii. Nutrition Promotion
- iv. Primary oral Health Care
- v. Health Care of the Elderly
- vi. School Health
- vii. Mental Health Care
- viii. Drug Abuse Prevention and Control
- ix. Health Sector Emergency Preparedness and Response
- x. Community Health Promotion through Sports and Physical Education (P.E)
- xi. Community Health Nursing
- xii. Development of Model Township

Out of 12 projects on community health care programme only 3 projects are found in Sitpinquin as follows:

- i. Primary Health Care (and referral of patients)
- ii. School Health
- iii. Community Health Nursing

**i. Primary Health Care (and referral of patients)**

Primary Health Care composes of health education food and nutrition, water and sanitation, Mass Coverage Health (MCH) and Food Programme (FP) immunisation, disease control, treatment, essential drugs.

On health education, under the arrangement of the government and NGO, local community as well as the circle of the school was contributed to aware the primary health care, but it was low level.

**ii. School Health**

The Excess Primary School (Sitpinquin) was provided some materials like wall-posters on health, four cleans, tooth-brushing method and so forth. However, it has received low medi-care like health-talks, a few provision of medicine for common diseases, and four cleans. The teachers and students did not access for clean and safe water, but have been using water from the unprotected ponds of the village. Moreover, the provision of water supply in the school was lagging behind the installation of sanitary facilities.

**iii. Community Health Nursing**

Although there is no professional traditional practitioner (sesaya) in Sitpinquin village, there is a famous sesaya, Kayan U Chit Tin in neighbouring village Kayan. Most of people are still using Burmese traditional medicine of Kayan U Chit Tin.

Moreover, for modern medicine, there is a nurse without particular health center. The local people have a plan to set up a fixed health center, but also has not come into existence.

### (5) Traditions and Local Practice

Daw (A), a local woman, reported that although physical illness is attributed to natural as well as to supernatural causes, behaviour which is Burmese characterize as mental illness is attributed exclusively to supernatural causes. It is usually called "sprit possession": nat pjusa:de (nat possession), soun: pjusa:de (witch possession), leikpya khwade (soul loss), and so forth.

She added that three types of such personal encounters with supernaturals. There are numerous instances of unsought encounters in which supernatural are "seen", "spoken", and so on, much as one would see or speak to another human. Sometime, these encounters are pleasurable (as when a male "see" a beautiful female nat); sometimes they are frightening (as when one encounters a ghost.). In either case, the experience may or may not lead to illness. If they defined illness, first, they offer some feast to their traditional nats (spirits) of both sides of the parents. Next, they bring the patient to the monk the monastery to be under his treatment of holy water as well as reciting Paritta by his or her horoscope, and / or invite or see the shaman to relieve a patient's illness. They rarely consult with psychiatric lest sending to the hospital of mental illness (Psychiatric hospital).

Actually, monks, themselves, did not involve in these three things: medical treatment, wedding and death in olden days. Nowadays, these functions become familiar and popular.

In the basis this interpretive summary of mental illness, if the explanation with are offered by Daw(B), the Myanmar lady compare to the scientific explanation, it is found as follows.

#### Myanmar Explanation

1. Mental illness is caused by Supernatural
2. Any encounter with a supernatural-possession, perception, etc, may cause

#### Scientific Explanation

1. Mental illness is caused by conflict
2. Any encounter with a supernatural is an instance of perceptual distortion mental illness and / or hallucination. Sometimes it is, in itself, a symptom of mental illness.

- |  |   |
|--|---|
| <p>3. Any encounter with a supernatural is explained in terms of motivation of the supernatural.</p> | <p>3. Any encounter with a supernatural is explained in terms of motivation of the patient (the desire to reduce conflict).</p> |
|--|---|

### **(6) Food and Diet Patterns**

Man has appropriated to himself the highest being in the biological hierarchy, but for all his pretension of superiority, he is dependent upon the plant kingdom for fulfilling his necessities, physical needs, biological needs, or basic needs: food, clothing, and shelter plus other useful products are supplied in great part by plants as well as animals. Even in plants, these three types of plants: plants for food, for clothing, and for shelter are beneficial to health more or less, direct or indirect ways. For this essence, in all human societies including the society of Sitpinquin village, they know that food is the first prior to health, plays many roles, and is deeply embedded in the social, religious and economic aspects of everyday life.

For people in Sitpinquin society, food also carries with a range of symbolic meanings, both expressing and creating the relationships between man and man and deities, and man and the natural environment. Each culture has evolved over the centuries, a series of cultural beliefs concerning foods.

Today, the dwellers of Sitpinquin village are Myanmar nationalities in majority, and a few Hindus are now living in the paddy-fields. These Hindus are either farmers or cattle-farmers.

Thus, food can be identified into six types of food classification as follows. –

1. Cultural super food (Staple food)
2. Social food
3. Food as medicine, medicine as food
4. Parallel food classification (Body image food)
5. Food versus non-food, and
6. Sacred versus profane foods (Taboo foods)

Majority of Sitpinquin villagers usually have their daily habit of meals composed of rice, fish-paste (ngapi) and tit-bits, and forms the other main foodstuff. Ngapi (fish-paste) is rich in protein, calcium and phosphorus. They usually purchase meat, fish and vegetables on credit, and those who can afford only buy them on cash because there is no permanent market but hawkers. Meat like chicken and pork is

eaten less and fish is eaten much because fish can be obtained either buying or catching from the river. Fish is eaten two times a week at least. Chicken and pork are eaten at the time of culling. Dry ration like rice, edible oil, salt and so forth is bought from the grocery-stores of the village on credit, monthly basic. Chicken and duck eggs are sometimes eaten because of religious belief lest it gains demerit (bad deed), and these are easily obtained from their own.

Moreover, most of Myanmar foods are very difficult to calculate or estimate the nutrient value and calories-intakes. Nowadays, the books on these values have already been published as a ready reckoner.

Moreover, estimately, the average diet per head for majority of Sitpinguin villages is as follows:

450-470 grams of highly milled rice

60-70 gram of vegetables

60-70 gram of fresh fish

30-35 gram of ngapi

30 gram of fruit

20-25 gram of meat

20-25 gram of oil

5-20 gram of eggs

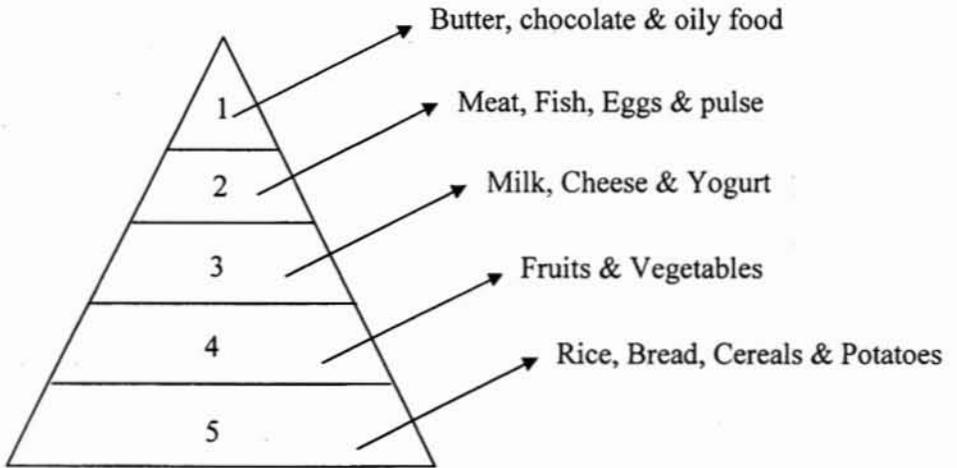
15-20 gram of pulses

10-15 gram of salt

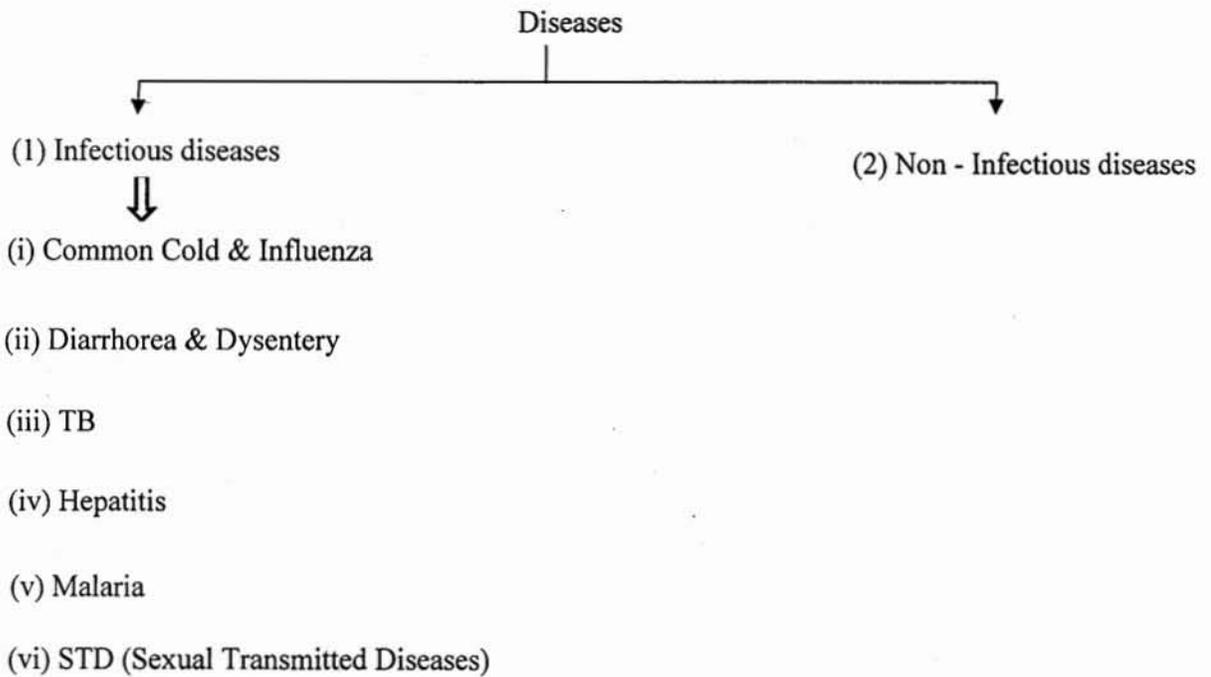
5-10 gram of sugar

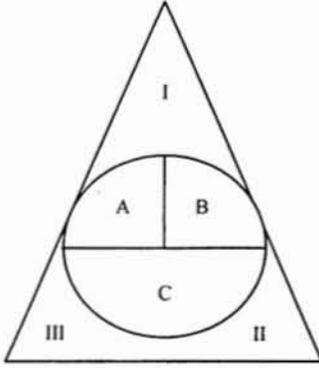
5-10 gram of dried fish

2-5 gram of tinned fish

**Fig – 3 : Healthy Diet Pyramid**

**Family Programme → Social Marketing (PSI)**



**Fig - 4 : Myanmar Food Pattern**

Side - dish = A / B / I / II

Main - dish = C / III

A = Fish - paste, ...

B = Tit - Bits

C = Rice (Staple Food)

I = Protective Food

(Fruits and Vegetables)

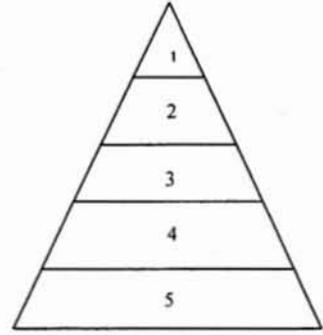
II = Energy Food

(Starch and Sugar)

III = Body-built food

(Meat, Fish, Eggs, Pulse, Milk) = Protein

Myanmar Food Pattern =  $\underbrace{(A + B + C)}_{\text{Compulsory Food}} + \underbrace{(I + II + III)}_{\text{Additional Food}}$

**Fig -3: Healthy Diet Pyramid**

1. Fats (Butter, Chocolate and Oily foods)

2. Protein (Meat, Fish, Eggs and Pulse)

3. Dairy Products (Milk Cheese and Yogurt)

4. Protective Food (Fruits and Vegetables)

5. Staple Food (Rice, Bread, Cereals and Potatoes)

Healthy Diet = 1:2:3:4:5

On preparing food, Daw (B) of Sitpinquin village said that she usually cooks the seasonal products. According to her knowledge handed down from generation to generation, she avoids cooking unfit pair.

In case of minor food poisoning, she explained as follows:

<u>Over-taste</u>		<u>Treatment (Eatables)</u>
Pungent flavour	—————→	Sweet
Sweet flavour	—————→	Hot / Pungent
Sour flavour	—————→	Astringent
Astringent flavour	—————→	Sour
Salty flavour	—————→	Bitter
Bitter flavour	—————→	Salty

Regarding with the longevity, U(A), the oldest man of Sitpinquin answered that he usually obeys the following facts.

- After his breakfast, he does the suitable work as an exercise.
- At his lunch, he eats a balance food.
- At his dinner, he takes a little food to avoid the indigestion.
- After his meals, has a banana or jiggery or a spoonful of honey.
- He asks his family member to cook meals with fish or dried prawn (if possible) instead of using seasoning power (MSG, Mono Sodium Glutamate)
- At the suitable moment, he takes his bath.
- He behaves the principle of Myanmar traditional medical treatment or daily habit (Kan – Seik-Utu-Arhara: Action – Free will – Season – Nutrient).
- He added that for Our Lord Buddha says,

**“AROJA PARAMUM LABAM”**

In comparison, it is merely equivalent to Myanmar sayings:

*“Health is wealth or Health is bliss or Health is a blessing.”*

He also made his comment that it was much more than such expressions, and pointed it out as **“Self-Care”**. In fact, it means **“See for your health”**.

## Conclusion

By doing this research, regarding with education although the Primary School (Sitpinquin) has been upgraded to the Excess Primary School by the government, the local people need to become the school as the level of the Middle of School to increase not only rate of enrolment but also the number of the educated persons from Sitpinquin village because of the educational attainment up to Grade IX. Lack of Middle School, they pointed out that there are much drop-outs but high enrolment. Moreover, it was found that they have moderate attempt to grant the middle school, and separated participation between local authority and school family. It can be achieved that there will be a close co-operation and co-ordination.

Again, it was proved that the collapsed school by Nargis Cyclone of 2008 could not be capable to rebuild it. Fortunately, with the help of well-wishers, the school could be built again. The school has nearly come to normal condition and started again its school-functions. However, there are no partitions among classes, and they are needed to erect. It would be glad that electric supply is granted to the school at least as well as Sitpinquin village because the over-head electric cables pass over the paddy fields out of the village.

There is no difference of educational system between Yangon and Sitpinquin village. Local people of Sitpinquin village need to educate to accept "Promote the education, Grace the citizens" and Knowledge is power". The reason is that most of the villagers think, "Money makes everything and can solve many problems nowadays." Thus, they believe that "Money is a might and power. "They pointed out that although those who are the educated, they paid less than the uneducated in most cases such as garment-factory workers, hawkers without any education but some skill for their professions. Due to appearance of University of East Yangon and University of Marine Technology, it can open the eyes of some villagers to recognize the education as a passport which enable to enter all corners of the world.

To remind the local people that the progress and process of education and health including health education cannot build up within a short time but they are life-long processes, the local people presumed that it is a time-consuming process.

In regarding with health and health education, without having the safe and clean water-resources, unsafe water from the unprotected ponds was obtained and

used it for multi-purposed ways to cook, drink, wash and toilet facility. Moreover, these ponds and the river-let filled with unclean clean water, toilets and left-over can be the birth-places for mosquitoes and flies infected to malaria and diarrhrea. In procession of two liquor houses in Sitpinquin village, it makes the number of drunkards increase, and leads to negative effects.

In conclusion, the reason of low educational attainment does not totally rely on low education, poor health, low income, but difficult accessibility to the high school in the town center where is crowded with traffic in partials. Since health-security has been low, with the assistance of the government as well as NGOs, health education should occasionally contributed, and the advantages of education and health education ought to be shared to the public and educate them.

## References Cited

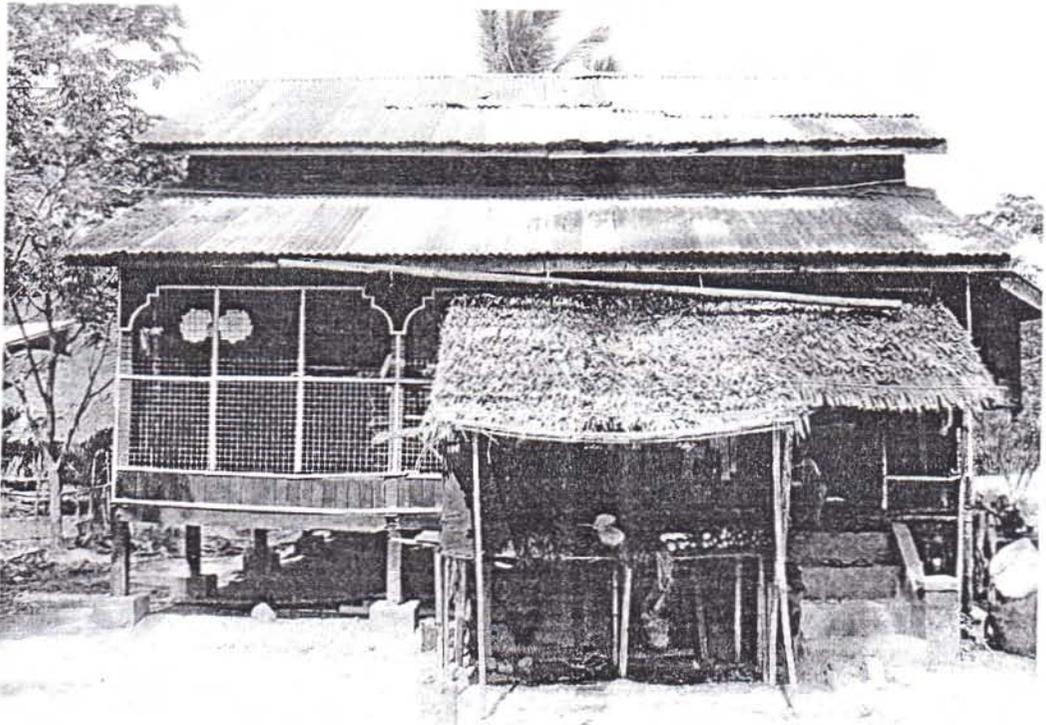
- PFANNER, DAVID EUGENE, 1929 *Rice and Religion in a Burmese village, USA, University Microfilms International*
- YEE, KAY MYA, 1961 *Educational Psychology, Rangoon, University of Rangoon*
- BYRD, OLIVER E.; JONES, EDWINA; 1963 *Today's Health, USA, Laidlaw Brothers*  
LANDIS, PAUL E.; MORGAN, EDNA
- ROWLAND, T.J.S., 1963 *The Kingsway Book of Healthy Living, London, Evans Brothers Limited*
- HUGES, EMMET JOHN, 1965 *Education in World Perspective, USA, Lancer Books, Inc.*
- JOSEPH, MICHAEL; 1966 *A New Look at Child Health, London, Pitman Medical Publishing Company Ltd.*  
KEITH RONALD MAC
- SPIRO, MELFORD E., 1967 *Burmese Supernaturalism, USA, Prentice-Hall, Inc.*
- GRIFFITHS, W., 1972 *Health Education Definitions, Problems, and Philosophies, Wikipedia*
- WERNER, DAVID, 1979 *Where There Is No Doctor, USA, The Macmillan Press Ltd*
- GUERIN, GILBERT R., 1983 *Informal Assessment in Education, USA, Mayfield Publishing Company*
- , 1999 ကျန်းမာရေးနှင့် မြန်မာ့ဆေး၊  
Myanmar, Department of  
Medical Research
- , 2000 *A Day in the Life of Myanmar Child, UNICEF Myanmar*
- , 2000 *Children and Women in Myanmar Situation Assessment and Analysis, UNICEF Myanmar*
- , 2003 *Myanmar Agriculture in Brief, Myanmar, Ministry of Agriculture and Irrigation*

**List of Informants**

No.	Name	Occupation	Village
1.	U Nyayya Dhamma	Presiding Monk	Sitpinquin
2.	U San Wai	The oldest person	Sitpinquin
3.	U Aye Maw	Chairperson (VPDC)	Sitpinquin
4.	U Khin Ohn	Member	Sitpinquin
5.	U Aye Zaw	Member	Sitpinquin
6.	U Han Nyunt	Member	Sitpinquin
7.	U San Oo	Member	Sitpinquin
8.	Daw San San Tin	Headmistress	Sitpinquin
9.	U Win Cho	Merchant	Bayet
10.	U Myo Myint	Poultry Farmer	Sitpinquin
11.	U Hla Kyaing	Poultry Farmer	Sitpinquin
12.	U Ohn Than	Electricity Provider	Sitpinquin
13.	U Kan Tun	Kalathakaung (Middle)	Sitpinquin
14.	U aye Zaw	Kalathakaung (South)	Sitpinquin
15.	U Aung Than	Rice-mill owner	Sitpinquin
16.	U Myint Aung	Car owner	Sitpinquin
17.	U Lin Aung	Motor-cycle taxi driver	Sitpinquin
18.	U Pu Sein	Motor-cycle taxi driver	Sitpinquin
19.	Daw Thi Thi Mar	JAT	Sitpinquin
20.	Daw Aye Myat Soe	JAT	Sitpinquin
21.	Daw Kyi Swe	JAT	Sitpinquin
22.	Daw Hle Hle Hlaing	PAT	Sitpinquin
23.	Daw Ohn Mar Swe	PAT	Sitpinquin
24.	Daw Cho Zin Latt	PAT	Sitpinquin
25.	Daw Nyin New Myint	PAT	Sitpinquin
26.	Daw Aye Mon Myat	PAT	Sitpinquin
27.	Daw Thaung Thaung Khine	PAT	Sitpinquin
28.	Daw New Ni Win	PAT	Sitpinquin
29.	Daw Khine Thazin Han	PAT	Sitpinquin
30.	Daw Sandar Moe	PAT	Sitpinquin
31.	Daw Aye Aye Maw	Nurse	Sitpinquin



**First Category House in Sitpinquin**



**Second Category House in Sitpinquin**



**Third Category House in Sitpinquin**



**Main Building of School (Sitpinquin)**



Donors of the School (Sitpinquin)

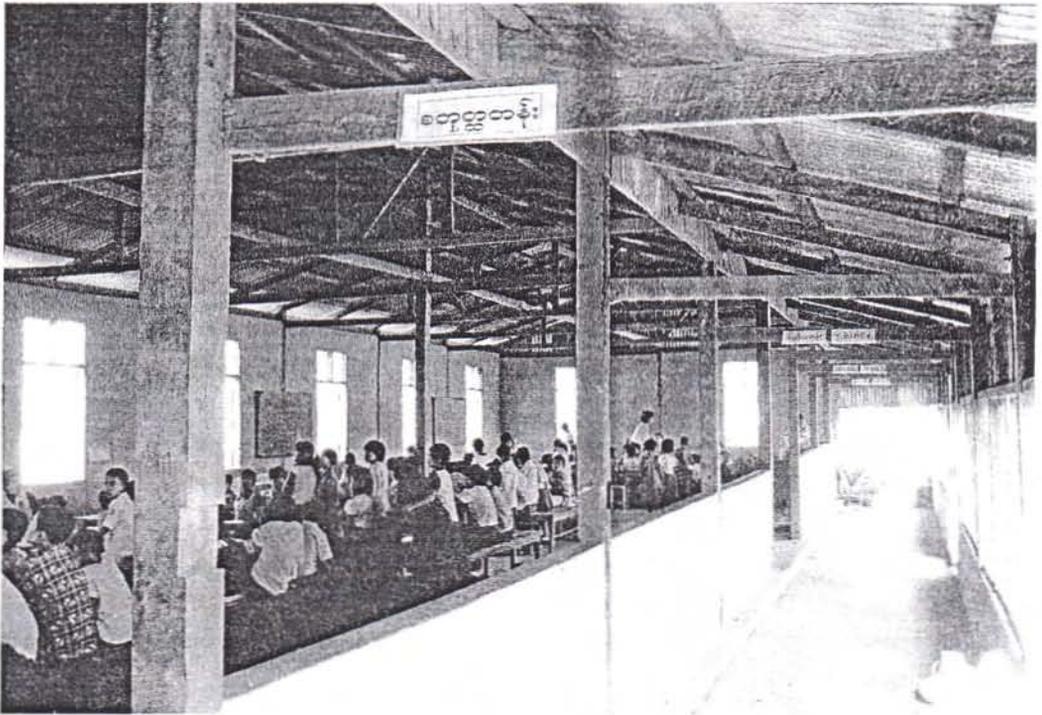
ဆရာမ (၁၉၀၆-၁၉၀၇) ဝန်ထမ်းထုတ်ပေးရေးအဖွဲ့ဝင် (၂၀၀၈-၂၀၀၉)

စဉ်	အမည်	ရာထူး	အလုပ်ထမ်း	ပျော်ရွှင်မှု	အထူးထူး	အသက်	အခြားအချက်အလက်	အခြားအချက်အလက်
၁	ဒေါ်ခင်တင်	မူကွဲ	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.Sc (Math) K. S. U.
၂	ဒေါ်ခင်အေး	လယ်ပြင်	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.A Geog P. ၁. ၂. ၃
၃	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.Sc (Math) J. ၁
၄	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.Sc (Math) D.T.A.
၅	ဒေါ်ခင်အေး	မူကွဲ	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.Sc (Math) J. ၁
၆	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.A Geog P. ၁
၇	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	B.Sc (Math) D.T.E.C.
၈	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	တက္ကသိုလ် D.T.E.C.
၉	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	မူကွဲ
၁၀	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	မူကွဲ
၁၁	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	မူကွဲ
၁၂	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	မူကွဲ
၁၃	ဒေါ်ခင်အေး	"	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	၁၉၀၆.၁၀.၂၅	မူကွဲ

List of Teachers of Sitpinquin School



Meeting with the Headmistress



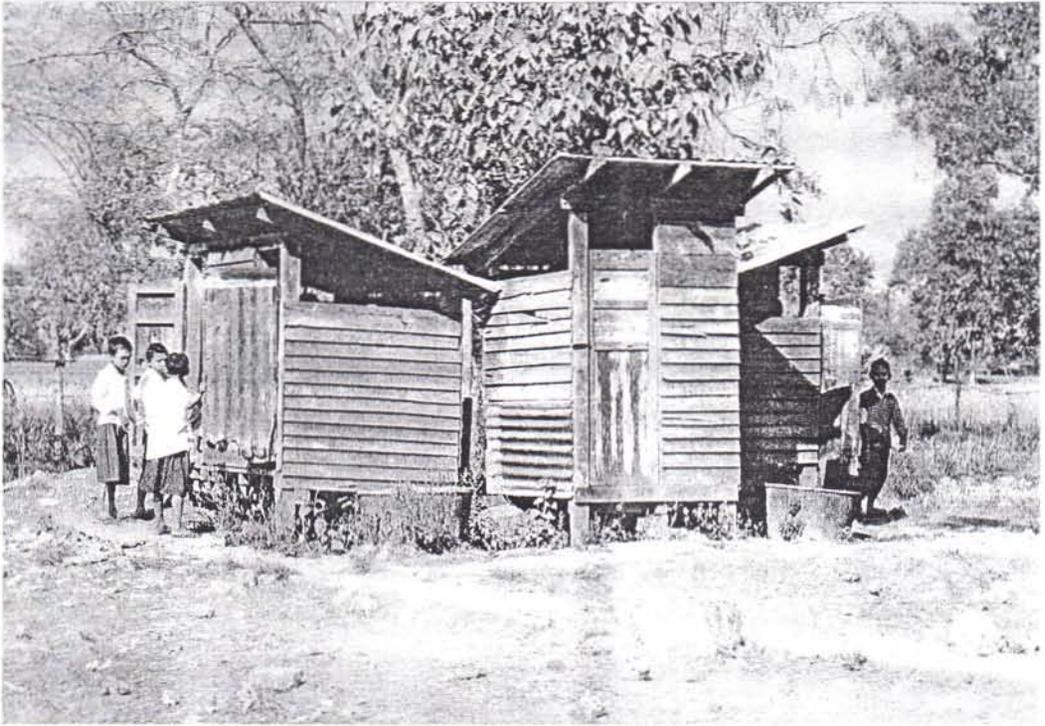
Hall-typed Class-rooms



**Student's attention**



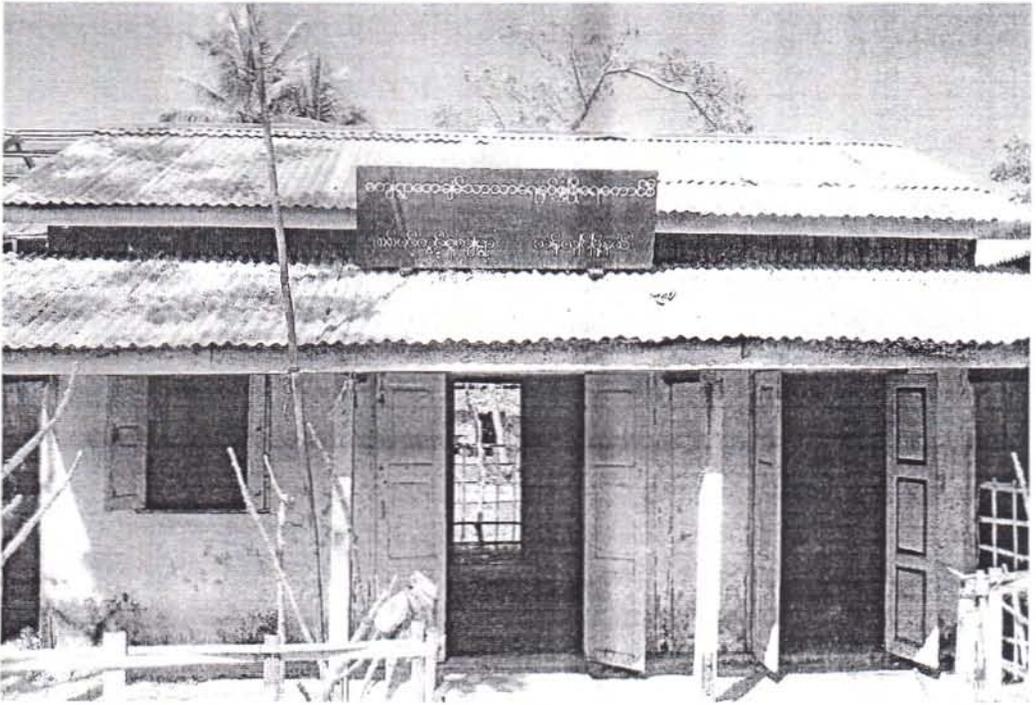
**Unprotected pond for multi-purposes**



**Toilets with water-supply**



**Buildings of VPDC and Religious Affair**



Building for VPDC



Temporary RHC where local nurse is staying, her friend's house

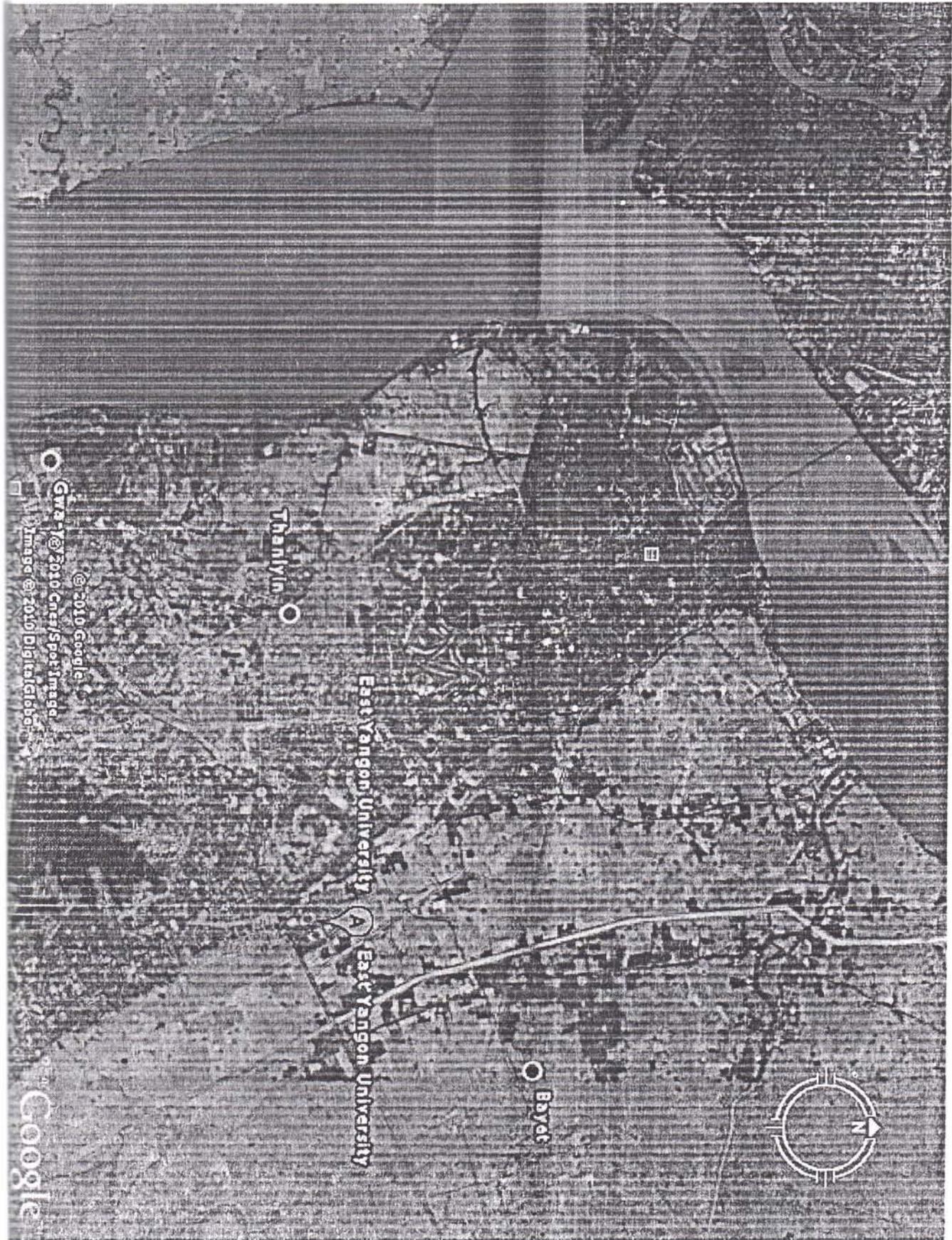

**သားသမီးအပေါ် မေတ္တာထား**
  
**ပိုလီယိုကာကွယ်ဆေးဖြင့် ရောဂါတား**

**ဒေသအလိုက် အမျိုးသား ကာကွယ်ဆေးတိုက်နေ့များ (၂၀၁၀)**  
 ၂၀၁၀ ခုနှစ်၊ ဧပြီလ ၃ ရက် (စနေနေ့) (ပထမအကြိမ်)  
 ၂၀၁၀ ခုနှစ်၊ မေလ ၁ ရက် (စနေနေ့) (ဒုတိယအကြိမ်)  
 အသက် ၅ နှစ်အောက် ကလေးငယ်များအားလုံး  
 ပိုလီယိုကာကွယ်ဆေး တိုက်ကျွေးကြစို့

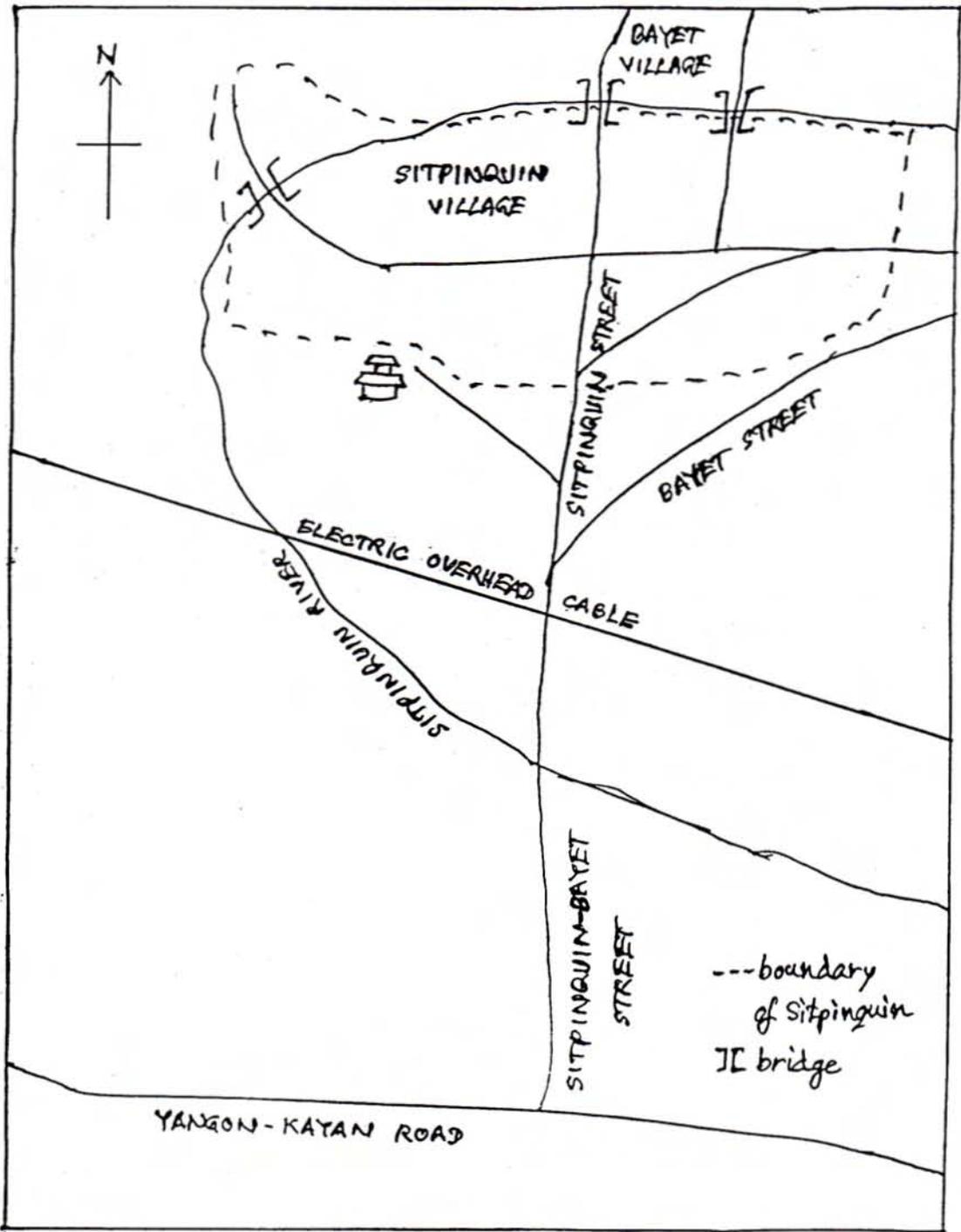
Newspaper – cutting

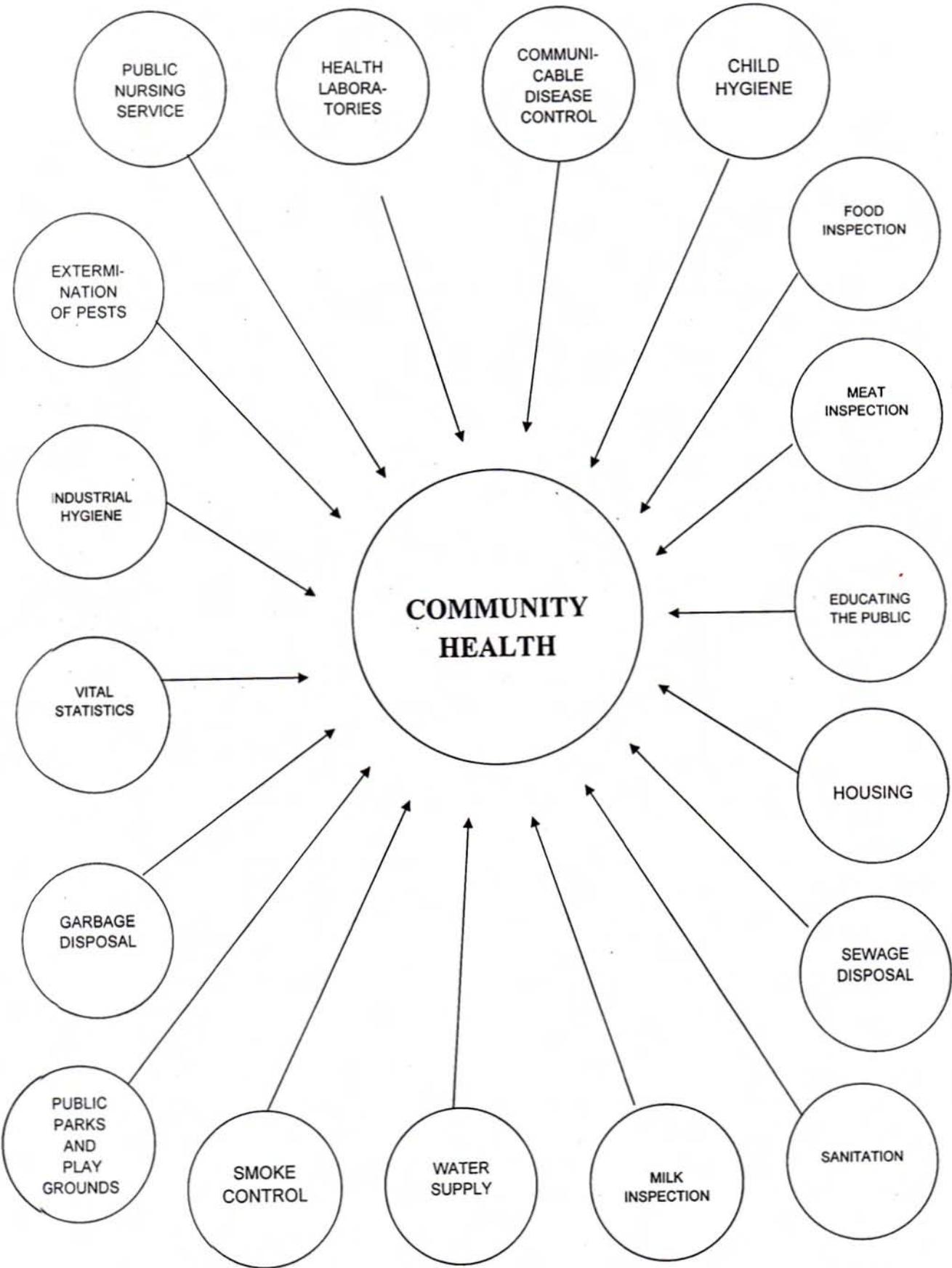


Way-out from Sitpinquin village



Map of Sitpinguin Village





# Health Situation in Myanmar

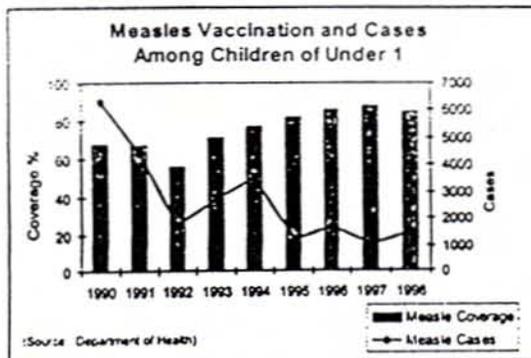
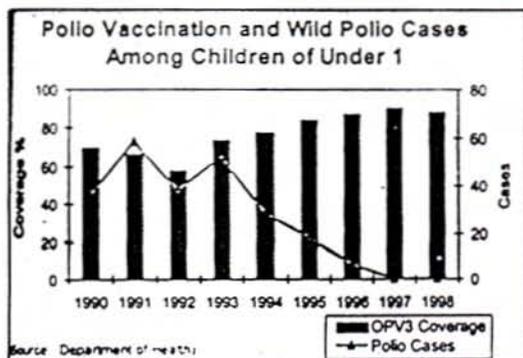
## Health Statistics

### Vital Statistics

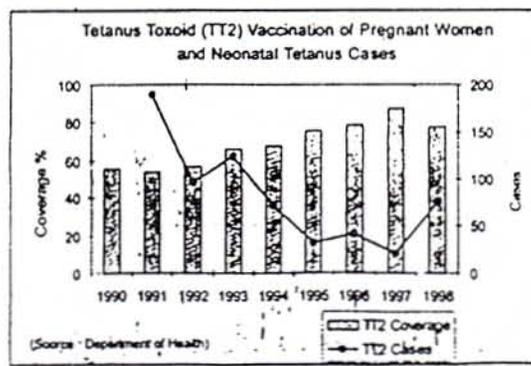
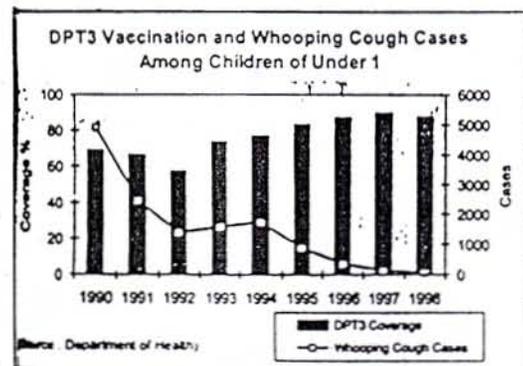
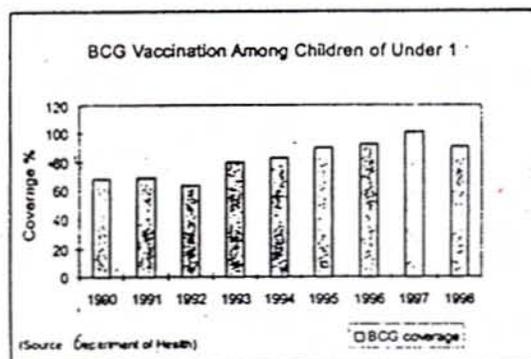
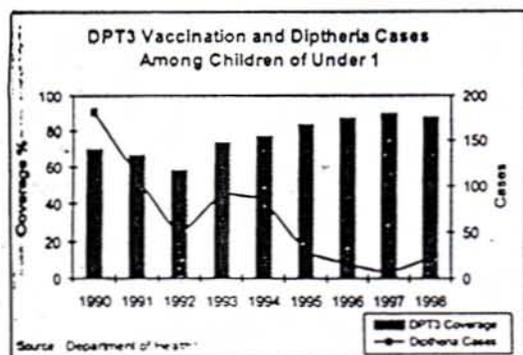
Sr. No.	Health Index	1988	1998
1.	<u>Crude Birth Rate (per 1,000 population)</u>		
	- Urban	28.6	27.5
	- Rural	30.5	29.1
2.	<u>Crude Death Rate (per 1,000 population)</u>		
	- Urban	8.9	8.2
	- Rural	9.9	8.7
3.	<u>Infant Mortality Rate (per 1,000 live birth)</u>		
	- Urban	47.0	47.2
	- Rural	49.8	48.7
4.	<u>U5 Mortality Rate (per 1,000 live birth)</u>	-	72.2 (Urban only)
5.	<u>Maternal Mortality Rate(per 1,000 live birth)</u>		
	- Urban	1.0	1.0
	- Rural	1.9	1.8
6.	<u>Population Growth Rate</u>	1.96	1.84
7.	<u>Sex ratio</u>	98.35	98.63
8.	<u>Average Life Expectancy</u>		
	- Urban (Male)	58.9*	60.6*
	(Female)	63.0*	64.6*
	- Rural (Male)	59.7*	60.1*
	(Female)	61.8*	62.3*
		* 1994	*1997

Table-3

Figure-3 : UCI Progress\* (1990-1998)



\*Universal Child Immunisation



### National Immunization Days

	1 <sup>st</sup> NIDs	2 <sup>nd</sup> NIDs	3 <sup>rd</sup> NIDs	4 <sup>th</sup> NIDs	5 <sup>th</sup> NIDs
Date (1 <sup>st</sup> round)	10-2-96	15-12-96	14-12-97	12-12-98	12-12-99
(2 <sup>nd</sup> round)	10-3-96	18-1-97	18-1-98	17-1-99	16-1-00
Target Population (<5 years)	5,529,343	5,586,609	5,698,341	5,793,163	5,890,807
No. of Immunization Teams	33,000	35,000	37,000	37,000	37,000
No. of members involved in Immunization Teams	150,000	170,000	180,000	180,000	180,000
Coverage (1 <sup>st</sup> round)	95%	98%	96%	97%	98%
(2 <sup>nd</sup> round)	96%	99%	97%	97%	97%

Table (4)

Nutrients	Why You Need Them	Sources
<p>Proteins (pró'té·inz)</p>	<p>Contain the element <i>nitrogen</i> (ní'trō·jén) essential to life. Provide the <i>amino</i> (á·mé'nò) acids not manufactured by the body for building tissues. Help to furnish heat and energy.</p>	<p>Meats    Eggs Milk     Beans Cheese   Peas</p>
<p>Carbohydrates (kär·bó·hí·dráts)</p>	<p>Include starches and sugars. Important for furnishing heat and energy.</p>	<p>Potatoes and other starchy vegetables, bread, cereals, fruits, jellies, jams</p>
<p>Fats</p>	<p>Important source of energy. Can be used at once by the body or can be stored until needed. Help to keep the body warm.</p>	<p>Butter, fat meat, whole milk, margarine, olive oil, nuts</p>
<p>Vitamins (ví'tá·mínz)</p>	<p>Maintain health. Promote growth. Protect body against disease. Help to regulate many body functions.</p>	<p>Vegetables and fruits, milk products, meat (especially liver, kidney, and sweetbreads), whole-grain breads</p>
<p>Minerals</p>	<p>Help to regulate many body processes. Supply certain substances needed for building and repairing tissue. Important in maintenance of water balance of the body.</p>	<p>Meat, fish, and other sea foods, poultry, milk products, leafy vegetables, eggs, fruits, cereals, molasses</p>
<p>Water</p>	<p>Has no food value but is vital to life. Helps to regulate body processes including body temperature. Chief ingredient in blood. Essential to function of the kidneys and excretory system.</p>	<p>Water, milk, soups, juicy fruits and vegetables, meats</p>



ဇယား (၆) အသက်အုပ်စုအလိုက် တစ်နေ့အတွက် အနည်းဆုံးလိုအပ်သော အစာပမာဏ

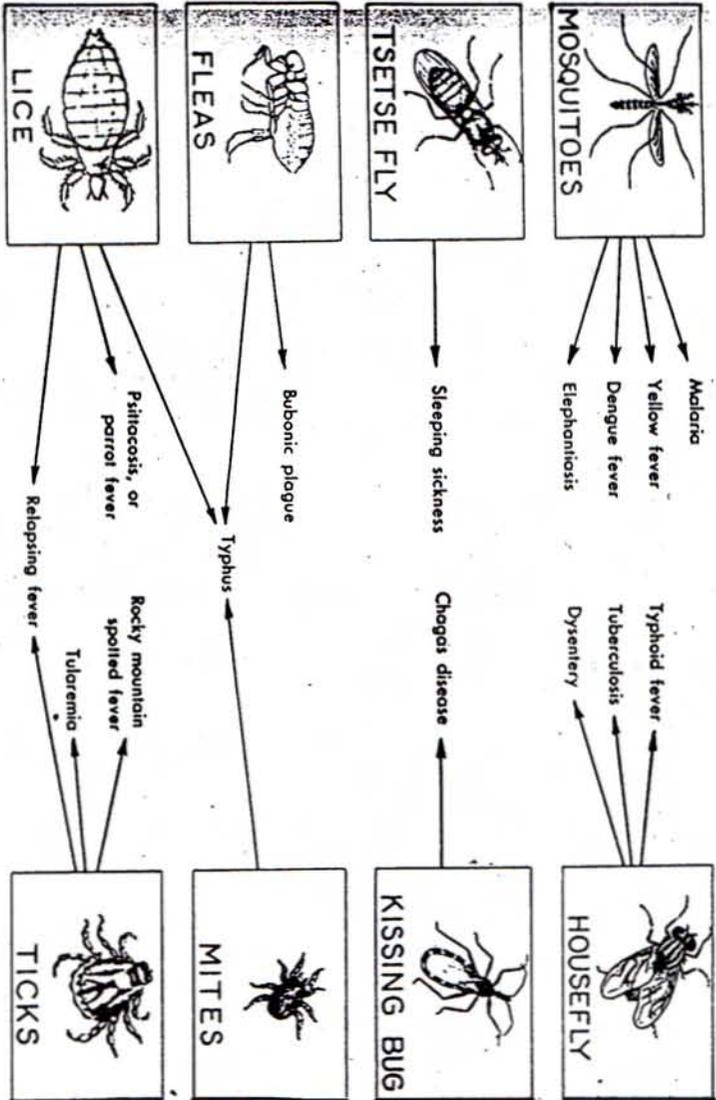
အသက်အုပ်စု	ဆန်	ဆီ	အသား (သို့) ငါး (သို့) ပဲ (သို့) ဖြတ်စဉ်/အပွဲ		ဟင်းရွက်စိမ်း	အမျိုးတင်သီး	သစ်သီး	ငါးပိ	သကြား/ထန်းလျက်	နီ
			ကျပ်သား	ကျပ်သား						
အနိမ့်အရွယ်	နီစီး	ကျပ်သား	ကျပ်သား	ကျပ်သား	ကျပ်သား	ကျပ်သား	လုံးချ	ကျပ်သား	ကျပ်သား	ကျပ်သား
၁-၃ နှစ်	၀.၅	၁.၅	၂.၅	၄	၃	၂	၁	-	၂	၁၂.၅
၄-၆ နှစ်	၀.၇၅	၁.၅	၂.၅	၄	၃	၂	၁	-	၂	၁၂.၅
၇-၉ နှစ်	၁.၇၅	၂.၅	၂.၅	၄	၃	၃	၁	-	၂.၅	၁၂.၅
၁၀-၁၂ နှစ်	၁.၅	၂	၅	၇.၅	၆	၅	၂	-	၂.၅	၁၂.၅
၁၃-၁၉ နှစ်	၂	၃.၅	၅	၇.၅	၆	၅	၂	၁	၁	၁၀
*အမျိုးသား(လူကြီး)	၂	၂	၅	၇.၅	၆	၅	၂	၁	၁	၁၀
*အမျိုးသမီး(လူကြီး)	၁.၅	၁.၅	၅	၇.၅	၆	၅	၂	၁	၁	၁၀
ကိုယ်ဝန်ဆောင်	၁.၅	၂	၅	၇.၅	၆	၅	၂	၁	၂	၂၅
နို့တိုက်မိခင်	၂	၂	၅	၇.၅	၆	၅	၂	၁	၂	၂၅

(\* အသင့်အတင့်လုပ်ရား၊ ဖိုလုံ၊ ဥပမာ - ကျောင်းသား/သူ၊ အိမ်ရှင်မ၊ အသားစားစက်လုပ်ငန်းလုပ်သား)

ဇယား (၇) အာဟာရဓါတ် ချို့တဲ့ခြင်း၊ လွန် ကဲခြင်း တို့ကြောင့် ဖြစ်နိုင်သော ရောဂါများ

စဉ်	အာဟာရဓါတ်	ချို့တဲ့လျှင်ဖြစ်နိုင်မည့်ရောဂါများ	လွန်ကဲလျှင်ဖြစ်နိုင်မည့်ရောဂါများ
၁။	ကစီဓါတ်	ဖွံ့ဖြိုးမှုနည်းခြင်း၊ ပိန်လိုခြင်း။	အဝလွန်ခြင်း။
၂။	အသားဓါတ်	ဖောရောင်ခြင်း၊ ဖွံ့ဖြိုးမှုနည်းခြင်း၊ ရောဂါ ပိုးများ မကြာခဏ ဝင်ရောက် နိုင်ခြင်း။	-
၃။	အဆီဓါတ်	အရေပြားနှင့် ပတ်သက်သော ရောဂါဖြစ်ခြင်း။ (Essential fatty acids ချို့တဲ့ပါက)	ခန္ဓာကိုယ်တွင်း အဆီများ၍ ဖြစ်တတ် သော နောက်ဆက်တွဲ ရောဂါများ။
၄။	ဗီတာမင် အေ	ကြက်မျက်သင်ရောဂါ၊ မျက်စိကွယ်ခြင်း၊ ဝမ်းလျှောရောဂါ၊ အဆုတ်ရောဂါ ဖြစ်လွယ်ခြင်း။	ဦးနှောက်တွင် ဖိအားများ၍ သတိလစ်ခြင်း၊ ခေါင်းညှိုး ကိုက်ခြင်း။
၅။	ဗီတာမင် ဒီ	အရိုးပျော့ရောဂါ	ကျောက်ကပ် အစရှိသည့် အရိုး မဟုတ် သော အင်္ဂါများတွင်ကျောက်တည်ခြင်း။
၆။	ဗီတာမင်အီး/ ဂေ	ဇရာကြောင့်ပြောင်းလဲမှုမြန် နိုင်ခြင်း၊ ရောဂါပိုး ဝင်ရောက်ခြင်းမှ ကာကွယ်မှုနည်း နိုင်ခြင်း။	-
၇။	ဗီတာမင် ဘီ (၁)	အာရုံကြော များ အားနည်းခြင်း၊ ထုံနာ ကျဉ်နာ ဖြစ်ခြင်း၊ နှလုံးရောဂါဖြစ်ခြင်း။	-
၈။	ဗီတာမင် ဘီ (၂)	ကျိုးကန်းပါးစပ်၊ လျှာနှင့် နှုတ်ခမ်းတွင် အသား အရည် ကွဲအက်ခြင်း၊ နာခြင်း။	-
၉။	နိုင်ယာစင်ဓါတ်	အရေပြားရောဂါ တစ်မျိုးဖြစ်ခြင်း၊ ဝမ်းလျှော ခြင်းနှင့် ဦးနှောက်နှင့် ပတ်သက်သော ဝေဒနာ များ ဖြစ်ခြင်း။	-
၁၀။	ဗီတာမင်ဘီ (၁၂)	သွေးအားနည်းရောဂါ၊ ဦးနှောက် အာရုံကြော နှင့် ဆိုင်သော ဝေဒနာများဖြစ်ခြင်း။	-
၁၁။	ဖိုးလစ်အက်ဆစ်	သွေးအားနည်းရောဂါဖြစ်ခြင်း။	-
၁၂။	ဗီတာမင်စီ	သွားဖုံးများပွလာပြီး၊ သွေးမကြာခဏထွက်ခြင်း၊ အရေပြား ပေါ်တွင် သွေးထွက်ခြင်း၊ အားနည်း ခြင်း၊ မောပန်း လွယ်ခြင်း၊ ကိုယ်စိတ် ဖိစီးမှု ဒဏ် ကို ပို၍ ခံရခြင်း၊ ရောဂါပိုးများ ပိုမို၍ လွယ်ကူစွာ ဝင်ရောက် နိုင်ခြင်း။	-
၁၃။	ဆားဓါတ် (ဆိုဒီယမ်)	သွေးပေါင်ကျခြင်း၊ သွေးလန်ခြင်း။	သွေးတိုးရောဂါဖြစ်နိုင်ခြင်း။
၁၄။	ထုံးဓါတ်	ကြွက်တက်ခြင်း၊ အရိုးနှင့်သွားများတည် ဆောက် မှု နှေးကွေးခြင်း၊ ကြီးထွားမှု နှေးကွေး ခြင်း။	ကျောက်ကပ်အစရှိသည့် အရိုးမဟုတ် သော အင်္ဂါများတွင်ကျောက်တည်ခြင်း။
၁၅။	သံဓါတ်	သွေးအားနည်းရောဂါဖြစ်ခြင်း၊ မောပန်း လွယ်ခြင်း၊ မူးဝေခြင်း၊ ဖြူဖပ်ဖြူရော်ဖြစ်ခြင်း။	ဦးနှောက်နှင့် သက်ဆိုင်သော ဝေဒနာဖြစ်နိုင်ခြင်း။
၁၆။	အိုင်အိုဒင်ဓါတ်	လည်ပင်းကြီးခြင်း၊ ဆွဲအနားမကြားဖြစ်ခြင်း၊ အသိဉာဏ် ဖွံ့ဖြိုးမှုနှေးခြင်း၊ ကိုယ်ဝန် ပျက် ကျခြင်း၊ ကလေးအသေမွေးခြင်း။	-

Figure - 7: CARRIERS OF DISEASE



**Table-8 : Number of Basic and Voluntary Health Workers**

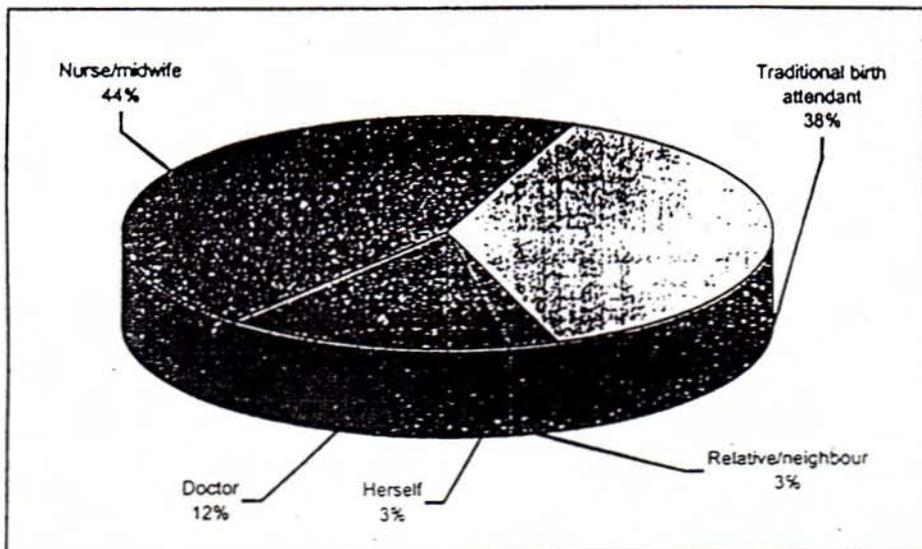
	1995/96	1996/97	1997/98
<b>Basic Health Workers</b>			
Midwives	8,454	8,989	9,524
Public Health Supervisors (I & II)	1,457	1,496	1,633
Lady Health Visitors	1,621	1,736	1,851
Health Assistants	1,280	1,698	1,723
<b>Voluntary Health Workers</b>			
Community Health Workers	38,429	39,383	40,225
Traditional Birth Attendants (trained)	15,704	15,704	15,704
Auxiliary Midwives	22,322	23,322	24,822

(Source: Ministry of National Planning and Economic Development, 1998)

**Table-9: Urban-Rural Variation in Birth Attendants**

	Doctor	Nurse/ midwife	TBA	Relative/ neighbour	Herself
Urban (%)	39	49	13	< 1	< 1
Rural (%)	5	44	45	3	4

(Source: Department of Population 1998)

**Figure-8 : Distribution of Attendants at Births**

(Source: Department of Population 1998)

Figure-9 : Households with Access to Improved Drinking Water

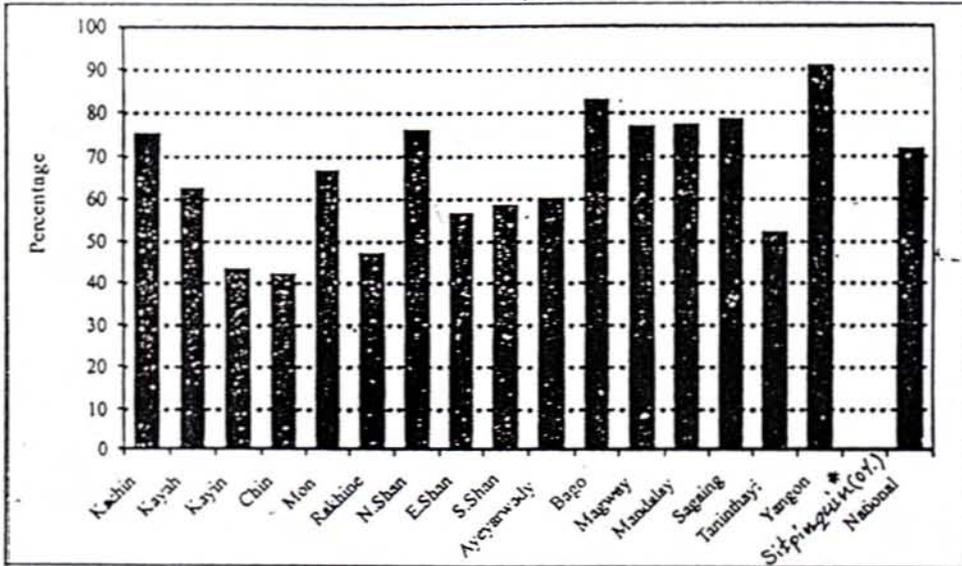


Figure-10: Sources of Drinking Water

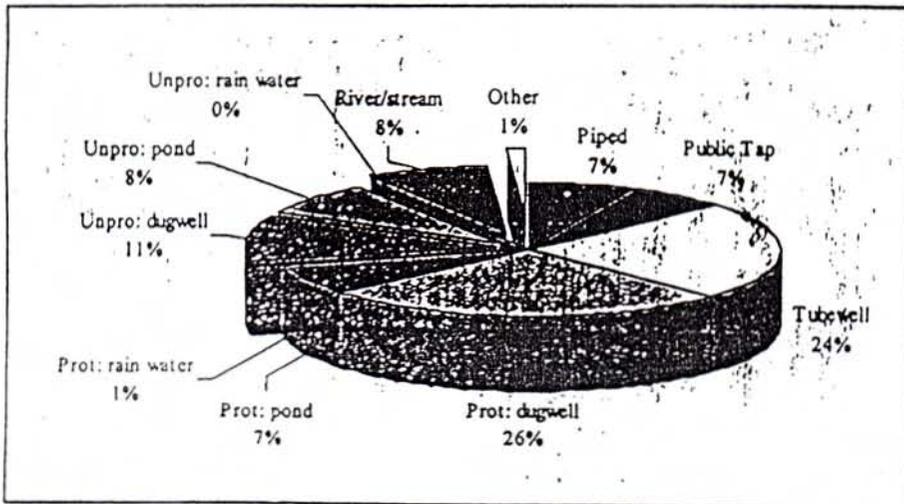
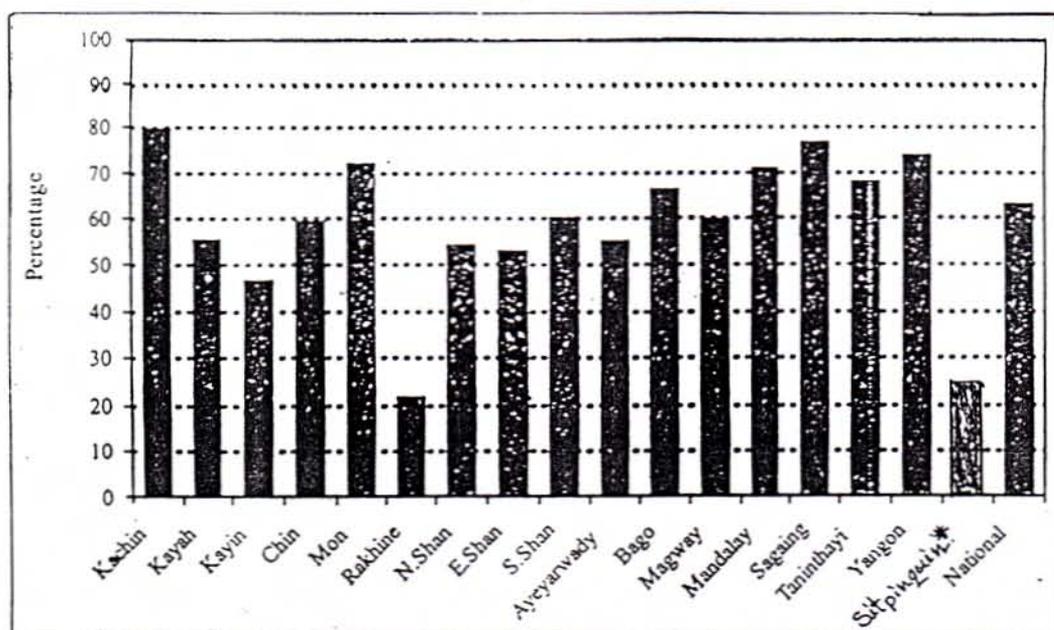


Table - 9 : Water Supply and Sanitation

	Access to Safe and Convenient	
	Water Supply %	Sanitation %
Urban	89	84
Rural	66	56
National	71	63
Si-ping-quin village	0	35

(Source: MICS 2000) (Survey 2010)

Figure-11 : Households with Access to Safe and Convenient Excreta Disposal



(Source: MICS 2000) \* Field survey 2010

Figure-12 : Household Excreta Disposal Facilities

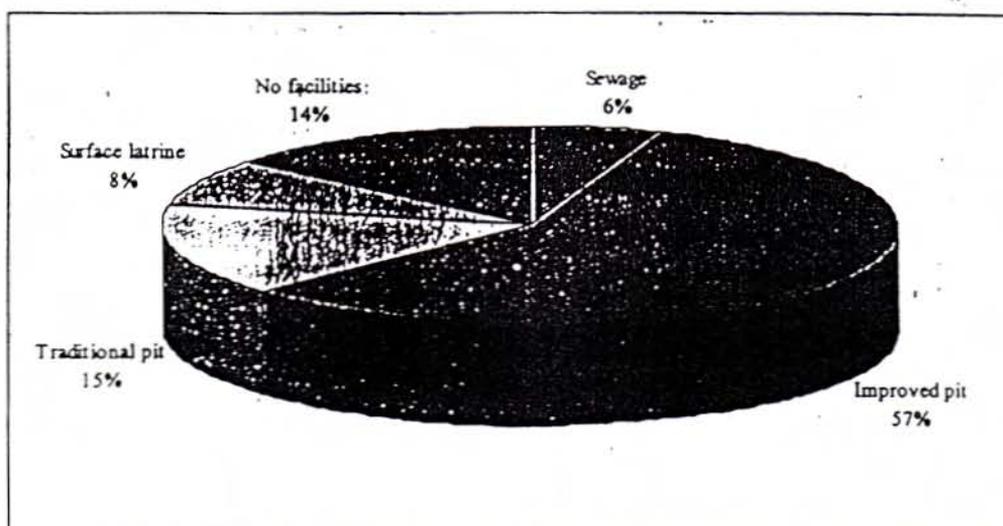


Figure - 13 : Increase in Number of Doctors from 1987 - 88 to 1998-99

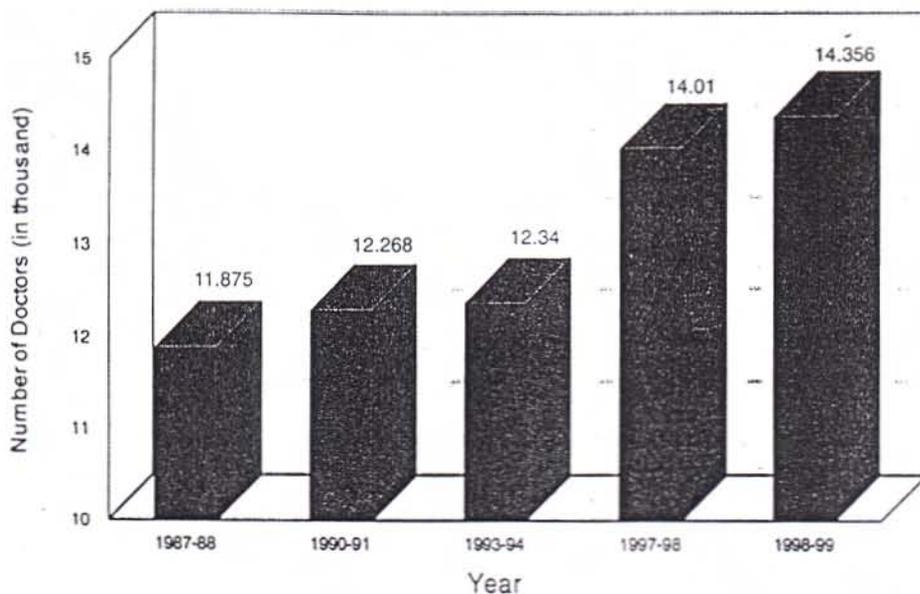


Figure - 14 : Increase in Number of Nurses and Midwives from 1987 - 88 to 1998-99

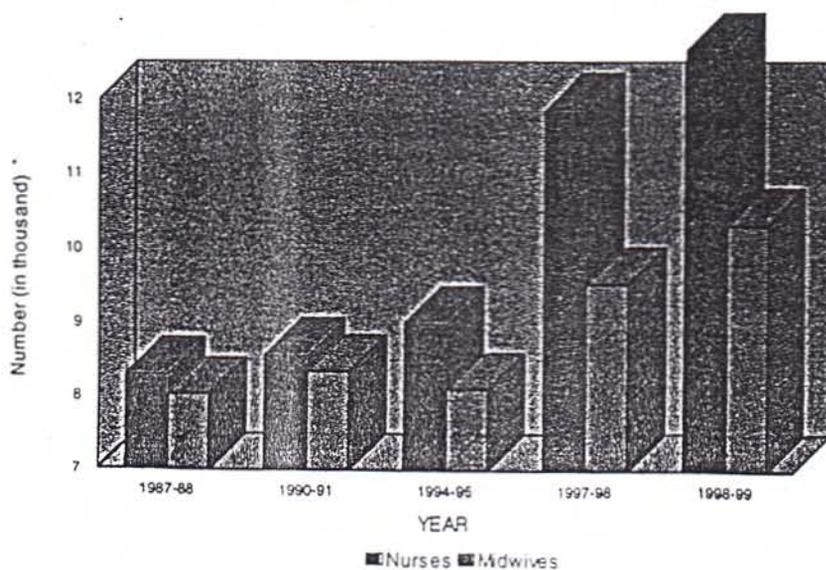


Table-10: Primary and Maternal Child Health Care Resources

	Urban	Rural	Sitpinguin village
Lady Health Visitors	462	1,159	-
Midwives/TBA	1,156	7,165	2
Auxiliary Midwives	-	24,822	-
Health Centres	84	-	-
Maternal Child Health Centres	384	-	-
Station Health Unit or Hospital	-	650	1
Rural Health Centre	-	1,410	-
Sub-Centre	-	5,720	-

(Source: Ministry of Health, 1999)

Field survey 2010

Figure - 15 : Increase in Number of Rural Health Centres from 1987 - 88 to 1998-99

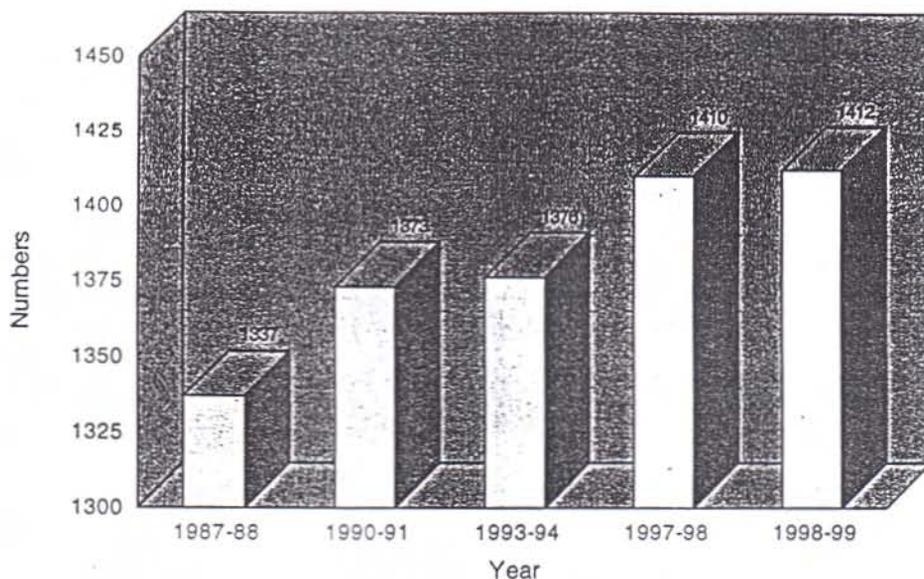


Figure-16 : Increase in Number of Hospitals and Hospital Beds from 1987 - 88 to 1998-99

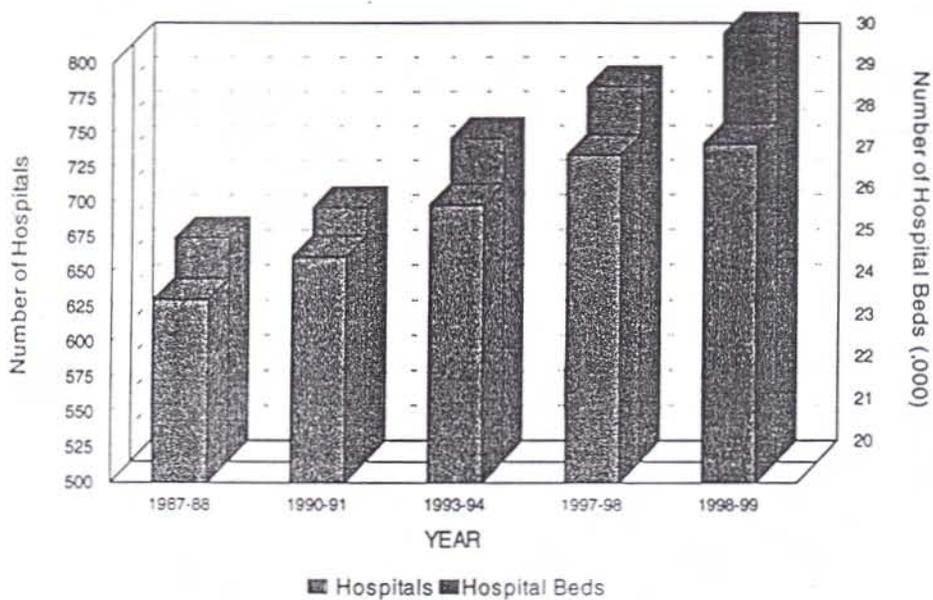
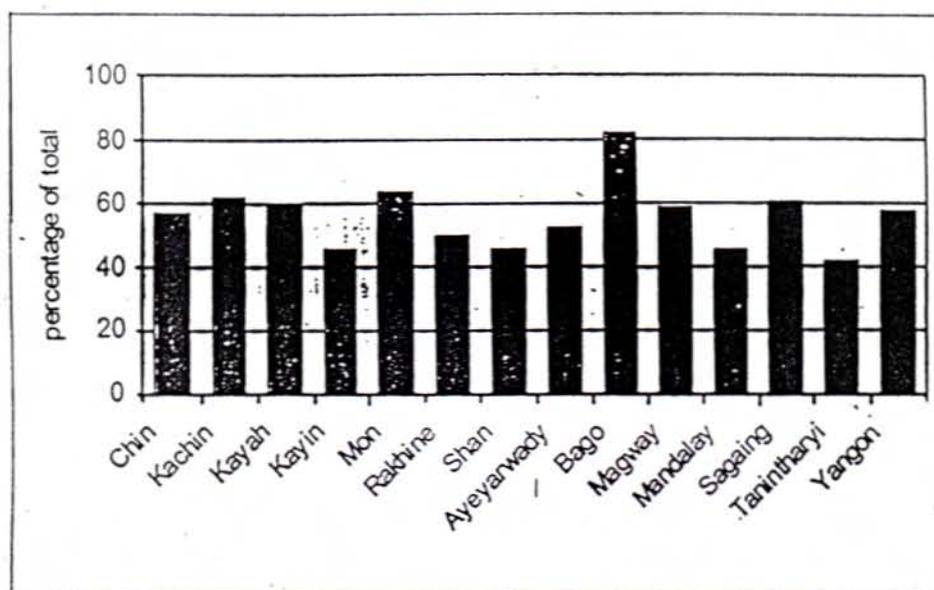
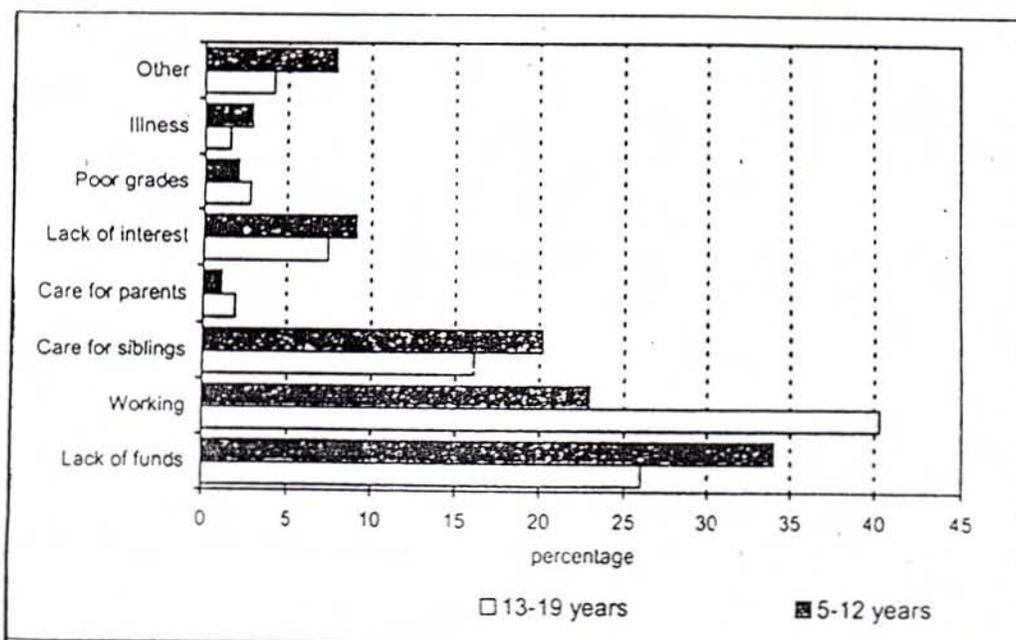


Figure-17: Percentage of Certified Teachers



(Source: Government of Myanmar 1999)

Figure-18: Reasons for Dropping Out of School



(Source: UNDP 1996)