

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF ECONOMICS
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**A STUDY ON SOCIO-ECONOMIC DEVELOPMENT OF AHLONE
TOWNSHIP, YANGON REGION
(2017-2021)**

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EMDevS - 62 (17th Batch)**

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**A STUDY ON SOCIO-ECONOMIC DEVELOPMENT OF AHLONE
TOWNSHIP, YANGON REGION, 2022**

**A thesis submitted as a partial fulfillment towards the requirements for
the Master of Development Study, MDevS Degree.**

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ABSTRACT

The study is concerned with socio-economic status of Ahlone Township in Yangon Region. The main objective of this paper is to analyze the current Socio-Economic situation of Ahlone Township people. When studying the living standard education and health conditions in Ahlone Township. It contains the students/ teacher's ratio and current school attendance. In economics sector, labour force participation rate and unemployment in Ahlone Township. There are two private hospitals and one health care center in Ahlone Township. Method of Study is descriptive method based on secondary data. Period of 2017 to 2022. This study aimed to assess Socio-economic impact of education and health of Ahlone Township.

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List of Abbreviations

| | | |
|--------|---|---|
| CPR | - | Comprehensive personal record |
| CCA | - | Child-countered Approach |
| TMO | - | Township Medical Officer |
| TEO | - | Township Educational Officer |
| PHC | - | Public Health Centre |
| GAD | - | General Administrative Department |
| UNESCO | - | United National Educational, Scientific and Cultural Organization |
| GNP | - | Gross National Product |
| GDP | - | Gross Domestic Product |
| SAT | - | Senior Assistant Teacher |
| JAT | - | Junior Assistant Teacher |
| PAT | - | Primary Assistant Teacher |
| MDGs | - | Millennium Development Goals |
| TFR | - | Total Fertility Rate |
| UNFPA | - | United Nations Population Fund |
| DOP | - | Department of Population |

Chapter (1)

INTRODUCTION

1.1 Rationale of the Study

When a country's economic development, the main factors such as natural resources, human resources, technical improvement, and infrastructure development are important. According to the World Bank classification of infrastructure, it can be classified into economic infrastructure and social infrastructure. Social infrastructure is not only for human resource development but also for economic development, to develop the human resources and the improvement of social infrastructures such as the development of education and health care.

Many less developed countries' education systems are inherently in egalitarian. In the sense that poor students have less chance of completing any given education cycle than more affluent students. First, the private cost of primary education (especially in view of the opportunity costs of child labor to poor families) is higher for poor students than for more affluent students. Second, the expected benefits of primary education are lower for poor students. Together, the higher costs and lower expected benefits of education mean that a poor family's rate of return from investment in a child's education is lower than it is for often families. Education is also an important contributor to technological capability and technical change in industry.

The government of Myanmar Strives to get the right balance between economic and social development and environmental protection and sustainability. The government also seeks to help reduce the rural-urbans divide a term of access to markets, to information, to technology, to finance, to education to information, to technology, to finance, to education to basic infrastructure and healthcare, among other.

Solid education system plays a critical role in a healthy economy. It creates higher incomes advanced technology, industrialization, develop knowledge and skillful workers. This reason is the study of education sectors to the socio-economic development of Ahlone township.

1.2 Objectives of the Study

The main objective of the study is to analyze the socio-economic development of Ahlone township, Yangon Division.

1.3 Method of Study

The secondary data are collected from the General Administrative Department (G.A.D) of Ahlone Township. Other documental relevant data are collected from libraries, previous studies, and internet websites.

1.4 Scope and Limitations of the Study

This study is focuses only socio-economic conditions and the health and education status of the Ahlone Township are studied in this study. The study fined cover from 2017 to 2022. This study limited about under two ministries of Health and Education of Ahlone Township.

1.5 Organization of the Study

This study is organized into five chapters. Chapter one mentions the introduction, chapter two presents literature review chapter three includes the Social-Economic Development of Ahlone Township and chapter five consists of research finding recombination and conclusion.

Chapter (2)

LITERATURE REVIEW

2.1 Economic Growth and Economic Development

Economic growth is the increase in the market value of the goods and services produced by an economic overcome. This study focuses on the economic aspects of the development process in low-income countries.

Economic development differs from economic growth, results from an assessment of the economic development objectives with the available resources, core competencies, and the infusion of greater productivity, technology and innovation, as well as improvement in human capital, resource and access to large markets. Economic development transforms a traditional dual-system society into a productive framework in which everyone contributes and from which receive benefits accordingly. Economic development take place when segments of the society benefit from the reward of economic growth through economic efficiency and equity. Economic efficiency will present minimum negative externalities to society, such as secondary, agency, transaction, and opportunity costs. Likely, disintegration of national sovereign states into more fragmented nations along the ethnic lines would not help these newly formed societies to accede to a formidable economic development regardless of their form of government.

Economic development is the growth of a nation's or region's financial resources for the benefit of its citizens. From a policy standpoint, economic development is described as initiatives that aim to enhance a community's economic well-being and quality of life by creating and or retaining jobs and supporting or growing incomes and tax base. Economic development is not the quantitative measure of growing economy such as the rate of increases in national income per head, but also qualitative measure the economic, social and other changes that produced the growth. It can be said as process whereby an economy's national income increases over a long period of time as a dynamic process.

Economic growth is the growth in a nation's productive potential that results from the increased availability and productivity of resources. Economic growth is the increase of a specific measure such as real national income, gross domestic product or per capita income. National income or product is commonly expressed in terms of a measure of the aggregate value-added output of the domestic economy called gross domestic product (GDP). When the GDP of a nation rises it is referred to as economic growth. Economic growth is a statistical process which is an essential component of development. It can be growth without development but development cannot be perceived without growth.

Nations need balanced growth of economic sectors of their economy. The economic growth without balancing among the economic sectors is not sustainable in the long term. Therefore, it is necessary for the sector-wise development of a nation. Some economists defined development as the capacity of a national economy, to generate and sustain an annual increase in its GNP at rates of perhaps 5% to 7% or more.

However, there are some countries where there is GNP increase, agriculture's share declines and manufacturing and service industries increase, but still poverty exists among the people. The new economic view of development, during the 1970s, redefined development in terms of the reduction or elimination of poverty, inequality in the income distribution and decrease in unemployment within the context of a growing economy.

One of the most crucial signs of a healthy economy is economic growth. The fact that long-term growth of a nation has a favorable effect on national income and employment levels, raising the standard of life, is one of its most significant effects. The economy of the nation is becoming more productive as a result of the rising GDP, which creates more jobs.

Development has been defined as "a process of growth, expansion or realization of potential, bringing regional resources into full productive use" in other words development is a process of change aiming at socio-economic transformation of traditional societies into modern ones which is greatly influenced by human beings. Activities related to the development are generally directed towards national buildings and socio-economic transformation.

Development being concerned with how the lives of the people are actually affected, incorporates measures including real income per capita, literacy level and the standard of education, skill development, quality of health care and the numbers of doctors per thousand people, life expectancy, availability of housing and environmental

standards. The Human Development Index (HDI) is used to measure the level of development. HDI is developed by UNDP (United Nations Development Programme) to analyze systematically and comprehensively the compare tire status of socio-economic development in different countries and which based on combining measures of education, health and adjusted real income per capita.

2.2 Regional Development

Region is a homogeneous area with physical and cultural characteristics distinct from those of neighboring areas as an ideology, a social movement, or the theoretical foundation for regional planning, regionalism effectively illustrates the regional concept in action. Regional planning might attract special attention either for political or humanitarian reasons because a country's overall development depends on the relative prosperity of all its regions.

The objective of regional studies is constituted by; (1) the processes of change in human activities as they occur in regions; (2) the relationship between these process and dynamics of spatial structures such as settlement system; (3) the relationship between activities in the various regions of a country; (4) the effects of international relations upon these process and relationship, all with a view toward helping to bringing about development.

Under this approach for regional development, the goals into specific sectorial objective for the reference of different bodies of the administration for various areas of focus, including:

- Economics (incomes growth, salaries increment, regional commercial balance, production, debt capital resource mobilization, co- financial capacity, market linkages, value chains, efficiency and geo-marketing)
- Social (poverty reduction, public participation, cohesion building, gender equality, diversity, education, health and nourishment)
- Cultural (historical centers renters' renewal, historical and archaeological areas rescue and preservation, regional culture conservation and promotion, tradition and ancient knowledge promotion.)
- Administrative (social solidarity building, training functionality, reengineering, competitiveness and institutional building)

- Management (decision making, priorities definition, negotiation, advocacy and strategic partnering)
- Political (stability conflicts, settlement, legal impacts reduction, regional autonomy, national policies participation definition, strategic thinking, intelligence, influence and political partnering for development)
- Physical (infrastructure, equipment and services land management, spatial condition and geographical information systems)
- Environmental (protected and buffer areas conservation, sustainable use of natural resources. Cleaning of polluted water-bodies, environmental quality management and solid waste management)

2.3 Socio-Economic Development

Socio-economic development is the process of social and economic development in a society. Socio-economic development is measured by indicators like GDP, life expectancy, literacy, and employment levels. Changes in less tangible factors like individual dignity, freedom of association, personal safety, and freedom from fear of physical harm are also taken into account, as well as the externals of civil society participation. Causes of socio-economic impacts are, for example, new technologies, changes in laws, changes in the physical environment and ecological changes.

Socio-economic development of any region or area depends upon various factors or components, which belong to different parameters and it is very difficult task to discuss each and every component of socio-economic development in detail.

Social sector development is defined as a process with results in the transformation of social structure in a manner that subconscious in the society emerges as conscious knowledge in pioneering individuals. Social development provides social spillovers benefit with occur when the production or consumption of a good service yield benefits to persons other than those during the production or consuming. Provision of quality health and education service provide, over and above the direct benefits to the individuals who receive them greater productivity, earning power and direct consumption benefits to the society as a whole. Some of the spillover benefits are better democratic process, more enlightened citizens who makes the society a more pleasant place in which to live, better government services to the community techniques and facilities, reduced fire hazards.

2.4 Economic Sector Development

Economic sector development has a direct relationship with the environment. Economic development can also be referred to as the quantitative and qualitative change in the economy. Such nation can involve multiple areas including development of human capital, critical infrastructure, rural competitiveness, environmental sustainability, social inclusion, health safety, literacy, and other initiatives.

Development is defined as the process of improving the quality of all human lives. Three equally important aspects of development are (i) raising people's level of living, their income and consumption levels of foods, medical service, education etc, through relevant economic growth process (ii) increasing condition conducive to the growth of people's self-esteem through the establishment of social, political and economic system and institution that promote human dignity and respect and (iii) increasing people's freedom by enlarging the range of their choice variables as by increasing varieties of consumer goods and services. Improvement in a number of indices, including as literacy rates, life expectancy, and poverty rates, is often associated with economic development. Alternative measures of economic well-being have been offered because GDP does not account for imported factors like leisure time, environmental quality, freedom, or social fairness. A nation's human development, which includes, among other things, health and education, is correlated with its economic development.

2.5 Meaning of Socio-Economic Development

The process of social and economic development in a society is referred to as socio-economic. Indicators used to measure socioeconomic development include GDP, life expectancy, literacy rates, and employment rates. Changes to less tangible variables are also taken into account, such as the degree of engagement in civil society, personal safety, freedom from fear of physical violence, and personal dignity and freedom of association.

Socio-economic impacts are change in laws, changes in the physical environment, new technologies, and ecological changes. There is considerable disagreement over the meaning and measurement of socio-economic development and what actually constitutes true development. Socio-economic development refers to the ability to produce an adequate and growing supply of goods and services productively and efficiently, to accumulate capital and to distribute the fruits of production in a relatively equitable manner.

Education and health are basic objective of social development. Health is central to well-being and education is essential for a satisfactory and rewarding life. At the same time, education plays a main role in the ability of developing country to adopt modern technology and to develop the capacity for self-sustaining growth and development. Moreover, health is quite for increase in productivity while successful education can also be seen as vital components of growth and development as inputs to the aggregate production function. Their dual role as both inputs and outputs gives health and education within countries is as important is income distribution life expectancy may be quite high for better off people in developing countries.

2.6 The Role of Education and Health in Socio-economic Development

Education is a crucial factor of social, economic and cultural development. It provides economic opportunities and helps to overcome social barriers. It also enhances earning potential and productivity of people through acquisition of skill and information for various opportunities and jobs. Thus, the level of education determines the quality of people and development of a region. Importance of education hardly needs any elaboration. Investment in human resources is more important than in any other resources. It is education that contributes significantly in improving conditions of people from state of deprivation to prosperity. Education not only yields a huge set of benefits to individual concerned as well as to the society in the form of a larger set of externalities, but it also regarded as a great equalizer in income distribution and reducing poverty and disparities.

2.6.1 Education and Poverty

Education is related to poverty at both micro and macro levels. At the micro level, Illiterate people or households are generally less productive, enter lower-paying professions, make less money overall, and maintain extremely poor standards of living, oftentimes below the poverty line. At the macro level, countries with large populations of illiterate or less educated people cannot advance well, cannot significantly expand their productivity, and as a result continue to have low standards of life. The impact of the relationship between poverty and education is further felt as education and other basic needs reinforce each other. Less educated households and nations are also characterized by high mortality rates and poor health.

There are two fundamental economic reasons why one might suspect that many less developed countries' education systems are inherently inegalitarian. In the sense that poor students have less chance of completing any particular education cycle than more affluent students. First, the private costs of primary education (especially in view of the opportunity costs of child labor to poor families) are higher for poor students than for more affluent students. Second, the expected benefits of primary education are lower for poor students. Together, the higher costs and lower expected benefits of education mean that a poor family's rate of return from investment in a child's education is lower than it is for other families. The poor are, therefore, more likely to drop out during the early years of schooling.¹

Elaborating on this point, opportunity is adopted costs of labor to poor families even if fertilizer and other modern inputs than less educated farmers. Education is also an important contributor to technological capability and technical change in industry. The level of human development has a bearing on the quantity and quality of investment and from the other important determinants of economic performance. When a system's human capital supply is more plentiful, the volume of both domestic and foreign investment is likely to be larger. Because more educated people are more likely to innovate, the overall capital productivity rises as education levels rise among the labor force. The average educational level rises along with overall production. the influence of education on the type and expansion of exports, which in turn influence the rate of overall growth. The education and skills of a developing country's labor force influence the nature of its factor endowment and consequently the composition of its trade. "Unskilled" workers in a modern factory normally need the literacy, numeracy and discipline, which are acquired in primary and lower secondary school.

Family is the foundation of a good society and of economic success. Families have differed over time, but they are still very important in the modern economy. Families make a variety of decisions such as to have many children or to have fewer children. As countries develop, the trend shifts very strongly toward children.

Parents with higher level of education, perhaps of mothers, tend to improve the treatment of children, especially the daughters. The gap between the education of sons and daughters is smaller when parents are more educated. More educated men and women tend to invest more in their own health and the health of their children. The

¹ Education in developing Asia, equity and access of education. Themes, tensions and policies, W.O.Lee, Vol.4,p-36.

educated persons are the least likely to smoke. The uneducated jobless people usually sit at cafes and waste their times. Many of them smoke. Educated person tend to consume a healthier diet even when the total amount spent on food is held constant. Families are the major promoters of values in any society.²

Primary and secondary education raises the productivity of workers. Secondary education facilitates the acquisition of managerial capacity and skills. Higher education supports the development of basic science and development of technologies. Secondary and tertiary educations also represent the critical element of the development. Increases in earnings are associated with additional years of education and the rate of return varying with high level of education.

In agriculture, there are positive effects of education on productivity among farmers using modern technologies but less positive impact among those using traditional methods. Children of primary school age are typically needed to work on family farms, often at the same time as they are required to be at school. If children cannot work because they are at school, the families either suffer a loss of valuable subsistence output or are required to hire paid labor. In either case, there is a real cost to a poor family of having an able-bodied child attend school when there is productive work to be done on the farm a cost not related to tuition and of much less significance to higher-income families, many of whom live in urban areas where child work is not needed.

As a result of these high opportunity costs, school attendance, and therefore school performance, tends to be much lower for the children of poor families than for those from higher-income backgrounds. Thus, in spite of the existence of free and universal primary education in many countries, children of the poor are seldom able to proceed beyond the first few years of schooling. Their weak school performance many have nothing to do with a lack of cognitive abilities: it may merely reflect their disadvantaged economic circumstances.³

Some countries have successfully combined openness and investment in learning and education, forming a virtuous circle: openness creates demand for education, and learning and education make a country's export sector more competitive. Knowledge accumulation influences a country's trade performance and competitiveness (Grossman and Helpmann 1989); trade, in turn, enhances knowledge accumulation, especially through imports (Ben David and Loewy, 1995). Lucas notes that to sustain any kind of

² <http://www.paribus.tr.googlepages.com/i-ozturk.htm>

³ <http://www.paribus.tr.googlepages.com/i-ozturk.htm>

knowledge accumulation, a country has to be outward-oriented and a significant exporter. Young and Keller find that trade itself cannot be the engine of growth, but rather must operate throughout some mechanism, such as the formation of human capital, to affect growth. A World Bank study found that economic growth rates in a sample of 60 developing countries during 1965-87 were especially high where there was a combination of a high level of education and macroeconomic stability and openness (Tilak,1989). The impact of trade openness on long-term growth thus depends on how well people are able to absorb and use the information and technology made available through trade and foreign investment. It is widely accepted that in order to adapt to an environment of stronger competition, and to a world emphasizing the role of information, knowledge and skills, advanced economies need continuously to upgrade the overall quality of their labor force.⁴

Health is defined as a state of complete physical and mental well-being by WHO. Thus, health is a state of soundness of mind and body of an individual in which it is free from any sort of disorder. Pain of sickness and all organs of body function well and are conducive for efficient and prolonged life. Health and nutrition are the most important and essential aspect of social concern. These are the basic needs of the social well-being, because a sound body and mind are the basic requisites for the maintenance of a healthy society function. Likewise, the proper nourishment is also pre requisites to maintain both sound physical and mental health. The proximity to health care facilities is of paramount importance, because this is one of the most noteworthy social facilities in which geographical space creates impurity. The nation should have health approach in all is socio-economic schemes and give health education to the masses; the nation should give good and adequate health services to the community. Public health services like hospitals, dispensaries, clinics, doctors, nurses, health centers, etc. should go the rural areas and over villages folks should have develop along with other sectors of economy. In many countries a large proportion of the health resources are expanded in a few cities for the benefit of a small proportion of the population.

2.7 Previous Studies

This study mainly based on previous research paper from local and international research paper. The following section presents previous studies of social-economic

⁴ <http://www.paribus.tr.googlepages.com/i-ozturk.htm>

condition of Phaunggyi (East) model villages, Socio-Economic situation in Wakema Township and Socio-Economic Development of Hlegu Township. The Socio-Economic condition of Phaunggyi (East) model village main point of health development in the village, the number of doctors and health staff should be strengthened in real for getting the villagers health life. And then education sector, the number of teachers should be increased for the increased of students. The number of schools should be uplifted to rise the number of educated persons and education facilities should be upgraded and set up the schools in this area.

The Socio-Economic situation in Wakema Township finding for health development one hospital, two local health care center, ten village health care center, one school health care center five rural health care center, fifteen private clinic and seven Traditional health care. And then, five high schools, sixteen middle schools and one hundred and fifty five primary schools. Teacher student ratio is 1:6 very good ratio for students. The number of qualified teachers is important and help in development society. A study on Socio-Economic development of Hlegu township finding for health sector, 98 beds hospital, 8 public rural health centers, 37 sub rural health centers and 22 private health clinics. The ratio of patient per doctor is 1:24253 in 2017-18. For education sectors, 211 schools in 2017-2018. There are colleges and 1 sub university. In high school teacher and student's ratio is 1:27, middle schools' teachers and student's ratio is 1:22 and primary school's teacher and student's ratio is 1:32.

Chapter (3)

SOCIO-ECONOMIC DEVELOPMENT IN MYANMAR

3.1 Brief History of Myanmar Socio-Economic Development

Development is defined as "the process of improving the quality of all human lives." Three equally important aspects of development are: (1) raising people's standards of living, which is equally important as other aspects of development. (1) raising people's standard of living (their incomes and consumption levels of foods, medical services, education, etc.) through relevant economic growth processes.

The goal of the scientific study of human development is to comprehend, justify, and explain how and why individuals change over the course of their lives. Physical, emotional, intellectual, social, perceptual, and personality development are all parts of this process of human progress. In the past, "development" has been defined as the ability of a nation's economy to generate and sustain an annual increase in its gross national product (GNP) at a rate of 5% to 7% or more after a period of time in which it had a more-or-less stable economic condition.

Relationship between environmental protection and economic growth. Another name for economic development is the quantitative and qualitative changes in the economy. These initiatives may include a range of topics, including social inclusion, developmentally sustainable practices, health and safety measures, and literacy programs. The techniques and regulations a country uses to enhance its citizens' economic, political, and social well-being are included in the definition of economic development. Economic development is the process of a country's population's living standards rising through time as its economy transitions from a traditional, low-income one to a contemporary, high-income one.

Social and technological refer are both examples of economic development. Growth in the economy is simply implied by an increase in output quantity; development may or may not be included. The rate of change in gross domestic product is frequently used to quantify economic growth (e.g., percent GDP increase per year). The total value

added by all economic activity that takes place within a nation's borders is known as its gross domestic product.

Increases in a number of indices, including life expectancy, poverty rates, and literacy rates, are often associated with economic development. Alternative measurements of economic wellbeing have been offered because GDP does not account for imported factors like leisure time, environmental quality, freedom, or social fairness. Human development which includes, among other things, health and education is correlated with economic development in a nation.

Social development is defined as “a process which results in the transformation of social structures in a manner that is subconscious in the society emerges as conscious knowledge in pioneering individuals.” Social development benefits from social spillover, which happens when those not directly involved in the production or consumption of a good or service gain from it. Along with direct benefits for the recipients, high-quality health and education services increase productivity, earning potential, and direct consumption benefits for society as a whole. A better democratic process, more intelligent citizens who make society a nicer place to live in, improved community government services, processes, and facilities, reduced crime rates, and less fire hazards are a few of the spillover advantages.

The main goal of rural development initiatives is development, with a particular emphasis on the social and economic growth of the regions. Programs for rural development are often top-down and come from national governments, international development organizations, NGOs, local or regional authorities, and regional development agencies. Local communities can also initiate endogenous development efforts, though.

The development of underdeveloped communities is the primary objective of rural government policy. Development of underdeveloped communities is the goal of rural government policy. In order to address the demands of the rural area, rural development seeks to identify ways to enhance the lives of rural residents through their participation. The environment, culture, language, and other aspects of the locality that are common may not be understood by the outsider. As a result, the entire public must take part in their sustainable rural development.

3.2 Economic and Social Policies of Myanmar

The term "socioeconomics" (sometimes "socio-economics" or "social economics") has several different meanings. The term "social economics" may broadly apply to the application of economics to the study of society. The process of a society's social and economic development is known as socio-economic development. Socio-economic development is a process that aims to identify the social and economic requirements present in a community and develop solutions to fulfill those needs in ways that are both realistic and long-term benefits to society. GDP, life expectancy, literacy, and employment rates are a few examples of socioeconomic development indicators.

To promote the new policymakers who will be in charge of Myanmar, the World Bank Group has created a number of policy papers to encourage discussion and suggestions on inclusive growth. The policy notes highlight six priority areas: public sector governance, financial inclusion, the competitiveness of the private sector, and access to social services. They also call out efforts to reduce rural poverty and increase access to social services. Each policy explains the backdrop and potential for change, including current reforms and advancements, and also emphasizes regional experiences and lessons learned.

Social development's fundamental goals are health and education. Health is crucial to wellbeing, and education is necessary for a happy and fulfilling life. Education also has a significant impact on a developing nation's capability for self-sustaining growth and development and its ability to absorb modern technology. Additionally, good health is necessary for greater productivity and is also necessary for successful schooling. Thus, both education and health can be viewed as essential elements of development and as inputs to the function of aggregate output. Health and education are of utmost importance in economic development due to their dual function as both inputs and outputs. Within nations, it's crucial to consider how health and education are distributed as income distribution; life expectancy may be quite high for better-off people in developing countries.

Additionally, the majority of people in poor countries now have access to literacy and other basic education, which is historically unprecedented. Despite these tremendous accomplishments, the developing nation still has a long way to go in its efforts to enhance the health and education of its citizens.

Economic development and education are strongly intertwined; on the one hand, increased health capital may increase the return on investments in education because health is a key component of a child's formal learning process and attendance at school. A longer life is a result of the return on investment in education. On the other hand, as many health initiatives frequently rely on fundamental skills, greater education capital may increase the return on investments in health learned at school, including personal hygiene and sanitation.

3.3 Education in Myanmar

The population's health is significantly impacted by education, which is essential for social and economic growth. One of the best tools for eradicating poverty and advancing health, gender equality, peace, and stability is education, which is also a potent force behind development. Education resists growing inequality and delivers significant, dependable returns on money. Worldwide Bank The growth of children, communities, and nations depends heavily on education, which is a fundamental human right. Good education leads to good institutions, physicians, jobs, and a host of other advantages. Because of high-quality education, many objectives might be automatically accomplished. As a result, education is valued in Myanmar society as it would assist pupils have more chances throughout their entire lives. This chapter presents an overview of education and health in Myanmar.

3.3.1 Education System in Myanmar

The development of the world today does not rely on its natural resources and prosperity but on the quality of its human resources. In Myanmar, the Ministry of Education is the center that develops human resources. The tasks of the Ministry of Education are carried out through the basic education sub-sector. The Ministry of Education is completely responsible for the basic education sub-sector. All 13 ministries, including the Ministry of Education, take responsibility for higher education.

(a) Basic Education Sub-Sector

The Ministry of Education is in charge of overseeing all institutions of basic education. According to the guidelines of the statutory bodies and organizations: The Basic Education Council, the Basic Education Curriculum Committee, the Syllabus and Textbook Committee, and the Teacher Education Supervisory Committee, the three

departments of basic education and the department of educational planning and training are responsible for managing and administering basic education.

The official school system's entry age is five. The 5-4-2 basic education system consists of a five-year primary education (grades 1 through 5), a three-year lower secondary education (grades 6 through 8), and a three-year upper secondary education (grades 10 through 12). Due to the nearly one-hundred-year presence of the British in Myanmar, the educational system is based on the British system. The majority of schools are run by the government, however recently, the number of privately funded schools has increased (which specialize in English). Up to the conclusion of primary school, attendance is required.

Basic education system of Myanmar is classified two levels;

1. Primary education
2. Secondary education

1. Primary Education

The first grade of school is required by law. Students must successfully complete a five-year program that includes a thorough examination of fundamental courses in order to move on to secondary school. For kids over two who are in comprehensive care or the public system, preschools are available. In order to enroll in kindergarten, a child must be 5 years old (or, if the school has just started, no less than 4 years, 8 months).

The government of Myanmar has mandated that students in Grades 1 through 5 attend elementary school. Lower primary schooling refers to grades one through three. At this grade level, students study science, mathematics, and the languages Myanmar and English. Upper primary is often defined as grades four and five. Statistics from 2011 show that while enrolment rates were almost 85%, completion rates were slightly higher at a little over 81 percent. The Thirty-Year Long-Term Basic Education Development Plan (2001-02 FY to 2030-31 FY), which runs from 2001-02 to 2030-31, is also being carried out in Myanmar in an effort to promote improved basic education access and quality.⁵

⁵ http://factsanddetails.com/southeast-asia/Myanmar/sub5_5fentry-3117.html

2. Secondary Education

Students who are ninth graders in high school have the option of choosing an arts or science program. All students take math, English, and Myanmar classes. Science majors focus on chemistry, physics, and biology, whereas those in the arts also study geography, history, and economics. Along with determining their higher school eligibility, these paths also define which matriculation subject tests they will sit for. The expiration of this window allows pupils in government schools to take the university admission exams. Private English schools' students might not though.

At the end of Grade 12, students take the University Entrance Examination, commonly referred to as the "matriculation exam" in English, administered by the Myanmar Board of Examinations annually in mid-March. High marks in a subject earn a distinction. Students who achieve distinctions in five or more subjects (or a combined total of approximately 500–600) are generally guaranteed placement in one of Myanmar's medical universities, the most selective of universities. Test score results are released at testing sites throughout the country in June.

Students who attend private schools or international English-language schools are not permitted to enroll in Burmese institutions or take the matriculation exam. Instead, they frequently pursue international studies in nations such as Singapore, Malaysia, Australia, the United Kingdom, and the United States. 695 overseas Burmese students attended American universities in 2010, mostly private liberal arts colleges.⁶

3.4 Health in Myanmar

Since the new incoming government of the State Peace and Development Council has undertaken the state, there have been four social objectives in the declaration of twelve objectives of the state in Myanmar. The government has implemented **National Health Development Programs** as strategic significance for socioeconomic development of the country.

- “The National Health Policy was developed with the initiation and guidance of the National Health Committee in 1993. The National Health Policy has placed the "Health for All" goal as a prime objective using Primary approach.”

⁶ <http://www.classbase.com/countries/Myanmar/Education-System>

3.4.1 Health Development Plans

The Ministry of Health is methodically creating health plans with the purpose of improving the overall population's health status. Short-term National Health Plans have been created and put into action since 1991. In March 2011, Myanmar's military government was replaced with a civilian one. The healthcare industry is still plagued by numerous issues, despite the fact that democracy has advanced since then. This article provides a quick review of the present situation with health services in Myanmar because the healthcare system there is not well-understood.

The Republic of the Union of Myanmar had a population of 51,410 000 in 2014, according to the Census. According to estimates, there were 18.9 births per 1,000 people in the preceding year, which means there were an annual population growth rate of 0.89% between 2003 and 2014. The Ministry of Health was reorganized into six departments.

National non-governmental organizations and community-based organizations support healthcare, as do international non-governmental organizations. Since hospital statistics collected by the government cover only public facilities, the information on private facilities is limited. Although there were not enough medical doctors (61 per 100,000 people), the number of medical students was reduced from 2,400 to 1,200 in 2012 to ensure the quality of medical education.

While the reasons of deaths in the general population could not be discovered, hospital statistics did provide some information. Despite a significant improvement, the numbers fell short of the levels required by MDGs 4 and 5. A pilot prepaid health insurance program began in July 2015 and will be assessed after a year. Numerous international organizations, like the Japan International Cooperation Agency, support Myanmar's health system.

Significant advancement in the healthcare industry is anticipated with these efforts and assistance.

Existing health development plans are:

- Myanmar Health Vision 2030:30 Years Long- Term Health Plan (2000-01 to 2030-31).
- Health System Strengthening
- Disease Control Programme
- Public Health Programme
- Curative Services Programme
- Development of Myanmar Traditional Medicine Programme
- Human Resources for Health Development Programme
- Promoting Health Research Programme

3.4.2 Healthcare Facilities

Health Facilities are-

- Public facilities
 - Private non-profit facilities and
 - Private for-profit facilities.
 - Public hospitals (These facilities are mainly responsible for preventive services and public health activities)
 - Healthcare Professionals
1. Current manpower such as doctors, nurses and midwives and dental surgeons per 100,000 population in Myanmar.
 2. Education for healthcare professionals and
 3. Employment.

While health policies are intended to guide the economic, social, and legal order of events and relations in the implementation of healthcare development programs,

healthcare facilities are indicators reflecting the provisions of health care, which include medicines, services, and health knowledge, as well as the quality of life in a society. By looking at the availability and accessibility of healthcare facilities in a region, the health status of its population can be discerned. The stage of economic development in a country can be described using quantitative information on the health status of its population.

Hospitals and other institutions of healthcare have responsibilities to provide services and monitor the achievement of national health policies. Whether that establishment is primary health care or a first-line hospital, it is an integral part of a social and medical organization whose purpose is to provide for the population's complete health care, both curative and preventive.

To achieve the goals of the National Health Program, the government has prioritized the expansion of healthcare centers for rural and border areas, particularly the Rural Health Centers (RHC), which are regularly stocked with staff, equipment, and essential drugs. A rural health center (RHC) currently has one health assistant (HA), one lady health visitor (LHV), five midwives (MW) (one in the main center and four in sub-centers), one public health supervisor II (PHSII), and one watchman on staff.

These employees are appropriately and thoroughly trained, and they are assigned to carry out the tasks of the healthcare system. This implies that rural health centers must meet the general objectives and targets of the national health plan, such as improving the health of the entire rural population, providing essential primary care to the population, and improving health-related socioeconomic conditions.

The main fields of the task to be implemented through the provision of healthcare are: to bring about changes in people's attitudes and behaviors in order to improve their health through education concerning prevailing health problems and the methods of preventing and controlling them; to have safe drinking water and a proper waste disposal system; to attend women during pregnancy and childbirth; to give children immunization against the common infectious diseases, and to keep an epidemiological surveillance community.

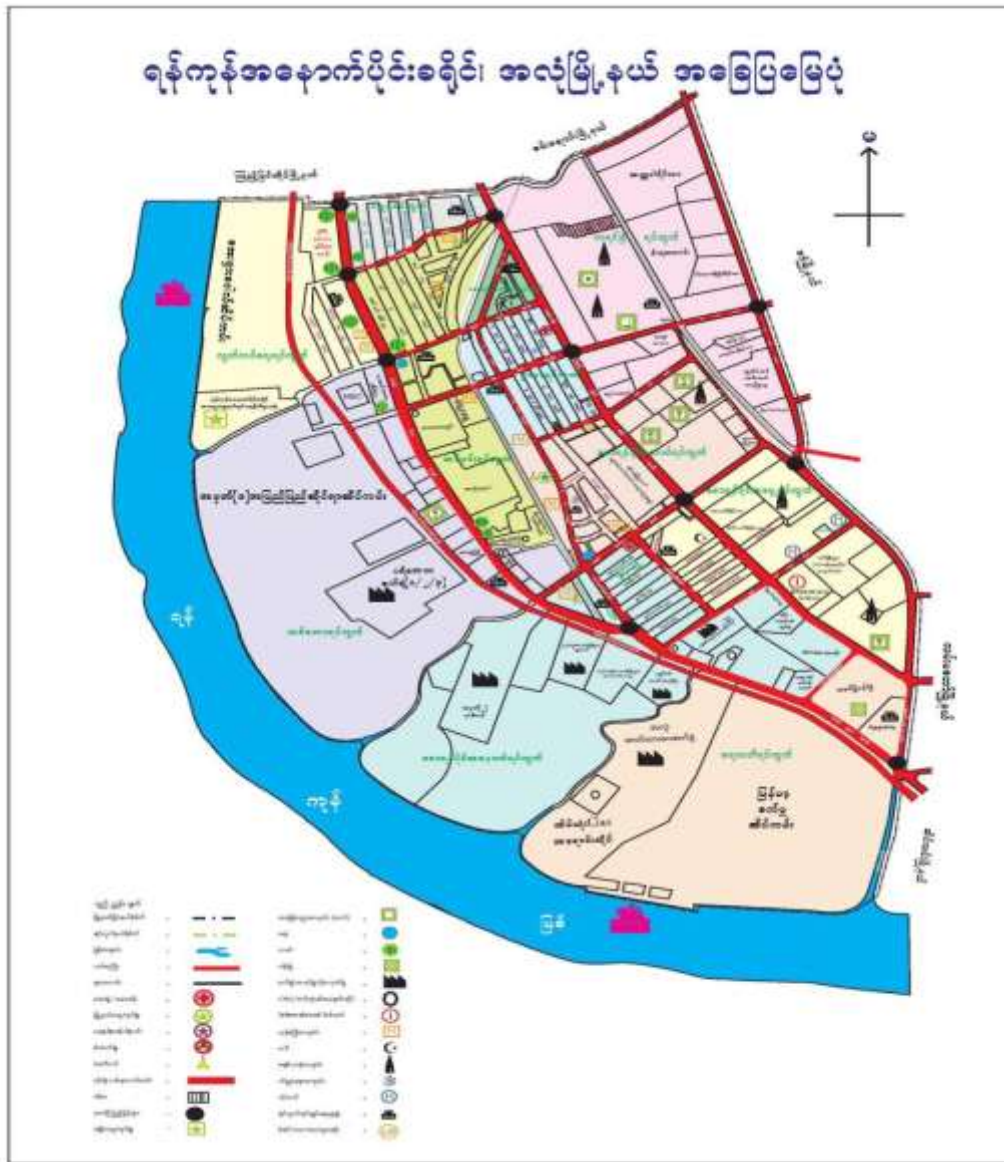
3.5 Background Profile of Ahlone Township

In this chapter, the location of Ahlone Township, its location and area, geographical features, climate conditions, the established population, and education and health care services in Ahlone Township are presented.

3.5.1 Location and Land Area

Ahlone Township is located in the western district of Yangon division, between North Latitude 16 degrees, 46 minutes, and 47 minutes, 54 seconds, and between East Longitude 96 degrees, 17 minutes, and 18 seconds, or 8 feet above sea level. It is surrounded by Dagon Township in the east, the Yangon River in the west, Lamandaw Township in the south, and Kyeemyindine Township in the north. Ahlone Township covers one square mile, while Ahlone Village Tack covers 665.6 square miles. The distance from East to West is 1.15 miles, and from North to South, it is 1.81 miles. See Fig. 3.1.

Figure 3.1 Aholone Township Location and Land Area



Source: Aholone Township General Administrative Department (GAD)

3.5.2 Climate Conditions

Aholone Township has a warm climate and is one of the locations with a high temperature and a hot climate because it is located over 8 feet above sea level. The coldest month of the year, December, has the lowest temperature of 12oC with the greatest temperature of 40oC mostly occurring in the month of April. The highest rainfall typically occurs in July, and the average rainfall is 10.66 inches. The majority of Aholone Township's terrain consists of low, flat plains that run parallel to the Yangon River from north to south.

3.5.3 Demographic Characteristics

By 2022, Ahlone Township will be home to 46701 people. The population of Ahlone Township, with its 22343 males and 24358 females, is significant when examining the growth of either an area or a nation. The population's facts and numbers serve as the foundation for data collection and development planning. The following headings will be used to present Ahlone Township's population.

Chapter (4)

SOCIO-ECONOMIC DEVELOPMENT OF AHLONE TOWNSHIP

In the economics study of the public sector, Economic and social development is the processes by which quality of life and the economic well-being of a nation, region, local community, or an individual are improved according to targeted goals and objectives. Socio-economic factors include occupation, education, income, wealth and where someone lives. We study on the Socio-Economic development Ahlone Township.

4.1 Races and Religions

Ahlone Township is the Western District of Yangon Division, the majority is Burma and the minorities are Kachin, Kayar, Kayin, Chin, Mon, Rakhine, Shan and others such as Chinese and Indian. Most of the people are Buddhist but Christian, Hindus, and Islam, the population of Ahone Township race and religion is presented in Table (3.1). These are 2522 houses, 10286 families and population of 46701.

Table (4.1) The Structure of Population by Age in 2022

| Sr | Quarters/Villages | Above 18 | | Under 18 | | Total |
|----|----------------------|----------|-------|----------|------|-------|
| 1. | Ahlone Quarters (11) | 14676 | 16373 | 7667 | 7985 | 46701 |
| 2. | Villages | - | - | - | - | - |
| | Total | 14676 | 16373 | 7667 | 7983 | 46701 |

Source: The report of Ahlone Township GAD

According to the above table (4.1), it can be show that working age group is twice than dependent age group. It means this township has increased in the labour force and strongly support to production in all activities.

Table (4.2) The Structure of Population in Ahlone Township by Race (2022)

| Sr. | Race | Population | Percentage (%) |
|-----|--------------|--------------|----------------|
| 1. | Kachin | 138 | 0.29 |
| 2. | Kayar | 5 | 0.01 |
| 3. | Kayin | 1504 | 3.22 |
| 4. | Chin | 151 | 0.32 |
| 5. | Bamar | 36581 | 78.3 |
| 6. | Mon | 123 | 0.26 |
| 7. | Rakhine | 384 | 0.82 |
| 8. | Shan | 182 | 0.389 |
| 9. | Others | 7582 | 16.23 |
| | Total | 46701 | 99.84 |

Source: The report of Ahlone Township GAD

Table (4.2) shows the different races that live in Ahlone Township, and among them, Barmars is the highest number, the second highest (other foreign immigrants) and Kayan is the third highest number. Other races and Foreign Immigrants such as Chinese, Indians, Bangladesh and Pakistan are also resided in Ahlone and most of they are merchant. By religion, the number of Buddhists are the largest, Christians are the second largest, Islams are the third largest and Hindu are the forth. Population by religion is shown in Table (4.3) and See Figure (4.1).

Table (4.3) The Structure of Population in Ahlone Township by Religion 2022

| Sr. No. | Religion | 2017 | % | 2018 | % | 2019 | % | 2020 | % | 2021 | % |
|---------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1. | Buddhist | 46172 | 85.3 | 47052 | 85.5 | 46980 | 85.2 | 42641 | 91.1 | 42506 | 91 |
| 2. | Christian | 3903 | 7.5 | 4912 | 8.9 | 4732 | 8.6 | 2890 | 6.2 | 2845 | 6.1 |
| 3. | Islam | 2200 | 4.1 | 2279 | 4.1 | 2875 | 5.2 | 1012 | 2.2 | 1162 | 2.5 |
| 4. | Hindu | 1836 | 3.40 | 800 | 1.50 | 550 | 1.0 | 325 | 0.7 | 188 | 0.5 |
| | Total | 54111 | 100 % | 55043 | 100 % | 55137 | 100 % | 46828 | 100 % | 46701 | 100 % |

Source: The report of Ahlone Township GAD

According to the table (4.3) shown, the percentage of Buddhist 2020 years is the largest than other year. The percentage of Hindu 2021 year is the smallest than other years.

4.2 Changes in Population

Changes in population structure of Ahlone Township are shown in Table (4.4) and Figure 4.2, the increase in population between the fiscal year 2017 and 2022.

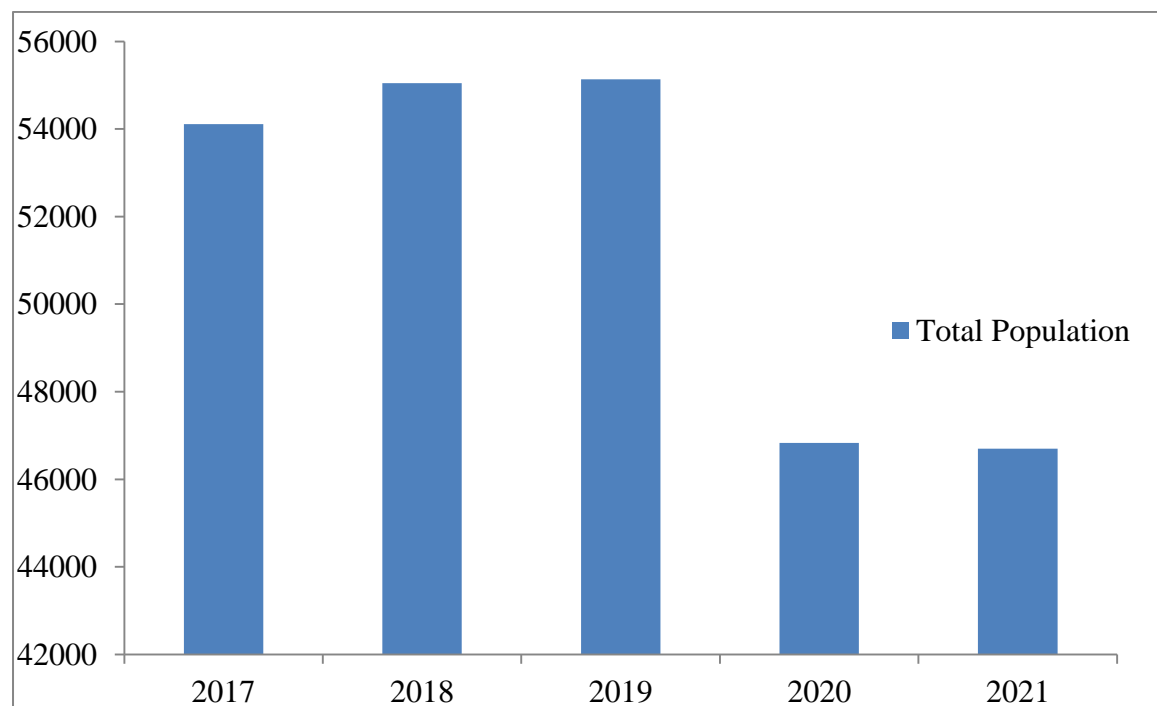
Table (4.4) Changes in Population Year (2017 to 2021)

| Sr. | Year | Total | Percentage |
|-----|------|-------|------------|
| 1. | 2017 | 54111 | 100 |
| 2. | 2018 | 55043 | 101.7 |
| 3. | 2019 | 55137 | 101.9 |
| 4. | 2020 | 46828 | 86.5 |
| 5. | 2021 | 46701 | 86.3 |

Source: Ministry of Home and Affairs

According to Table (4.4), the decrease in population between 2017 year and 2021 in from 54111 to 46701 with decrease 14 %.

Figure 4.1 Changes in Population in Ahlone Township



Source: The report of Ahlone Township GAD

4.3 The Ratio of Population by Sex

The ratio of population according to sex is presented in Table (4.5).

Table (4.5) The structure of Population in Ahlone Township by Sex 2017-2021

| Sr. | Year | Males | Females | Total | Ratio |
|-----|------|-------|---------|-------|--------|
| 1. | 2017 | 25180 | 28931 | 54111 | 1:1.15 |
| 2. | 2018 | 25219 | 29824 | 55043 | 1:1.83 |
| 3. | 2019 | 25252 | 29885 | 55137 | 1:1.18 |
| 4. | 2020 | 22413 | 24415 | 46828 | 1:1.09 |
| 5. | 2021 | 22343 | 24358 | 46701 | 1:1.09 |

Source: Administrative Department, Ahlone Township, 2021.

According to Table (4.5) and Figure 4.3, the population between 2017 year and 2021 is from 54111 to 46701, with decrease 14%. In five years are population down rate is 4.7%. The population female is higher than the male in fiscal year 2017 to 2021. So, the growth of female population was higher than males.

Table (4.6) Crude Birth rate and Death rate Ahlone Township 2017 to 2021

| Year | Birth | % | Death | % | Total |
|------|-------|-----|-------|-----|-------|
| 2017 | 759 | 1.5 | 296 | 0.5 | 54111 |
| 2018 | 815 | 1.5 | 315 | 0.6 | 55043 |
| 2019 | 770 | 1.4 | 282 | 0.5 | 55137 |
| 2020 | 416 | 0.9 | 328 | 0.7 | 46828 |
| 2021 | 145 | 0.3 | 133 | 0.3 | 46701 |

Source: Public Health Centre Ahlone Township

According to the above table (4.6) is show, 1.5 % in year 2017 and 2018 crude birth rate is high and 0.9 % in year 2020, crude death rate is high than other years.

4.4 Education Sector

Education enhances not only knowledge and skills but also values, ideas, attitudes, and aspirations. Moreover, education should lead to a healthier population. Education, particularly for females is associated with fertility and child mortality. Education and health are closely related to economic development, on one hand, greater health capital may improve the return to investment in education because health is important in education because health is an important factor in school attendance and in the formal learning process of a child.

The development of a certain region, the basic social needs such as education and health. So, the education development of Ahlone Township such as the number of schools, teacher and pupils are going to present in this chapter.

4.4.1 Higher Education, Universities, Colleges and Institutes

In Ahlone township there is no University, no college and no Institutes. There are no universities, no colleges and no Institutes.

4.4.2 Basic Education High School, Middle Schools and Primary Schools

According to Table (4.6), shows there are 7 high schools, 1 middle school and 6 primary schools in Ahlone Township.

Table (4.7) High School, Middle School and Primary Schools in 2019 to 2021

| Sr. No. | School | No. of School |
|---------|--------------|---------------|
| 1. | High | 7 |
| 2. | Middle | 1 |
| 3. | Primary | 6 |
| | Total | 14 |

Source: Education Department, Ahlone Township 2022

The table (4.7) shows, 7 high schools have number of students, teachers and teacher student's ratio in 2022.

4.4.3 Teacher Student Ratio

The teacher-student ratio is calculated by dividing the total number of pupils enrolled in a school or university by the total number of teachers working there. The term

can also be reversal create a teacher student ratio. Small classes benefit all pupils because of individual attention from teachers, but low attending pupil benefit more at the secondary school level.

The Population under 18 in Ahlone Township is 15652 according to the data of General Administrative Department. 137% of the population aged under 18 are basic education students, numbering 5721, studying in 14 schools. The rest of the population 63% of them are children aged under 5 and some of them cannot join schools because of social and financial problems. But, nowadays, the government of the Union of Myanmar has planned and managed that all children of school going age can join schools.

Table (4.8) High school in Ahlone Township, 2022

| Sr. No. | School Name | Teachers | Students | Teacher Student Ratio |
|----------------|--------------------|-----------------|-----------------|------------------------------|
| 1. | High School (1) | 8 | 42 | 1:5 |
| 2. | High School (2) | 4 | - | - |
| 3. | High School (3) | 5 | 13 | 1:2 |
| 4. | High School (4) | 24 | 688 | 1:28 |
| 5. | High School (5) | 1 | 5 | 1:5 |
| 6. | High School (6) | 11 | 220 | 1:20 |
| 7. | High School (7) | 11 | 187 | 1:17 |
| | Total | 64 | 1155 | 1:18 |

Source: Education Department, Ahlone Township 2022

From the above table (4.8), shows, total teacher student ratio is 1 is to 18. It was good for students to learn education.

Table (4.9) Students/Teachers Ratio by Type of School in 2017/2018 to 2019/2020

| Year | Type of School | Students | Teachers | Student/Teacher Ratio |
|-------------|-----------------------|-----------------|-----------------|------------------------------|
| 2017/18 | High School | 1022 | 75 | 1:13 |
| | Middle School | 2238 | 94 | 1:23 |
| | Primary School | 2489 | 103 | 1:24 |
| | Total | 5749 | 272 | 1:21 |
| 2019/20 | High School | 1017 | 76 | 1:13 |
| | Middle School | 2229 | 91 | 1:24 |
| | Primary School | 2475 | 102 | 1:24 |
| | Total | 5721 | 269 | 1:21 |

Source: Education Department, Ahlone Township 2022

According to Table (4.9), to see the educational statistics during 2017/2018 to 2019/2020; the number of students in the primary level decreased from 2489 to 2475. The number of students in the middle level decreased from 2238 to 2229 and also decreased the high school level 1022 in 2017/18 to 1017 in 2019/20. The number of teachers in the primary level and middle level decreased from 103 to 102 and 94 to 91 in 2017-18 to 2019-2020. The number of teachers in the high school level increased 75 to 76 between 2017/2018 to 2019/2020. The number of students enrolled decreased from 5749 to 5721. the number of teachers from all the high schools, middle schools and primary schools is 269 and the number of all students is 5721. On average the student teacher ratio is 21 to 1, but according to school level it can be seen that the ratio of the primary level and middle level is too high and need to assist primary and middle teachers should be appointed. The government of the Union of Myanmar has planned and managed that all children of school going age can join schools.

4.5 Health Sector

The National Health Committee has adopted the National health Policy to achieve one of the social objectives, “to uplift the health, fitness and educational standards of the entire nation.” Health workers have fewer absences from the job and greater physiological capacities for work. Ahlone Township was ordinary Township level and people were cured their disease by the specialists of neighbour township. In this sector, the ratio of the population to hospital, health care centers, Doctors and Nurse will be presented.

4.5.1 Health service facilities in Ahlone Township

In this Township, there are only (2) private hospitals, Academy hospital with (50) beds and Thiri May with (16) beds. The number of clinics include (1) government rural health care center and (37) private clinics. The total number of doctors is only (2) and the doctor to population ratio is 1:23350 patients and 1: 11674 patients per nurse. The health assistant is one and the health assistant to population ratio is 1: 46701 which shows that more doctors, nurses and more health assistants are needed in this township.

4.5.2 Manpower in the Health Service

Health care services are being in Ahlone Township and the present manpower in health services is presented in Table (4.9).

Table (4.10) Manpower in Health Service in 2022

| Sr. No. | Category | Numbers |
|----------------|--|----------------|
| 1. | Assistant Medical Doctor (Dental Health) | 2 |
| 2. | Nurse (1) Public Health | 1 |
| 3. | Health Assistant | 1 |
| 4. | Deputy Head of Section | 1 |
| 5. | Nurse (3) | 1 |
| 6. | Health Assistant (4) | 1 |
| 7. | Nurse (4) | 2 |
| 8. | Office Staff | 4 |

Source: Rural Health Care Center in Ahlone Township, 2022

The above table mentioned personal are appointed to do basic health care service and the actual number in the service is presented in Table 4.10.

Table (4.11) The Actual Workforce in Health Service in Year

| Sr. No. | Category | Sanctioned | Appointed | Vacancy |
|----------------|--------------------------|-------------------|------------------|----------------|
| 1. | Township Medical Officer | 1 | - | 1 |
| 2. | Assistant TMO | 9 | 2 | 7 |
| 3. | Staff Officer | 3 | - | 3 |
| 4. | Nurse I | 2 | 1 | 1 |
| 5. | Nurse II | 3 | - | 3 |
| 6. | Nurse III | 6 | 1 | 5 |
| 7. | Nurse IV | 2 | 2 | - |
| 8. | Health Assistant I | 1 | 1 | - |
| 9. | Health Assistant II | 4 | - | 4 |
| 10. | Health Assistant III | 4 | - | 4 |
| 11. | Health Assistant IV | 3 | 1 | 2 |
| 12. | Pharmacist II | 1 | - | 1 |
| 13. | Pharmacist III | 1 | - | 1 |
| 14. | Pharmacist V | 1 | - | 1 |
| Sr. No. | Category | Sanctioned | Appointed | Vacancy |
| 15. | X-ray | 2 | - | 2 |
| 16. | Deputy Head Section | 4 | 1 | 3 |
| 17. | Office Staff | 18 | 4 | 14 |
| | Total | 65 | 13 | 52 |

Source: Rural Health Care Center in Ahlone Township, 2022

As shown in Table (4.10), the number of doctors appointed are not yet meeting the requirement. In 2022 there were total sectioned 65 posts but appointed was 13 and vacancies 52 posts. So, the workforce should be expanded at least meeting and fulfilling the vacant positions.

The number of doctors and nurses in private hospital of Eye clinic in Ahlone Township. The organization, chart of Public Thirimay Eye Clinic Hospital in Table (4.11).

Table (4.12) Manpower at Thirimay Eye Clinic in 2022

| Sr. No. | Category | Number |
|----------------|-----------------|---------------|
| 1. | Medical Officer | 3 |
| 2. | Nurse | 2 |
| 3. | Nurse Aid | 5 |

Source: Thirimay Eye Clinic Hospital 2022

As shown in Table (4.12), Thirimay Eye Clinic main treatment are cataract, Glallcoma and Peteryguim, most of patients are come from another townships. It has 16 beds for main operation.

Another private Hospital is Academy Hospital and the organization chart in Table (4.13).

Table (4.13) Academy Hospital Men Power

| Sr. No. | Category | Number |
|----------------|-----------------|---------------|
| 1. | Medical Officer | 13 |
| 2. | Nurse | 21 |
| 3. | Nurse Aid | 18 |
| 4. | Lab technician | 9 |
| 5. | Pharmacist | 10 |
| 6. | Radiographer | 7 |

Source: The report from Academy Hospital, 2022

According to the table 4.13, the Academy Hospital was special Orthopedic treatment clinic treatment for prolapsed inter vertebral dise, fracture neck of fernew, TB spine, Trauma and total hip and knee replacement. There have 50 beds for treatment.

Chapter (5)

CONCLUSION

5.1 Finding

“Socio-economic status is the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation. Examination of socioeconomic status often reveal inequities in access to resources, plus use related to privilege, power and control.”

Ahlong Township is one of the Township in Yangon region. It is situated in western district of Yangon Region, between and surrounded by Dagon township in the east, Lamandaw Township in the south and Kyee Minding township in the North. According to the recorded data Ahlong Township has a population of 46701 people. Population by sex for Ahlong Township is 22343 males and 24358 females, females are more than males people.

For education section, the number of high schools was 7, 1 middle school and 6 primary school in Ahlong Township. In social section, the progress of education and health section shows the quality of human capital in township. Most of the school student increased in this period but one school is closed by government. Myanmar Basic Education school system of five years of primary school (Grade 1 to 5), four years of lower secondary middle school (Grade 6 to 9) and two years of upper secondary high school education (Grade 10 to 11) totaling 11 years.

It can be found that academic subject and co-curricular activities are balanced in the new curriculum Education system was reformed at the Basic Education level beginning from 1998-1999. Academic year students are evaluated in two processes chapter and tests and comprehensive personal record (CRP).

The concept of child-centered Approach (CCA) was introduced to primary teacher beginning from 2004. Traditional teacher centered Approach emphasize on rote learning and memorization, thus skills such as critical thinking and creative thinking.

Primary level children are invaluable, force of a country. Therefore, primary education is important of foundation for the future of country. The country depends new bloods of the young in Myanmar.

The surrounding areas such as Dagon Township, Lanmadaw Township, and Kyeemyindine Township also have more high schools than Ahlone township. Urban Iren post has also developed by the bus lines inversing year by year and communicate easy surrounding township, although basic level school population decreased by surrounding townships.

In health section, In Ahlone Township there has one rural health care center and two private hospitals such as Eye clinic and orthopedic clinic. For health care service personal the number of doctors, nurse and health assistance are not yet meeting the demand of the population as the number of their health personal are still small compared to that of the population. There are most of patent are going to surrounding township hospital and perfect facilitated in it.

5.2 Suggestion and Recommendation

Social-economic of Ahlone Township location is surrounded by a community of a large rural area of Dagon Township, Lanmadaw Township and Kyeemyindine Township. The neighbors townships are full facilities and the township are established. Another factor is Ahlone Township influence by neighbor's township such as education and Health services. First, health center must be appointed to fill the health staff. Second, the quality of education and health service improved as improved accessibility made it possible to recruit teachers and medical staff. Finally enroll of girls in primary education increased significantly more than boys.

Since Primary education is required in Myanmar, education primary school should be the existence of more efficient and more effective in this Township.

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