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Gender, Disability, and Welfare in Myanmar

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Australian Aid

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ABSTRACT

This working paper examines household welfare among women-adult-only households and households with a disabled/chronically ill member using Myanmar Household Welfare Surveys from April 2022 to July 2025. It analyzes their demographic characteristics, income composition, and levels of asset and income poverty. The paper's main contribution is assessing key food security indicators for these vulnerable households, including Minimum Dietary Diversity, the Food Consumption Score, and the Household Hunger Score.

Women-adult-only households, defined as households without any male members aged 15 or older, account for 9 percent of households nationally, or 13 percent when including households with elderly male dependents. Fourteen percent of households have a disabled or chronically ill member, and 10 percent have a disabled or chronically ill adult.

Women-adult-only and disability-affected households have higher asset poverty rates than the national average. Women-adult-only households have similar income poverty levels compared with the national average, while 71 percent of households with a disabled/chronically ill member are income poor, compared to 63 percent nationally. Remittance receipt among women-adult-only households decreases income poverty for the group; more women-adult-only households receive remittances (33 percent) and rely on remittances (24 percent) as their main income source.

Women-adult-only and disability-affected households perform worse across all dietary indicators. Women-adult-only households show, on average, 4 percentage points higher prevalence of low food consumption across survey rounds, while households with a disabled/chronically ill adult have a 3-percentage-point higher prevalence. Moderate or severe hunger is also higher among women-adult-only households (6 percent) and households with a disabled/chronically ill adult (7 percent), compared with the national average of 4 percent.

Households with a disabled/chronically ill adult are significantly more likely to rely on negative food-related coping strategies—including borrowing food, reducing meals, and skipping meals—highlighting their heightened vulnerability relative to other households. Regression results highlight that women-adult-only households face elevated hunger because of their structural economic disadvantages —fewer different income sources, weaker land ownership, and lower asset holdings — rather than the absence of adult men per se. Low food consumption, however, remains significantly lower for women-adult-only households even after fully controlling for these structural factors. This likely reflects the severe time constraints of households where all productive, care, and domestic tasks fall on adult women alone. For households with a disabled or chronically ill adult hunger persists across all specifications regardless of income, land, or asset controls — pointing to a direct burden that structural economic characteristics cannot explain. These contrasting findings suggest different interventions: structural economic interventions around land and livelihoods for women-adult-only households, and direct consumption support and social protection transfers for households affected by disability.

1. INTRODUCTION

Women-adult-only households and households with persons with disabilities are widely recognized as economically vulnerable. Women-adult-only households are often more vulnerable due to the absence of an additional income earner and the triple burden of paid work, unpaid childcare, unpaid eldercare and community care responsibilities (Buvinić and Gupta 1997; Posel et al., 2023; UN Women 2024). This triple burden is a structural feature of gender inequality, rooted in the disproportionate allocation of unpaid care work to women when formal public services are weak or absent. Households with disabled or chronically ill adults are also more vulnerable due to the likely absence of an income earner and the presence of a dependent requiring care. As a result, in low- and middle-income countries, people with disabilities and their households face higher poverty rates, lower labor market participation, and limited access to adequate social protection (Ananian and Dellaferrera 2024, Mitra et al., 2013, UN DESA 2025).

In conflict-affected settings, these vulnerabilities are more severe. In Myanmar, the structural marginalization of women and people with disabilities predates the current crisis and has been sharply deepened since the military takeover in 2021. Prior to the coup, women in Myanmar already faced entrenched gender inequality: only half of working-age women participated in the labor force compared to around 80 percent of working-age men, female wages were on average 29 percent lower than male wages, with a persisting gap even after controlling for education, experience, and enterprise, and women were disproportionately responsible for unpaid household and care work, creating time poverty that further constrained their labor force participation (ADB et al., 2016, Berkel et al., 2018, CSO 2020, Hansen et al., 2022, Minoletti 2016). Similarly, persons with disabilities in Myanmar faced systemic exclusion due to stigmatization, discrimination, inaccessible infrastructure, and inadequate social and legal protections. Further, they already faced significant barriers to education, employment, and public participation before the coup (MIMU 2021, Dilshan et al. 2023). While the pre-coup civilian government introduced some disability allowance programs, these remained limited in coverage and reach (UNICEF, 2021).

The 2021 military takeover dramatically worsened both sets of vulnerabilities. Ongoing conflict and the conscription law have driven widespread migration, displacement, and armed engagement, directly contributing to a rise in women-adult-only households and households with a disabled or chronically ill member (van Asselt et al., 2026; van Asselt and Aung 2025; Women League of Burma, 2026). The economic downturn has widened the pay gap between women and men, and women-led businesses, which are predominantly small and micro-enterprises in the informal sector, have struggled disproportionately (UN Myanmar, 2023, Zu et al., 2025). For women in women-adult-only households, the collapse of public services has transformed what was already a triple burden — paid work, unpaid childcare, and unpaid eldercare and community care — into an acute crisis: with healthcare, social support, and community services severely degraded, women absorb this work entirely, without compensation or relief (UNDP and UN Women 2022). For households with a disabled or chronically ill member, the coup has further exacerbated already precarious situations, with minimal investment in welfare and social security and rising medical costs (van Asselt and Aung 2025), leaving these households to shoulder the full costs of care against a backdrop of collapsing economic conditions and absent state support (Khai et al., 2024).

Currently, there is limited national-level evidence specifically examining the welfare, food security, and dietary outcomes of these two groups in Myanmar, particularly in the context of the ongoing economic and security shocks. We use data from the Myanmar Household Welfare Survey (MHWS) to address this gap. Understanding the distinct needs of these households is critical to inform targeted policies that ensure that women-adult-only households and households with a disabled or chronically ill member receive adequate support.

2. DATA

The analysis presented in this paper relies on data from nine rounds of the MHWS. The nine rounds of MHWS were collected through phone survey interviews between December 2021 and October 2025. MHWS monitors household and individual welfare through a range of different indicators including wealth, livelihoods, food insecurity, diet quality, health shocks, and coping strategies. A novel sampling strategy in combination with the development of household and population weights allows for estimates that are nationally, sub-nationally, and urban/rural representative (Lambrecht et al., 2023b). Each round of the MHWS includes between 12,000 and 13,000 observations. Sample sizes are allocated proportionally to population across states and regions, apart from Chin and Kayah — the two smallest states — which are assigned a minimum target sample of 240 observations to ensure adequate representation. Detailed information on sampling techniques and sample sizes is provided in Lambrecht et al., (2023b) and in the sample report for each round, available at https://myanmar.ifpri.info/2024/05/02/datasets/, and for Round 9 in Oo and van Asselt (2026).

In this paper we focus on women-adult-only households, defined as households without any male members aged 15 or older. Women-adult-only households represent a structurally distinct category from women-led or female-headed households. Headship is a subjective and often socially determined designation that can obscure actual household dynamics; a household where a woman is recorded as head may still include an adult son who earns income and makes financial decisions, fundamentally changing labor supply, resource access, and dietary patterns. Women-adult-only households, by contrast, are defined by the objective absence of adult male members, capturing a more acute form of structural vulnerability. This distinction is particularly salient for the study of dietary outcomes: food acquisition, preparation, and allocation are shaped by who is actually present in the household — their labor, income, and time constraints — rather than by a nominal title. Nearly 10 percent of households in Myanmar fall into this category, making them an important and analytically meaningful group for understanding food security and dietary patterns. We collect information on women-adult-only households in rounds two through nine of MHWS (April 2022 - October 2025).

In addition to women-adult-only households, we examine food security and dietary outcomes among households with at least one disabled or chronically ill member. Both groups face structural constraints on labor supply and income that directly shape food access and dietary quality — women-adult-only households through the absence of adult male members, and households with a disabled or chronically ill member through reduced labor capacity and the additional time and financial burden of care and medical costs. In our household roster, we ask whether a member has a disability or chronic illness. We group these two conditions together as both reduce a member's capacity to contribute to household labor and income, and in the context of a phone survey, the distinction between the two is difficult to capture with precision. The disability and chronically ill indicator was only included in the latest survey round (July-October 2025).

The analysis is mainly descriptive and employs straightforward indicators. The poverty line represents the minimum level of welfare below which an individual is considered poor, traditionally measured in Myanmar using consumption expenditure data from surveys like the MPLCS (2015) and MLCS (2017). Because detailed consumption data cannot be reliably collected in phone surveys, an income-based approach is used instead. This measure compares total household income—aggregated from 15 economic activities plus net remittances over the past month and adjusted for household size using adult equivalence scales—to the national poverty line. The poverty line itself is constructed by updating the 2017 food poverty line using inflation (CPI and a food price index) and adjusting for spatial price differences, then adding a non-food component based on historical ratios. This income-based measure closely aligns with the earlier consumption-based estimates at State and Regional levels, supporting its validity as a proxy.

We also categorize households into three asset-class groups based on the number of assets they own: asset-poor (0-3 assets), asset-low (4-6 assets) and asset-rich (7-10 assets). This categorization is based on a count of 10 assets including: improved housing (semi-pucca, bungalow/brick, apartment/condominium), flush toilet, improved water source (piped into house or bottled water), grid-based electricity (not solar), rice cooker, fridge, TV, wardrobe, car/motorcycle/tuk-tuk, and a working computer/laptop/iPad.

To measure food insecurity, we use three complementary indicators that capture hunger severity, diet quality, and nutritional vulnerability. Specifically, we use the Household Hunger Scale (HHS), the Food Consumption Score (FCS) at the household level, and the Minimum Dietary Diversity (MDD) at the individual level. Detailed descriptions of these indicators are provided in the body of the paper.

3. RESULTS

3.1. Overview of characteristics for women-adult-only and households with disabled or chronically ill members

Nearly 10 percent of households in Myanmar are women-adult-only households, defined as households without any male members aged 15 or older (Table 1). This share increases to 13 percent when considering households with male dependents older than 65. The proportion of women-adult-only households has increased by 4 percentage points between December 2021 and October 2025, based on MHWS unweighted data. Fourteen percent of households have a disabled/chronically ill member, while 10 percent include a disabled working-age adult (15–65). While women-adult-only households are distributed similarly across rural and urban areas, households with disabled/chronically ill members are more prevalent in rural areas. For this analysis, we focus on women-adult-only households with no male dependents above 65 and household with a disabled/chronically ill adult. Results are broadly consistent though when we use alternative definitions, including women-adult-only households with male dependents over 65 and households with a disabled/chronically ill member.

Table 1. Percent of women-adult-only households and households with a disabled or chronically ill member, July-October 2025

	National	Rural	Urban
Women-adult-only household	9.3	9.1	9.8
Women-adult-only household (male over 65)	13.3	13.3	13.4
Household has a disabled/chronically ill member	14.0	14.6	12.6
Household has a disabled/chronically ill adult (15-65)	9.9	10.4	8.7

Source: Authors' calculations from the Myanmar Household Welfare Survey.

Without male members, women-adult-only households are much smaller than the average household with 2.6 members (Table 2). At the same time, most women-adult-only households (76 percent) have at least two members. Households with a disabled or chronically ill member are slightly bigger, with 4.5 members. Compared to the average for Myanmar, women-adult-only households have slightly fewer children between 0 and 4, but a similar number of children between 5 and 14 years. In July-October 2025, 24 percent of women-adult-only households had one child under 15 and 19 percent had 2 or more children under 15. Fifty-six percent of households with a disabled or chronically ill member have children under 15, slightly higher than the national average.

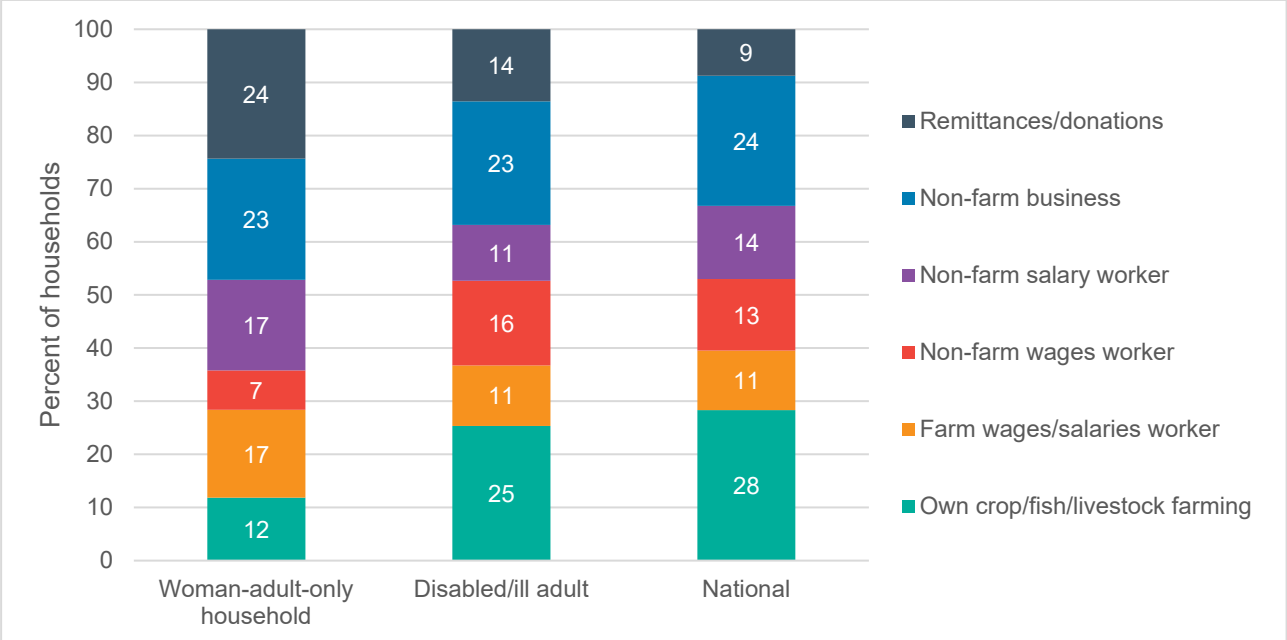
Table 2. Household demographic structure, women-adult-only households and households with a disabled or chronically ill member, July-October 2025

	Woman-adult-only household	Women-adult-only household (15-65)	Disabled/ chronically ill adult household	National
Total number of household members	2.6	2.8	4.4	4.1
Number of Children 0 to 4	0.1	0.1	0.2	0.3
Number of Children 5 to 14	0.5	0.5	0.7	0.6
Number of Women 15 to 65	1.7	1.6	1.8	1.6
Number of Men 15 to 65	0.0	0.0	1.5	1.4
Number of Women Over 65	0.2	0.3	0.2	0.1
Number of Men Over 65	0.0	0.2	0.1	0.1

Source: Authors' calculations from the Myanmar Household Welfare Survey.

Households with a disabled or chronically ill adult have a broadly similar distribution of main income sources compared with the national pattern, although a slightly smaller share rely primarily on salaried work and a somewhat larger share depend on remittances and donations (Figure 1). In contrast, women-adult-only households exhibit a markedly different income structure. Only 12 percent report own crop, livestock, or fish production as their main income source. A higher share—16.5 percent—depend primarily on farm wage employment, compared with the national average of 11 percent. Further, women-adult-only households are less likely to rely on non-farm wage work but more likely to depend on non-farm salaried employment. The most pronounced difference, however, is their reliance on remittances, donations, and other transfers: 24 percent of women-adult-only households cite this as their main income source, compared with 9 percent of households nationally. This pattern is observed in both rural and urban areas. Additionally, in urban areas, only 27 percent of women-adult-only households report a non-farm business as their primary income source, compared with 38 percent of households nationally.

Figure 1. Main income source for women-adult-only households and households with a disabled or chronically ill adult, July-October 2025

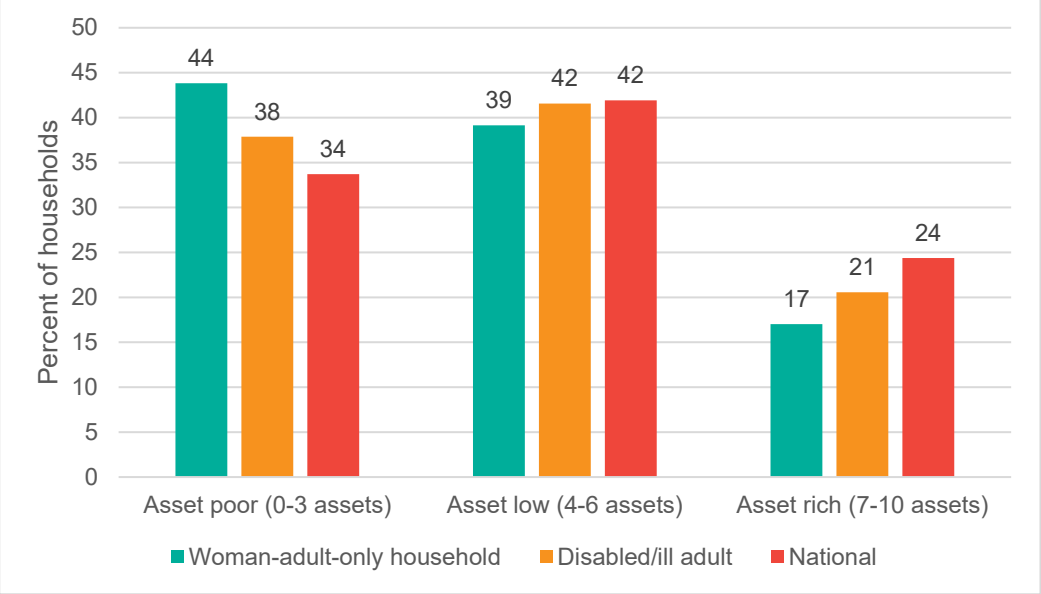


Source: Authors' calculations from the Myanmar Household Welfare Survey.

3.2. Asset and income poverty

A substantially higher number of women-adult-only households are asset-poor compared with the national average (44 percent versus 34 percent) (Figure 2). Asset poverty is also more prevalent among households with a disabled/ chronically ill adult (38 percent versus 34 percent). Correspondingly, only 17 percent of women-adult-only households and 21 percent of households with a disabled/ chronically ill adult are classified as asset-rich, compared with 24 percent nationally.

Figure 2. Percent of women-adult-only households and households with a disabled or chronically ill adult that are asset-poor, low, or rich, July-October 2025



Source: Authors' calculations from the Myanmar Household Welfare Survey.

Fewer women-adult-only households are categorized as income poor, compared with the national average, largely because they have smaller household sizes and higher receipt of remittances: 33 percent receive remittances, compared with 18 percent nationally (Table 3 and Figure 1). When we consider women-adult-only households with male dependents, however, income poverty rates are similar to the national average. Land ownership among women-adult-only households is substantially lower than the national average, at 22 percent compared with 37 percent. This gap reflects deep structural barriers women face in securing formal land documentation. While Myanmar's 2012 Farmland Law introduced Land Use Certificates that theoretically allowed joint titling, in practice most farmers defaulted to listing only the male household head — the traditional representative in community registries — leaving women systematically excluded from formal documentation (Boutry et al., 2017; Namati, 2016; Louis et al., 2018). As a result, women hold sole documented land rights in only 20 percent of parcels, and are the sole decision-maker on land in just 13 percent of cases, compared to 61 percent of parcels where documented rights are held solely by men (Lambrecht et al., 2023a)..

In contrast, households with a disabled/chronically ill adult experience significantly higher income poverty rates (Table 3). Seventy-one percent are income poor, compared with 63 percent nationally, and 55 percent are extremely poor (i.e., below the food poverty line), compared with 46 percent across Myanmar. This occurs despite a relatively high incidence of remittance receipt. Further, even after accounting for remittances, households with a disabled/chronically ill adult have fewer income sources per capita than the national average—a pattern not observed among women-adult-only households.

Table 3. Income poverty, remittances, and land ownership among women-adult-only households and households with a disabled or chronically ill adult, July-October 2025

	Woman-adult-only household	Women-adult-only household (15-65)	Disabled/ chronically ill adult household	National
HH is income poor	59%	61%	71%	63%
HH is extremely income poor	41%	45%	55%	46%
Received remittances	33%	33%	25%	18%
Own agricultural land	22%	29%	34%	37%
Number of income sources per capita	0.61	0.58	0.40	0.47

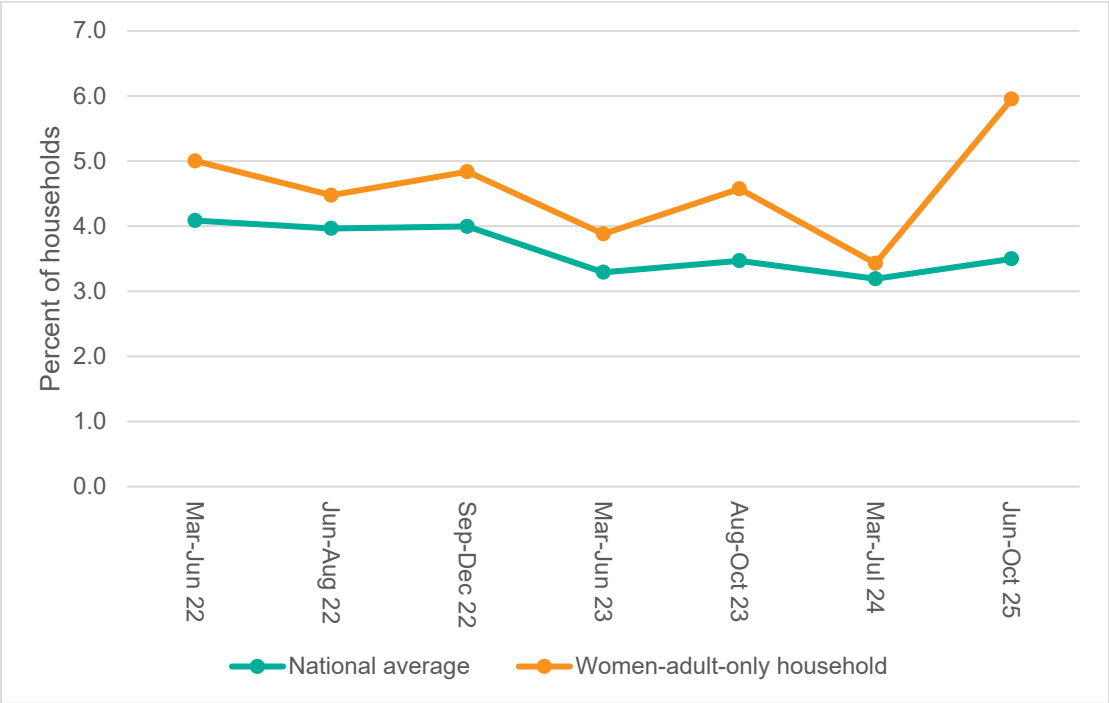
Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Income poor refers to households with daily income per adult equivalent below the poverty line; extremely poor refers to those below the food poverty line.

3.3. Food security indicators for women-adult-only households

The first food insecurity indicator we explore is the Household Hunger Scale (HHS), which captures households' experiences of hunger through three questions on (i) having no food in the house, (ii) going to sleep hungry, and (iii) going a full day and night without eating (Ballard et al., 2011). Based on reported frequency ("did not occur," "rarely or sometimes," and "often"), responses are scored and households are classified into three categories: little to no hunger, moderate hunger, and severe hunger.

Across survey rounds, a consistently higher share of women-adult-only households fall into the moderate or severe hunger categories compared with the national average (Figure 3). The gap is largest in the most recent round, where 6 percent of women-adult-only households report moderate or severe hunger, compared with 4 percent nationally. Although the magnitude of the difference varies over time, women-adult-only households systematically exhibit higher levels of hunger than other households. Estimates by state/region for July-October 2025 are presented in Appendix Table A.1.

Figure 3. Percent of household with moderate or severe hunger March 2022 - October 2025, women-adult-only households compared with the national average



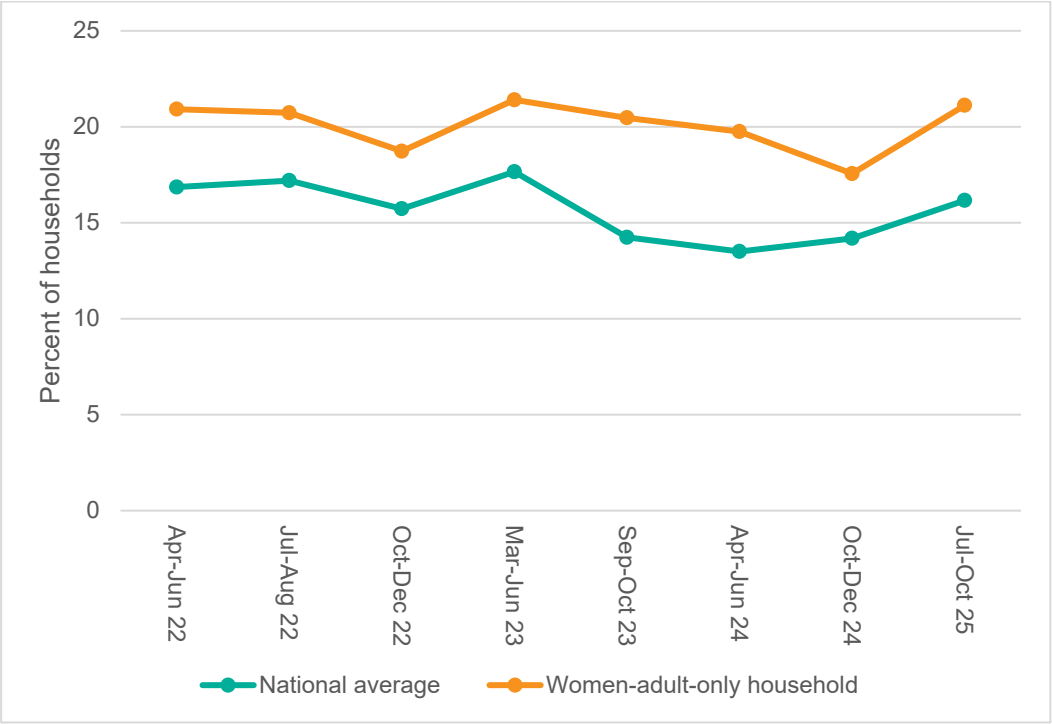
Source: Authors' calculations from the Myanmar Household Welfare Survey.

The larger gap in the most recent round is driven by higher shares of women-adult-only households reporting each of the three hunger experiences: 11 percent reported having no food of any kind in the house (compared with 8 percent overall), 6 percent reported that a household member went to sleep hungry (compared with 3 percent overall), and 3 percent reported that a household member went a full day and night without food (compared with 1 percent overall) (Appendix Table A.2).

The second food security indicator we analyze is the Household Food Consumption Score (FCS), a composite measure of dietary diversity and food frequency that accounts for the nutritional value of different food groups (Arimond et al., 2010). The FCS is calculated as the weighted sum of the number of days specific food groups were consumed in the seven days prior to the survey, with weights reflecting relative nutritional importance. Higher scores indicate a greater likelihood of adequate food intake. Following standard thresholds for Myanmar (Robertson et al., 2018), households are classified as having poor (0–24.5), borderline (24.6–38.5), or acceptable (>38.5) food consumption. For selected analyses, we combine poor and borderline categories (FCS ≤ 38.5) to define a binary indicator of low food consumption.

Across rounds, women-adult-only households consistently exhibit a higher prevalence of low food consumption than the national average. On average, the share of women-adult-only households with poor or borderline FCS is 4 percentage points higher than the national average and 5 percentage points higher than among non–women-adult-only households (Figure 4). The disparity is more pronounced in rural areas, where the gap between women-adult-only households and other households averages 5 percentage points, compared with 4 percentage points in urban areas. Estimates by state/region for July-October 2025 are presented in Appendix Table A.3.

Figure 4. Percent of household with low food consumption, April 2022 - October 2025, women-adult-only households compared with the national average



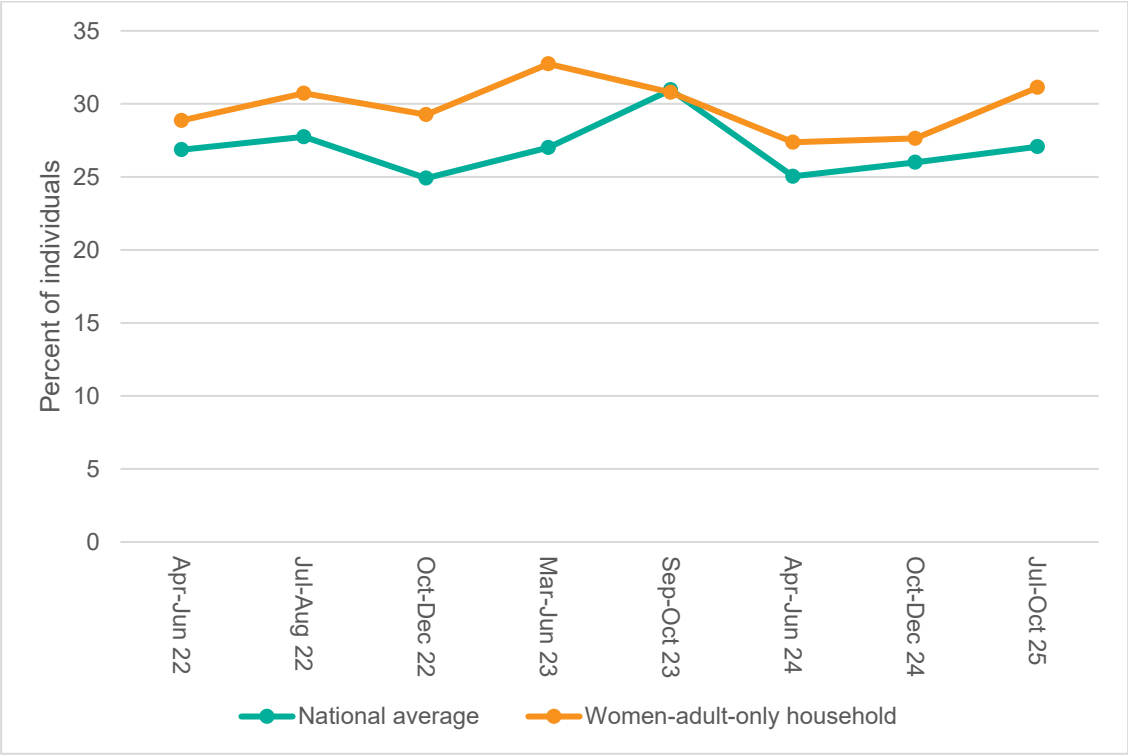
Source: Authors' calculations from the Myanmar Household Welfare Survey.

This difference is primarily driven by consistently lower consumption of pulses, nuts, and legumes among women-adult-only households in every round. In the five most recent rounds, the gap is also widened by lower frequency and quantity of meat, fish, and egg consumption among women-adult-only households (Appendix Table A.4).

The third food security indicator we examine is the Minimum Dietary Diversity (MDD) indicator for adults. This measure captures whether an adult consumed at least 5 out of 10 defined food groups in the 24 hours preceding the survey (FAO and FHI, 2016). The food groups include grains, roots and tubers; pulses; nuts and seeds; dairy; meat, poultry and fish; eggs; dark green leafy vegetables; vitamin A–rich fruits and vegetables; other vegetables; and other fruits.

Across rounds, women in women-adult-only households exhibit a higher prevalence of inadequate dietary diversity than those in mixed-gender households; however, this difference is not statistically significant in all rounds (Figure 5). They also tend to report lower consumption of pulses and of meat and fish, patterns that are consistent with the deficits observed in the Food Consumption Score (FCS) (Appendix Table A.5). Estimates by state/region are for July-October 2025 are presented in Appendix Table A.6.

Figure 5. Percent of individuals with inadequate dietary diversity April 2022 - October 2025, women-adult-only households compared with the national average



Source: Authors' calculations from the Myanmar Household Welfare Survey.

More broadly, female respondents tend to have poorer dietary outcomes than male respondents. We therefore compare women in women-adult-only households specifically to women in non–women-adult-only households. On average across rounds, women in women-adult-only households have worse dietary outcomes than those in mixed households, although this difference is not statistically significant in every survey round (Appendix Figure A.1).

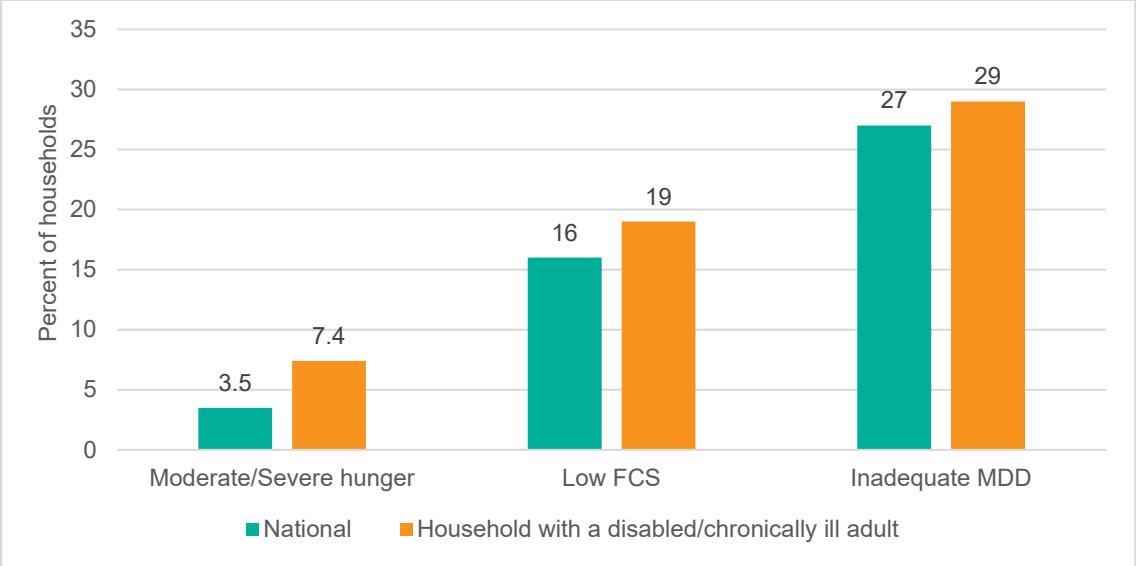
Taken together, the three indicators—HHS, FCS, and MDD—paint a consistent picture of persistent heightened food insecurity among women-adult-only households. Across rounds, these households face a higher incidence of moderate or severe hunger, a greater prevalence of low food consumption, and weaker dietary diversity outcomes, although the latter differences are not always statistically significant. The gaps are particularly pronounced in measures capturing food access and protein-rich food consumption, with women-adult-only households reporting higher shares of severe deprivation experiences and systematically lower consumption of pulses, meat, and fish. The convergence of evidence across experience-based, consumption-based, and individual dietary measures suggests that women-adult-only households are structurally more vulnerable to both quantity and quality deficits in food intake, even if the magnitude of these disparities varies across rounds and settings.

It is important to underscore the substantial differences among women-adult-only households based on remittance receipt, as remittances play a central role in sustaining livelihoods and shaping dietary outcomes for this group, as they do across Myanmar. Across survey rounds, there is a 3-percentage point gap in the hunger rate between women-adult-only households that receive remittances and those that do not. In July–October 2025, the hunger rate was 2 percent among women-adult-only households receiving remittances, compared with 8 percent among those not receiving remittances. Similar disparities are observed for MDD and FCS, highlighting the pronounced vulnerability of women-adult-only households that lack remittance income.

3.4. Food security indicators for households with a disabled or chronically ill adult

Across all dietary indicators, households with a disabled/chronically ill adult experience worse outcomes than the national average. Figure 6 compares the prevalence of moderate or severe hunger, low FCS, and inadequate MDD for households with a disabled/chronically ill adult compared with the national average. The largest disparity is observed for hunger. Between July and October 2025, 7 percent of households with a disabled or chronically ill adult experienced hunger, compared with roughly 4 percent of households overall — this is 3 percentage points higher than the national average.

Figure 6. Percent of households with moderate/severe hunger, low FCS, and inadequate MDD, July-October 2025: households with a disabled/chronically ill adult vs. national average



Source: Authors' calculations from the Myanmar Household Welfare Survey.

The gap in low food consumption was smaller: 19 percent of households with a disabled or chronically ill adult had low food consumption, compared with 16 percent overall.

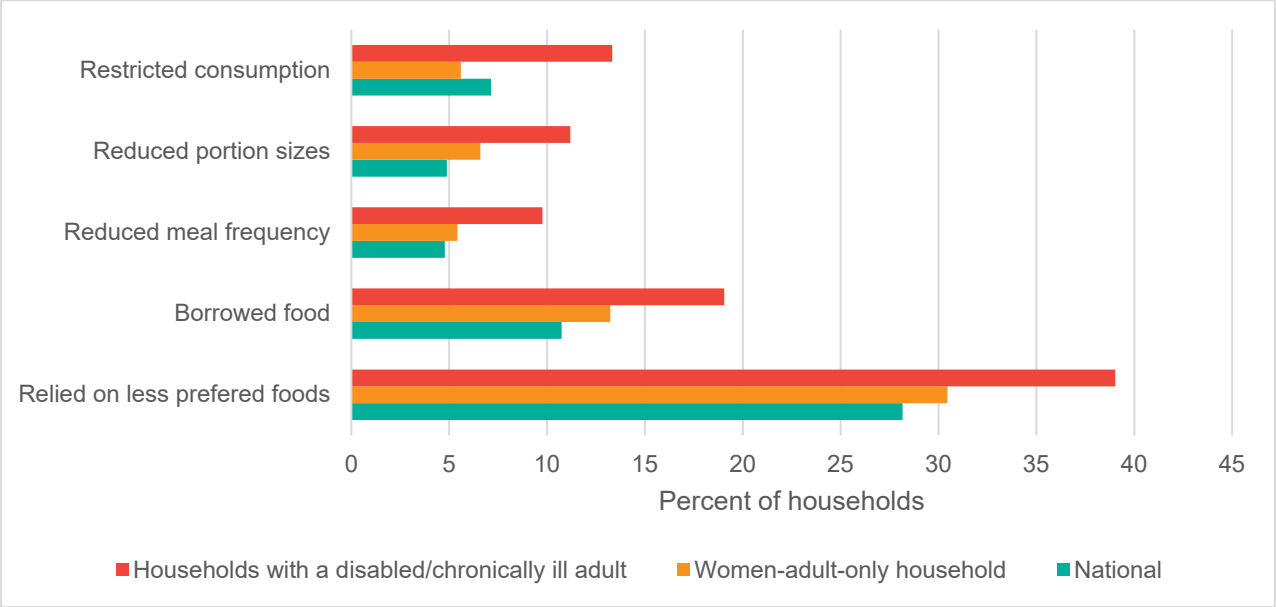
Further, over the same period, 29 percent of households with a disabled or chronically ill adult had inadequate dietary diversity compared with 27 percent overall— a difference that is only statistically significant in rural areas.

Within the individual hunger indicators, households with a disabled/chronically ill adult fare substantially worse. Thirteen percent reported having no food of any kind in the house, compared with 7 percent of households without a disabled member. Similarly, 5 percent reported that a household member went to sleep hungry, compared with 3 percent among other households. The share reporting that a household member went a full day and night without food was 3 percent, more than double the 1 percent observed among households without a disabled member (Appendix Table A.7).

Looking at the individual items in the FCS, we can see significantly lower consumption of milk and other dairy products, meat, fish and eggs, and vegetables and leafy greens among households with a disabled/chronically ill adult. MDD indicators similarly show lower consumption of nuts and seeds, meat and fish, and other fruits.

For household with a disabled/chronically ill adult and women-adult-only households we also examine the Reduced Coping Strategies Index (rCSI), which captures the frequency and severity of five food-related coping strategies used in the seven days prior to the survey (Figure 7). These strategies remain widespread across Myanmar, with clear disparities between households with and without a disabled/chronically ill adult. Nationally, 28 percent of households reported relying on less preferred or less expensive foods, with higher prevalence among asset-poor households (39 percent) than among the asset-rich (17 percent). A similar pattern is observed when comparing disability status: 39 percent of household with a disabled/chronically ill adult relied on less preferred foods. Additional coping strategies are also more common among households with a disabled/chronically ill adult, including borrowing food or relying on help from a relative or friend (19 percent versus 11 percent), reducing the number of meals eaten in a day (10 percent versus 5 percent), limiting portion size of meals at mealtimes (11 percent versus 5 percent), and restricting consumption by adults in order for small children to eat (13 percent versus 7 percent). Across all indicators, household with a disabled/chronically ill adult are more likely to engage in negative coping strategies, underscoring their heightened vulnerability. Compared to the national average, a larger share of women-adult-only households also relied on less preferred foods, borrowed food, and reduced portion sizes.

Figure 7. Percent of households using food-related coping strategies in the 7-days prior to the survey in July-October 2025, household with a disabled/chronically ill adult, women-adult-only households vs. national average



Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Restricted consumption- During the last 7 days, were there days (and, if so, how many) when your household had to restrict consumption by adults in order for small children to eat to cope with a lack of food or money to buy it? Reduced portion sizes- During the last 7 days, were there days (and, if so, how many) when your household had to limit portion size of meals at mealtimes to cope with a lack of food or money to buy it? Reduced meal frequency- During the last 7 days, were there days (and, if so, how many) when your household had to reduce number of meals eaten in a day to cope with a lack of food or money to buy it? Borrow food- During the last 7 days, were there days (and, if so, how many) when your household had to borrow food or rely on help from a relative or friend to cope with a lack of food or money to buy it? Relied on less preferred foods- During the last 7 days, were there days (and, if so, how many) when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?

3.5. Structural determinants of food insecurity: mediation pathways for women-adult-only and disability households

To examine the association between women-adult-only households and food insecurity, we estimate a series of pooled logistic regressions with state and survey-round fixed effects and standard errors clustered at the township level. Three food security outcomes are modelled separately: the likelihood

of experiencing hunger (measured by HHS), poor or borderline food consumption (measured by the FCS), and inadequate dietary diversity (measured by the MDD). For each outcome, we present ten sequential specifications (columns 1–10), each corresponding to an independent regression in which an additional set of covariates is progressively introduced. All reported coefficients are average marginal effects (dy/dx evaluated at the means), with the corresponding standard errors clustered at the township level shown in parentheses (Table 4).

Column (1) includes only round fixed effects, a rural indicator, and state fixed effects — the minimal set of controls needed to account for temporal trends and geographic heterogeneity. Subsequent columns sequentially add: exposure to climate shocks and self-reported physical insecurity (column 2); main income sources (column 3); number of distinct income sources (column 4); receipt of remittances (column 5); household size and dependency ratio (column 6); respondent characteristics (column 7); income poverty status (column 8); land ownership (column 9); and asset class (column 10). This stepwise approach allows us to assess the degree to which the coefficient on women-adult-only households is affected by the inclusion of progressively richer sets of potential confounders.

The sequential regression results indicate that women-adult-only households are not randomly distributed across key structural characteristics. As we saw in the descriptives, they are systematically more likely to have fewer distinct income sources, weaker land ownership, and lower asset holdings than households with adult male members present. When these characteristics are controlled for, the association between women-adult-only status and hunger attenuates to non-significance — suggesting that the hunger disadvantage of women-adult-only households operates through, rather than independently of, their structural economic position.

The three controls that drive this attenuation are each measures of resource access. The inclusion of number of income sources in column (4) produces the first loss of significance, indicating that women-adult-only households' narrower livelihood base accounts for part of their elevated hunger risk. Land ownership, added in column (9), similarly absorbs a portion of the women-adult-only association, reflecting the role of land as both a productive and buffering asset. Asset class, in column (10), also renders the coefficient on women-adult-only household non-significant. Together, these findings suggest that women-adult-only households face higher hunger risk because they are systematically more resource-poor, not simply because adult men are absent.

The pattern for inadequate dietary diversity largely mirrors this, with the women-adult-only association attenuating to non-significance with the inclusion of asset class in column (10), suggesting that dietary diversity disadvantage is similarly rooted in structural resource constraints.

FCS, however, tells a different story. The women-adult-only household association remains large and statistically significant across all ten specifications, including the fully-controlled model. This persistence holds after conditioning on land ownership, asset class, income sources, household size and dependency ratio, and geographic remoteness. This points to pathways not captured in the available data — most plausibly the severe time constraints facing households where all productive, care, and domestic tasks fall on adult women alone, though this cannot be directly tested with the present data and warrants further investigation. Under severe time constraints, households may systematically default to simpler, cheaper, and faster food options, depressing food consumption scores even when the household is not facing acute hunger.

Table 4. Marginal effects from regressions of women-adult-only households on hunger, FCS, and MDD

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Hunger dy/dx	0.005 ** (0.002)	0.007 *** (0.002)	0.005 ** (0.002)	0.004 (0.002)	0.006 *** (0.002)	0.007 *** (0.002)	0.006 ** (0.003)	0.005 ** (0.003)	0.004 (0.003)	0.002 (0.002)
Pseudo R2	0.013	0.036	0.091	0.097	0.094	0.098	0.113	0.130	0.128	0.150
Low FCS dy/dx	0.037 *** (0.005)	0.039 *** (0.005)	0.033 *** (0.005)	0.027 *** (0.005)	0.036 *** (0.005)	0.031 *** (0.005)	0.028 *** (0.005)	0.025 *** (0.005)	0.025 *** (0.005)	0.018 *** (0.005)
Pseudo R2	0.031	0.033	0.061	0.068	0.064	0.065	0.074	0.087	0.080	0.101
Inadequate MDD dy/dx	0.034 *** (0.006)	0.035 *** (0.006)	0.028 *** (0.006)	0.020 *** (0.006)	0.032 *** (0.006)	0.028 *** (0.006)	0.021 *** (0.006)	0.018 *** (0.006)	0.017 *** (0.006)	0.009 (0.006)
Pseudo R2	0.017	0.018	0.031	0.036	0.032	0.033	0.045	0.051	0.049	0.059
Round Fixed Effects	X	X	X	X	X	X	X	X	X	X
Rural	X	X	X	X	X	X	X	X	X	X
State Fixed Effects	X	X	X	X	X	X	X	X	X	X
Climate Shock		X	X	X	X	X	X	X	X	X
Insecure		X	X	X	X	X	X	X	X	X
Main Income Sources			X	X	X	X	X	X	X	X
Number of Different Income Sources				X						
Household Receives Remittances					X	X	X	X	X	X
Household Size & Dependency Ratio						X	X	X	X	X
Respondent Characteristics							X	X	X	X
Income Poverty								X		
Land Ownership									X	
Asset Classes										X

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Each coefficient reports the average marginal effect (dy/dx) of Women-Adult-Only (WAH) household status on the relevant food security outcome (Hunger, FCS, or MDD), evaluated at the means with standard errors (in parentheses) clustered at the township level. X indicates that the corresponding set of controls is included in the specification. Pseudo R^2 is reported for each model. *** p<0.01, ** p<0.05, * p<0.10.

This mechanism would explain why FCS remains significant while hunger does not in the fully-controlled models — the household manages to meet basic caloric thresholds but cannot sustain the dietary quality and variety that a higher food consumption score requires.

A further unobserved pathway may operate through social capital and community embeddedness. In many rural contexts, households with adult male members benefit from stronger integration into local networks that facilitate informal credit, reciprocal labour arrangements, and access to extension services and trader relationships. Women-adult-only households, even when comparable on observed economic characteristics, may be structurally less able to draw on these informal institutions in ways that buffer food consumption.

The results for households containing a disabled or chronically ill adult present a markedly different pattern from those observed for women-adult-only households, and in several respects a more severe one (Table 5). Most notably, the association between disability and hunger is large — a 2.2 percentage point elevated probability in the baseline — and remains fully stable and statistically significant across all ten specifications, including after conditioning on income sources, land ownership, and asset class. None of the controls that attenuated the women-adult-only -hunger association to non-significance have any meaningful effect here. This suggests that the hunger disadvantage of disability households cannot be attributed to their structural economic position in the way it could for women-adult-only households.

For food consumption score, the picture is similarly robust. The association remains significant throughout all specifications at the 0.1% level, attenuating only modestly from 3.8 to 2.6 percentage points in the fully-controlled model. This closely mirrors the women-adult-only household result for FCS, though the disability coefficient is consistently somewhat larger in magnitude. The implication is that disability imposes a direct and persistent burden on food security that operates independently of a household's economic position. This is consistent with the simultaneous presence of additional consumption needs — care costs, medical expenditure, dietary requirements — and reduced labour supply, a combination that cannot be offset simply by holding assets or income sources.

Dietary diversity tells a more complex story. The MDD association is significant in the baseline but fluctuates across specifications — losing significance in column (3) when main income sources are controlled, recovering partially, and then losing significance again in the fully-controlled model (10). The divergence between the household-level findings and the individual-level MDD result for disability households is not straightforward to interpret. It may reflect the sensitivity of the 24-hour recall measure to day-to-day variation rather than chronic dietary inadequacy, or it may capture intra-household food allocation dynamics whereby the primary respondent maintains adequate dietary diversity even as the household as a whole faces significant food consumption deficits.

Table 5. Marginal effects from regressions of households with a disabled/chronically ill adult on hunger, FCS, and MDD

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Hunger dy/dx	0.022 *** (0.003)	0.021 *** (0.004)	0.020 *** (0.004)	0.021 *** (0.004)	0.020 *** (0.004)	0.022 *** (0.004)	0.022 *** (0.004)	0.020 *** (0.004)	0.021 *** (0.004)	0.019 *** (0.004)
Pseudo R2	0.020	0.039	0.079	0.088	0.082	0.095	0.110	0.122	0.120	0.153
Low FCS dy/dx	0.038 *** (0.009)	0.035 *** (0.009)	0.030 *** (0.009)	0.031 *** (0.009)	0.031 *** (0.009)	0.037 *** (0.009)	0.035 *** (0.009)	0.029 *** (0.009)	0.032 *** (0.009)	0.026 *** (0.009)
Pseudo R2	0.020	0.022	0.046	0.050	0.047	0.049	0.061	0.078	0.065	0.091
Inadequate MDD dy/dx	0.027 ** (0.012)	0.025 ** (0.012)	0.020 (0.012)	0.023 * (0.013)	0.022 * (0.012)	0.027 ** (0.012)	0.031 ** (0.012)	0.023 * (0.012)	0.028 * (0.012)	0.020 (0.012)
Pseudo R2	0.012	0.012	0.025	0.029	0.026	0.027	0.042	0.053	0.044	0.059
Round Fixed Effects	X	X	X	X	X	X	X	X	X	X
Rural	X	X	X	X	X	X	X	X	X	X
State Fixed Effects	X	X	X	X	X	X	X	X	X	X
Climate Shock		X	X	X	X	X	X	X	X	X
Insecure		X	X	X	X	X	X	X	X	X
Main Income Sources			X	X	X	X	X	X	X	X
Number of Different Income Sources				X						
Household Receives Remittances					X	X	X	X	X	X
Household Size & Dependency Ratio						X	X	X	X	X
Respondent Characteristics							X	X	X	X
Income Poverty								X		
Land Ownership									X	
Asset Classes										X

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Each coefficient reports the average marginal effect (dy/dx) of Disabled/Chronically Ill Adult household status on the relevant food security outcome (Hunger, FCS, or MDD), evaluated at the means with standard errors (in parentheses) clustered at the township level. X indicates that the corresponding set of controls is included in the specification. Pseudo R^2 is reported for each model. *** p<0.01, ** p<0.05, * p<0.10.

4. CONCLUSION

This paper assesses welfare outcomes among women-adult-only households and households with a disabled or chronically ill member in Myanmar, examining their demographic profiles, income composition, asset and income poverty, and food security outcomes.

Women-adult-only households represent a meaningful share of the population — up to 13 percent when including elderly male dependents — and tend to be smaller in size, yet many still support children. They are substantially more dependent on remittances and donations as a primary income source, face above-average rates of asset poverty, and experience consistently worse food security outcomes than the national average. Households with disabled or chronically ill members are similarly prevalent at 14 percent, more likely to include young dependents, and face particularly severe income poverty.

The regression results reveal that these two household types arrive at food insecurity through distinct pathways, with important implications for intervention design. For women-adult-only households, the association with hunger is mediated by observable structural disadvantages — fewer distinct income sources, weaker land ownership, and lower asset holdings. This indicates that women-adult-only households face elevated hunger risk not simply because adult men are absent, but because they are systematically more likely to occupy a disadvantaged structural economic position. The appropriate policy response is therefore not narrowly targeted at female-headed households per se, but at the broader population of landless and asset-poor households with limited livelihood diversification — of which women-adult-only households are disproportionately a part. Interventions narrowly targeting women-adult-only households risk excluding similarly vulnerable households while potentially generating adverse social dynamics. For food consumption, the women-adult-only association persists across all specifications, pointing to residual pathways — most plausibly time constraints — that structural economic characteristics alone do not capture. This suggests that a second intervention on direct consumption support may be necessary for women-adult-only households to ensure healthy eating.

For disability households, no such mediation is observed. Disability imposes a direct and persistent burden on food security that is independent of a household's income sources, land holdings, or asset position, consistent with the simultaneous erosion of labor supply and increase in consumption needs that disability entails. This calls for a policy response centered on direct consumption support and social protection transfers.

These findings take on particular urgency in the context of Myanmar's ongoing conflict. Male displacement, whether through fighting, hiding, or injury, directly increases the prevalence of both household types examined here. More women-adult-only households form as men leave; more disability households emerge as conflict-related injuries accumulate. The structural disadvantages and food security penalties documented in this paper are therefore not static features but are likely to intensify over time. The evidence presented here underscores the need for policy responses that are both targeted to the specific mechanisms driving food insecurity in each household type and robust to a context in which the population of vulnerable households is likely growing.

REFERENCES

Ananian, S., & Dellaferrera, G. (2024). A study on the employment and wage outcomes of people with disabilities (ILO Working Paper No. 124). International Labour Organization. https://doi.org/10.54394/YRCN8597

Arimond, M., Wiesmann, D., Becquey, E., Carriquiry, A., Daniels, M.C., Deitchler, M., Fanou-Fogny, N. et al. (2010). Simple Food Group Diversity Indicators Predict Micronutrient Adequacy of Women's Diets in 5 Diverse, Resource-Poor Settings. Journal of Nutrition, 140 (11), pp.2059S-2069S.

Asian Development Bank, United Nations Development Programme, United Nations Population Fund, & UN Women. (2016). Gender equality and women's rights in Myanmar: A situation analysis. Asian Development Bank.

Ballard, T., Coates, J., Swindale, A., and Deitchler, M. (2011). Household Hunger Scale: Indicator Definition and Measurement Guide. Washington, DC: Food and Nutrition Technical Assistance II Project, FHI 360.

Berkel, H., Cardona, M., Hansen, H., Rand, J., Rodriguez, P. C., Trifković, N., de Witte, E., Zille, H., Latt, K. S., & Tarp, F. (2018). Myanmar micro, small, and medium enterprise survey 2017: Descriptive report. UNU-WIDER & University of Copenhagen.

Boutry, M., Allaverdian, C., Mellac, M., Huard, S., Thein, S., Win, T. M., & Sone, K. P. (2017). Land tenure in rural lowland Myanmar: From historical perspectives to contemporary realities in the Dry Zone and the Delta. Of lives of land Myanmar research series. GRET. Yangon.

Buvinić, M., and G. R. Gupta. 1997. "Female-Headed Households and Female-Maintained Families: Are They Worth Targeting to Reduce Poverty in Developing Countries?" Economic Development and Cultural Change 45 (2): 259–80. https://doi.org/10.1086/452273

Central Statistical Organization (CSO), UNDP and WB (2019). Myanmar Living Conditions Survey 2017: Poverty Report. Nay Pyi Taw, Myanmar.

Central Statistical Organization, UNDP, & World Bank. (2020). Myanmar living conditions survey 2017: Socio-economic report. Ministry of Planning, Finance and Industry.

Dilshan, L. F., et al. (2023). Disability and place of living: Experiences of disability, accessibility, and inequality in four regions of Myanmar. Scandinavian Journal of Disability Research, 25(1). https://doi.org/10.16993/sjdr.954

Food and Agriculture Organization (FAO) and FHI 360. (2016). Minimum Dietary Diversity for Women: A Guide for Measurement. Rome: FAO.

Hansen, H., Rand, J., & Ngu Wah Win. (2022). The gender wage gap in Myanmar: Adding insult to injury? Journal of Asian Economics, 81, 101511. https://doi.org/10.1016/j.asieco.2022.101511

Khai, T.S., Ahmed, M. F., & Asaduzzaman, M. (2024). Examining the vulnerability of persons with disabilities in Myanmar pre and post-COVID-19 and military coup. Disability & Society. https://doi.org/10.1080/09687599.2024.2360433

Lambrecht, I.B., Mahrt, K., Nang Lun Kham Synt, Hnin Ei Win, & Khin Zin Win (2023a). Gender gaps in land rights: Explaining different measures and why households differ in Myanmar. Agricultural Economics. https://doi.org/10.1111/agec.12789

Lambrecht I, van Asselt J, Headey D, Minten B, Meza P, Sabai M, et al. (2023b) Can phone surveys be representative in low- and middle-income countries? An application to Myanmar. PLoS ONE 18(12): e0296292. https://doi.org/10.1371/journal.pone.0296292

Louis, E., Eshbach, L., Roberts, B., & Htee, N. D. (2018). An assessment of land tenure regimes and women's land rights in two regions of Myanmar. Paper prepared for presentation.

MIMU. (2021). Disability in Myanmar (2014–2019). https://themimu.info/sites/themimu.info/files/documents/Report_Analytical_Brief_Disability_MIMU_18Aug2021_ENG.pdf

Minoletti, P. (2016). Gender (in)equality in the governance of Myanmar: Past, present, and potential strategies for change (Technical Report). Asia Foundation.

Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: A multidimensional study. World Development, 41, 1–18. https://doi.org/10.1016/j.worlddev.2012.05.024

Namati. (2016). Gendered aspects of land rights in Myanmar: Evidence from paralegal casework.

Posel, D., K. Hall, and L. Goagoses. 2023. "Going beyond Female-Headed Households: Household Composition and Gender Differences in Poverty." Development Southern Africa 40 (5): 1117–34. doi:10.1080/0376835X.2023.2182760.

Robertson, B., Young, P., Kristensen, J., Mar Cho, K., Myo Thwe, H., Pannchi, M. and Chin Sung, T. (2018). Strategic Review of Food and Nutrition Security in Myanmar: In support of Sustainable Development Goal (SDG) 2 - Roadmap to 2030. Yangon, Myanmar: Myanmar Institute for Integrated Development (MIID).

UNICEF (United Nations Children's Fund). (2021). Myanmar 2019–2020 social welfare budget report. UNICEF Myanmar. https://www.unicef.org/myanmar/media/6451/file/2018-19%20Myanmar%20Social%20Welfare%20Budget%20Brief.pdf

United Nations Development Programme (UNDP) & United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2022). Regressing gender equality in Myanmar: Women living under the pandemic and military rule. https://data.undp.org/sites/g/files/zskgke476/files/2023-01/Regressing-Gender-Equality-in-Myanmar-Women-Living-under-the-pandemic-and-military-rule-March-2022%20%281%29.pdf

United Nations Myanmar (UN Myanmar). (2023). Gender equality and women's empowerment in Myanmar – A bird's flight with a broken wing. https://myanmar.un.org/en/223145-gender-equality-and-women%E2%80%99s-empowerment-myanmar-%E2%80%93-bird%E2%80%99s-flight-broken-wing

United Nations Department of Economic and Social Affairs (UNDESA). (2025). Disability and Development Report 2024: Accelerating progress toward disability inclusion. https://social.desa.un.org/sites/default/files/2025-09/DDR2024-Full-Report-Final.pdf

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2024). World Survey on the Role of Women in Development 2024: Harnessing Social Protection for Gender Equality, Resilience and Transformation. https://www.unwomen.org/sites/default/files/2024-10/World-survey-on-the-role-of-women-in-development-2024-en.pdf

van Asselt, J. and Aung, Z.W. (2025). Community and household shocks and coping strategies: Findings from the ninth round of the Myanmar Household Welfare Survey (April - October 2025). Myanmar SSP Working Paper 74. Washington, DC: International Food Policy Research Institute. https://hdl.handle.net/10568/179640

van Asselt, J; Ei Win, H; and Oo, T. (2026). Livelihoods and welfare: Findings from the ninth round of the Myanmar Household Welfare Survey (July – October 2025). Myanmar SSP Working Paper 75. Washington, DC: International Food Policy Research Institute. https://hdl.handle.net/10568/181856

Women's League of Burma. (2026). Looking back on 2025: Burma's political crisis and key highlights from the Women's League of Burma and its member organizations. https://www.womenofburma.org/sites/default/files/2026-02/Looking%20Back%20on%202025_v31126_Final.pdf

Zu, A Myint; Minten, Bart; and van Asselt, Joanna. 2026. Wages of the poor: Insights from the Myanmar Household Welfare Survey in Q3/Q4 2025. Myanmar SSP Research Note 129. Washington, DC: International Food Policy Research Institute. https://hdl.handle.net/10568/180695

APPENDIX

Table A.1. Household Hunger Score by state/region, overall, for households with disabled/chronically ill adults and for women-adult-only households, July-October 2025

	National	Disabled/ chronically ill adult	Women-adult-only household
Kachin	2.7 (395)	7.3 (11)	4.2 (35)
Kayah	8.2 (97)	8.9 (13)	58.1 (13)
Kayin	6.4 (323)	7.1 (33)	4.4 (35)
Chin	26.0 (130)	64.5 (21)	66.7 (15)
Sagaing	3.0 (1213)	2.8 (108)	5.4 (90)
Tanintharyi	4.3 (321)	11.6 (44)	2.2 (36)
Bago	3.2 (1,269)	6.3 (110)	4.3 (116)
Magway	4.1 (1058)	10.1 (91)	10.3 (99)
Mandalay	2.7 (1,612)	4.7 (150)	4.7 (136)
Mon	4.9 (487)	7.8 (55)	2.0 (59)
Rakhine	4.2 (517)	0.0 (7)	10.3 (43)
Yangon	3.0 (1,917)	6.5 (143)	1.7 (209)
Shan	3.2 (1,340)	3.4 (120)	0.0 (73)
Ayeyarwady	2.7 (1,643)	6.6 (141)	6.7 (124)
Nay Pyi Taw	2.3 (313)	8.3 (32)	6.9 (38)

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Sample sizes are in parenthesis next to the average hunger estimate. All averages where sample sizes are below 30 should not be considered valid.

Table A.2. Household hunger scale categories by women-adult-only (WAH) and non-women-adult-only households (non-WAH), July–October 2025

	Percentage (%)		Percentage Point Change
	WAH	Non-WAH	WAH vs Non-WAH
HHS classifications			
Little to no hunger	94.0	96.8	-2.8**
Moderate hunger	4.7	2.8	1.9*
Severe hunger	1.3	0.5	0.8
Moderate to severe hunger	6.0	3.2	2.8**
No food of any kind in the house	10.9	8.0	2.9**
Rarely (1-2 times) a	26.1	33.9	-7.8
Sometimes (3-10 times) a	55.4	47.3	8.1
Often (more than 10 times) a	18.5	18.8	-0.3
Went to sleep hungry	5.5	3.0	2.5**
Rarely (1-2 times) a	18.3	35.0	-16.7**
Sometimes (3-10 times) a	71.4	51.7	19.7**
Often (more than 10 times) a	10.3	13.2	-2.9
Went full day & night without food	2.6	1.1	1.5**
Rarely (1-2 times) a	10.1	42.6	-32.5***
Sometimes (3-10 times) a	52.2	46.4	5.8
Often (more than 10 times) a	37.8	10.9	26.9*
No. of observations	1,121	11,514	

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: a. The frequency of occurrence questions is for the subsample of households that answered "yes" to the three hunger related questions. Asterisks refer to the level of statistical significance in the difference in means between Rounds: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. "Went to sleep hungry" and "went full day & night without food" refer to any household member undergoing these experiences.

Table A.3. FCS by state/region, overall, for households with disabled/chronically ill adults and for women-adult-only households, July-October 2025

	National	Disabled/ chronically ill adult	Women-adult-only household
Kachin	9.4 (395)	3.9 (11)	20.0 (35)
Kayah	24.5 (97)	16.0 (13)	63.4 (13)
Kayin	13.2 (323)	7.0 (33)	7.5 (35)
Chin	63.3 (130)	50.0 (21)	73.2 (15)
Sagaing	14.9 (1,213)	22.1 (108)	13.1 (90)
Tanintharyi	13.5 (321)	15.2 (44)	11.0 (36)
Bago	15.4 (1,269)	16.6 (110)	21.0 (116)
Magway	19.3 (1,058)	36.1 (91)	23.5 (99)
Mandalay	15.4 (1,612)	19.3 (150)	21.9 (136)
Mon	16.2 (487)	20.4 (55)	17.7 (59)
Rakhine	16.0 (517)	23.0 (7)	31.6 (43)
Yangon	12.1 (1,917)	8.3 (143)	14.7 (209)
Shan	20.1 (1,340)	18.6 (120)	19.3 (73)
Ayeyarwady	18.2 (1,643)	24.8 (141)	26.6 (124)
Nay Pyi Taw	15.4 (313)	8.3 (32)	28.6 (38)

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Sample sizes are in parenthesis next to the average FCS estimate. All averages where sample sizes are below 30 should not be considered valid.

Table A.4. Household-Level FCS and Food Group Frequency Based on 7-Day Recall by Women-Adult-Only (WAH) and Non-Women-Adult-Only (non-WAH) Households, July–October 2025

	Percentage (%)		Percentage Point Change
	WAH	Non-WAH	WAH vs Non-WAH
Main staples	7.0	7.0	0*
Pulses/legumes/nuts	2.3	2.4	-0.1***
Milk/dairy products	0.6	0.7	-0.1
Meat, fish, and eggs	4.1	4.4	-0.3***
Vegetables	5.6	5.7	-0.1
Fruits	2.1	2.2	-0.1
Oil, fats, and butter	6.7	6.9	-0.2**
Sugar or sweet	2.6	2.7	-0.1
Food Consumption Score (0-112)	52.3	54.1	-1.8
Acceptable food consumption	78.9	84.3	-5.4***
Borderline food consumption	19.4	14.7	4.7***
Poor food consumption	1.7	1.0	0.7***
No. of observations	1,121	11,514	

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Statistics for food groups are number of days households have consumed in 7 days prior to survey. Food Consumption Score is the average score in the population (out of 112). Acceptable, borderline, and poor food consumption is based on cutoff as described in text; statistics presented are percentage of households in each category of food consumption. Asterisks refer to the level of statistical significance in the difference in means between Rounds[BM13.1]: * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.5. Percentage of adults consuming different food groups in the past 24 hours in July-October 2025: Women-adult-only households (WAH) and Non-women-adult-only households (non-WAH)

	Percentage (%)		Percentage Point Change
	WAH	Non-WAH	WAH vs Non-WAH
Cereals/grains/roots	99.6	99.6	0
Beans	51.2	54.0	-2.8
Nuts or seeds	36.5	38.0	-1.5
Milk/dairy products	13.2	13.9	-0.7
Eggs	52.0	54.4	-2.4
Fruits	74.6	80.6	-6.0***
Meat and Fish	37.0	42.7	-5.7***
Other fruits	34.4	35.9	-1.5
Vit-A rich fruit/vegetables	79.5	83.2	-3.7
Dark green vegetables	77.8	80.2	-2.4**
Other vegetables	99.6	99.6	0

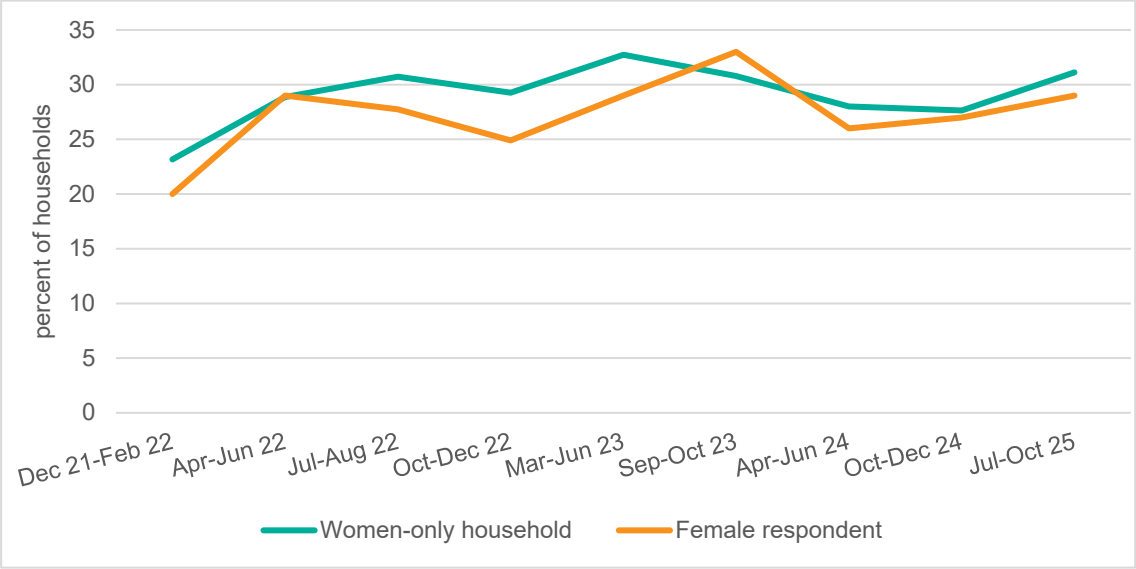
Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Asterisks refer to the level of statistical significance in the difference in means across rounds: *p<0.10,** p<0.05,*** p<0.01.

Table A.6. MDD by state/region, overall, for households with disabled/chronically ill adults and for women-adult-only households, July-October 2025

	National	Disabled/ chronically ill adult	Women-adult-only household
Kachin	2.7 (395)	7.3 (11)	4.2 (35)
Kayah	8.2 (97)	8.9 (13)	58.1 (13)
Kayin	6.4 (323)	7.1 (33)	4.4 (35)
Chin	26.0 (130)	64.5 (21)	66.7 (15)
Sagaing	3.0 (1,213)	2.8 (108)	5.4 (90)
Tanintharyi	4.3 (321)	11.6 (44)	2.2 (36)
Bago	3.2 (1,269)	6.3 (110)	4.3 (116)
Magway	4.1 (1,058)	10.1 (91)	10.3 (99)
Mandalay	2.7 (1,612)	4.7 (150)	4.7 (136)
Mon	4.9 (487)	7.8 (55)	2.0 (59)
Rakhine	4.2 (517)	0.0 (7)	10.3 (43)
Yangon	3.0 (1,917)	6.5 (143)	1.7 (209)
Shan	3.2 (1,340)	3.4 (120)	0.0 (73)
Ayeyarwady	2.7 (1,643)	6.6 (141)	6.7 (124)
Nay Pyi Taw	2.3 (313)	8.3 (32)	6.9 (38)

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Sample sizes are in parenthesis next to the average MDD estimate. All averages where sample sizes are below 30 should not be considered valid.

Figure A.1. Percent of household with inadequate dietary diversity (24-hrs recall) across rounds, women-adult-only households compared with households with female respondents



Source: Authors' calculations from the Myanmar Household Welfare Survey.

Table A.7. Household hunger scale categories (%) by Household with disabled/chronically ill adults and household without disabled/chronically ill adults, July–October 2025

	Percentage (%)		
	Household with disabled/chroni-cally ill adults	Household without disabled/chroni-cally ill adults	National
HHS classifications			
Little to no hunger	92.6	96.9	96.5
Moderate hunger	6.9	2.5	3.0
Severe hunger	0.5	0.5	0.5
Moderate to severe hunger	7.4	3.1	3.5
No food of any kind in the house	13.3	7.4	8.2
Rarely (1-2 times) a	35.2	30.8	33.0
Sometimes (3-10 times) a	37.2	51.6	48.3
Often (more than 10 times) a	27.7	17.6	18.8
Went to sleep hungry	5.2	3.0	3.2
Rarely (1-2 times) a	32.0	32.3	32.4
Sometimes (3-10 times) a	57.9	53.9	54.8
Often (more than 10 times) a	10.1	13.8	12.7
Went full day & night without food	2.6	1.1	1.3
Rarely (1-2 times) a	44.9	33.6	36.4
Sometimes (3-10 times) a	44.4	50.3	47.5
Often (more than 10 times) a	10.7	16.1	16.1
No. of observations	1,079	10,786	

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: a. The frequency of occurrence questions is for the subsample of households that answered "yes" to the three hunger related questions. Asterisks refer to the level of statistical significance in the difference in means between Rounds: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. "Went to sleep hungry" and "went full day & night without food" refer to any household member undergoing these experiences.

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