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The State of Food Security and Nutrition in Myanmar, 2021-2025

Findings from nine rounds of the Myanmar Household Welfare Survey

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ABSTRACT

Key Highlights

- **Persistent Hunger:** Extreme hunger continued to affect nearly 3.5 percent of households in late 2025.
- **Poor Adult Diet Quality:** Over a quarter of adults (27.1 percent) lack adequate dietary diversity. Women's diet quality has worsened faster than men's over the past three years.
- **Deteriorating diets of young children:** Over 36.5 percent of 6-23 months and 24.3 percent of 6-59 months old children are without an adequately diverse diet, significantly higher than in previous years.
- **Multiple Factors Affecting Risk & Resilience:** Low assets, conflict, and high food prices drive insecurity; remittances reduce food-related risks.

This working paper explores the state of food security and nutrition in Myanmar using nine rounds of nationally representative household panel data collected from December 2021 to October 2025. Overall, the state of food security and nutrition has deteriorated in Myanmar from 2021-2025.

Nearly 3.5 percent of households were in moderate to severe hunger in July-October 2025, with low asset households disproportionately affected. Households with a low Food Consumption Score increased from 9.4 percent in December 2021-February 2022 to 14.2 percent in August-November 2023 and remained high at 16.2 percent in July-October 2025.

Inadequate diet diversity among adults rose from 20.5 percent to 27.1 percent between December 2021-February 2022 and July-October 2025. Women saw a faster decline in diet quality during this time (8.7 percentage points increase in poor diet quality compared to 3.9 percentage points for men). Decreases in diet quality among adults were driven by lower consumption of animal sourced food.

In the latest round of survey, children with poor diet quality increased compared to previous rounds – currently in 2025, 36.5 percent of 6-23 months and 24.3 percent of 6-59 months children are without an adequately diverse diet compared to 30.7 percent and 21.3 percent, respectively, in 2024. Similarly, 42.9 percent of children aged 6-23 months in Myanmar do not meet the Minimum Acceptable Diet (MAD), a composite indicator of meal frequency and dietary diversity, indicating widespread inadequacy in infant and young child feeding.

Regression analysis reveals low income and limited assets to be important risk factors for food security and adequate diet quality. Wage workers and low wage communities were particularly vulnerable. Rising food prices, conflict and physical insecurity also increase the likelihood of poor diet quality. Receiving remittances was a source of resilience; remittance-receiving households were less likely to experience hunger or poor dietary diversity at the household, adult, and child level.

To avert a full-blown nutrition crisis in Myanmar, effective multisectoral steps are required to protect nutritionally vulnerable populations. Expanded implementation of nutrition- and gender-sensitive social protection programs, including maternal and child cash transfers, particularly to vulnerable groups, is needed. Further, given the importance of remittances as an effective coping mechanism, supporting migration and the flow of remittances would help to improve the welfare of the Myanmar population.

1. INTRODUCTION

In this working paper, we provide an overview of the state of food security and nutrition in Myanmar using household datasets collected across nine rounds over four years from December 2021 to October 2025. We examine food security using the Household Hunger Scale and the Food Consumption Score. To examine the state of nutrition, we examine the diet quality of individuals across Myanmar for three separate but important sections of the population: (1) adults (18+ years), (2) women of reproductive age (15-49 years), and (3) children (6-23 and 6-59 months).

We explore these indicators using nine rounds of the Myanmar Household Welfare Survey (MHWS) collected over the phone from December 2021 to October 2025 – hereafter R1, R2, R3, R4, R5, R6, R7, R8, and R9 – with more than 12,000 households in each round in 310 townships of Myanmar. MHWS is a phone survey representative at the national, urban/rural and state/region levels (MAPSA 2022). Four rounds of data collection were conducted across the four quarters of 2022, followed by two rounds in 2023, two rounds in 2024, and a subsequent one in 2025.This update on the food security and nutrition status in Myanmar primarily focuses on the ninth round which was conducted from July to October 2025. The timing of survey coincides with that of comparable periods in the year during the fourth and sixth round of data collection in 2022 and 2023.

It is important to note that the estimates presented in this report are likely underestimates of the true situation on the ground, particularly in states affected by high levels of conflict and disruptions to electricity and telecommunications infrastructure. In regions such as Chin, Kayah, Kachin, and Rakhine, ongoing violence and damage to electricity and telecommunications infrastructure have severely limited our ability to reach populations most impacted by conflict and economic shocks. As a result, Round 9 sample sizes in these areas were below target.[1]

We use standard food security and diet diversity measures for each of the three subpopulations to examine trends over the nine rounds as well as explore heterogeneity with respect to gender, and asset and income-based welfare indicators. We also look at disaggregated consumption of different food groups that constitute dietary diversity measures to investigate the change in the consumption pattern of individuals. Finally, we use regression analysis to look at predictors of food insecurity and inadequate diet diversity, including household wealth and income, self-reported shocks, food prices, and household characteristics.

Food insecurity has worsened markedly, with an estimated 15.2 million people, 28 percent of the population, projected to face high levels of acute food insecurity in 2025, up from 13.3 million in 2024 (FAO 2025). The highest levels of food insecurity are observed in conflict-affected states such as Chin, Kachin, Rakhine, and Sagaing, where rising food prices and restricted humanitarian access have severely constrained food availability. Earthquake-related damages from the March 2025 earthquake to agricultural land and infrastructure have further disrupted production and rural livelihoods, threatening food security in areas which were previously more food secure. Against this backdrop, this report provides an updated assessment of food security and nutrition conditions in Myanmar using data from the latest nationally representative phone survey.

2. TRENDS IN FOOD SECURITY INDICATORS

2.1 Household Hunger Scale

The first food insecurity indicator examined is the Household Hunger Scale (HHS), which measures the experience of hunger in the household based on three questions related to the lack of food at

[1] The number of observations in Kachin and Rakhine in Round 9 did not meet our sample targets. To ensure comparability between indicators, we replace missing households in Kachin and Rakhine with R6 households in those states. This ensures that our estimates more closely align with the situation on the ground.

home, going to sleep hungry, and going an entire day without food (Ballard et al. 2011). Based on the frequency of occurrence, i.e. “did not occur”, “rarely” or “sometimes”, and “often”, answers are scored and used to classify households into three groups: "little to no" (0-1), "moderate" (2-3), or "severe” (4-6) hunger.

Table 1 presents the prevalence of hunger at the national level for September-December 2022, August-October 2023, September-December 2024, and June-October 2025. In June-October 2025, 3.5 percent of households were in moderate to severe hunger nationally, slightly higher than estimates from last year in September-December 2024. Nearly 8.2 percent of households reported that there was no food to eat of any kind in their house because of lack of resources to get food, 3.2 percent reported that themselves or another household member went to sleep at night hungry because there was not enough food, and 1.3 percent of households reported that they or another household member went a whole day and night without eating anything at all because there was not enough food, on at least one day in the four weeks preceding the survey interview day in Round 9 (R9). While the level of households that report hunger has remained statistically the same over the past two years, among households that reported hunger, the frequency of such events has risen sharply in 2024 and remained high in 2025. In R9, 18.8 percent experienced a lack of food at home, 12.7 percent had a member go to sleep hungry, and 16.1 percent had someone go an entire day and night without food more than 10 times in the past four weeks.

Table 1. Composite categories of Household Hunger Score (HHS) and 30-day recall questions, percentage of households

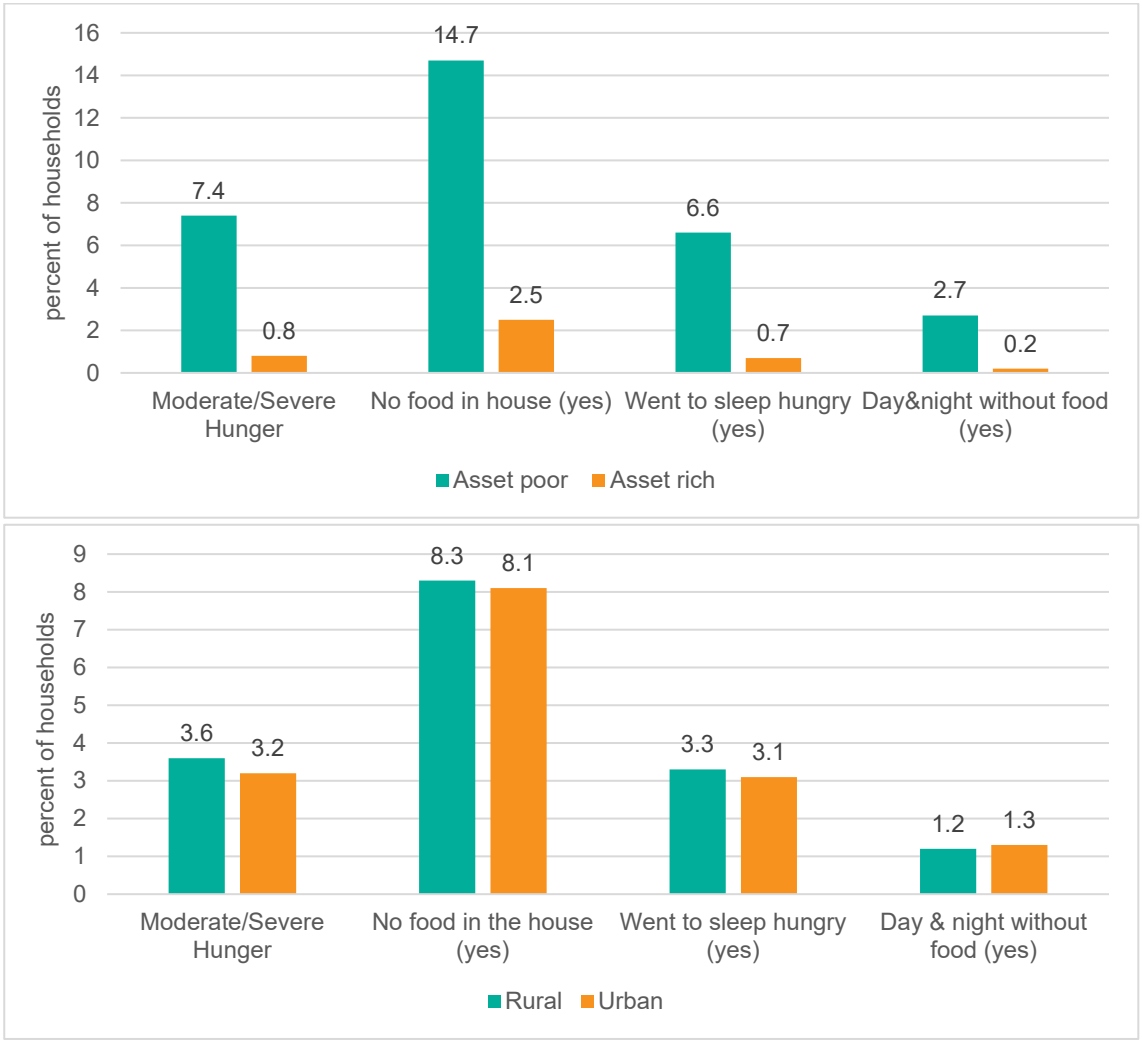
	Percentage (%)				Percentage Point Change		
	R4 (Sep-Dec 22)	R6 (Aug-Oct 23)	R8 (Sep-Dec 24)	R9 (Jun-Oct 25)	R9-R8	R9-R6	R9-R4
HHS classifications							
Little to no hunger	96.0	96.5	97.0	96.5	-0.5	0.0	0.5
Moderate hunger	3.7	3.1	2.4	3.0	0.6*	-0.2	-0.7**
Severe hunger	0.3	0.3	0.6	0.5	-0.1	0.2*	0.2*
Moderate to severe hunger	4.0	3.5	3.0	3.5	0.5	0.0	-0.5
No food of any kind in the house	9.4	9.0	6.9	8.2	1.4***	-0.8	-1.1**
Rarely (1-2 times) [a]	38.7	44.7	32.3	32.9	0.6	-11.7***	-5.8**
Sometimes (3-10 times) [a]	49.9	46.9	47.0	48.3	1.3	1.4	-1.6
Often (more than 10 times) [a]	11.4	8.5	20.7	18.8	-1.9	10.3***	7.4***
Went to sleep hungry	3.9	3.6	3.0	3.2	0.2	-0.4	-0.7**
Rarely (1-2 times) [a]	45.5	47.7	37.0	32.4	-4.6	-15.3***	-13.1***
Sometimes (3-10 times) [a]	49.6	46.0	45.9	54.9	8.9	8.9*	5.2
Often (more than 10 times) [a]	4.9	6.3	17.1	12.7	-4.4	6.4**	7.9***
Went full day & night without food	1.7	1.5	1.1	1.3	0.1	-0.2	-0.4**
Rarely (1-2 times) [a]	50.3	47.9	48.6	36.4	-12.1	-11.5	-13.9**
Sometimes (3-10 times) [a]	45.2	44.0	38.6	47.5	8.9	3.5	2.3
Often (more than 10 times) [a]	4.5	8.1	12.9	16.1	3.2	8.0	11.5**
No. of observations	12,924	12,898	12,058	12,635			

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.

Hunger continues to affect poorer households disproportionately. Figure 1 indicates a 6.6 percentage point gap between the asset-poor and asset rich[2] in Round 9 (see also Appendix Table A. 2). **Notably, in contrast to earlier rounds in 2021-2023 and similar to survey findings in 2024, the latest survey shows a small but not statistically significant gap in hunger level between rural and urban areas in 2025 (**Figure 1**).** Appendix Table A. 1 also presents the results by states/regions of Myanmar.

[2] We generate three different categories of asset level using a count of 10 items, where a household is classified as asset-poor if it owns between 0 to 3 items, asset-low if it owns between 4 to 6 items and asset-rich if it owns 7 or more items. Income poverty status of poor or not poor is calculated from the self-reported income level relative to national poverty lines from 2017 updated for inflation trends.

Figure 1. Difference in moderate/severe hunger by asset class and location in June-October 2025, Round 9



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

2.2 Food Consumption Score (FCS)

The second food security indicator is the Household Food Consumption Score (FCS). The FCS is a measure of dietary diversity and food frequency, considering the nutritional importance of the food consumed. It is calculated as the weighted sum of the frequency of food groups eaten over the seven days prior to the survey where weights reflect the relative nutritional value of the food group (Arimond et al. 2010). A higher FCS is associated with a higher probability that a household's food intake is adequate. Based on the score, households are classified into three groups: poor (0-24.5), borderline (24.6-38.5), or acceptable food consumption status (>38.5). We follow the threshold values as typically agreed upon for Myanmar (Robertson et al. 2018). For some analysis, we further aggregate poor and borderline food consumption (i.e. FCS<=38.5) to generate a dichotomous indicator of inadequate or low FCS.

Table 2 shows the frequency of food groups consumed over the past seven days as well as the aggregate measure of FCS. **At the national level, the percentage of households with a borderline/poor food consumption score has increased over the past two years, from 2023 to 2025 or R9 of our survey**. In July-October 2025, 15.1 percent of households had borderline food consumption, while 1.0 percent of households had poor food consumption. Consumption of meat, fish and eggs (which are weighed highest in the calculation of the FCS because of their nutritional value) is low, likely as a consequence of increased prices of animal sourced food (Htar et al., 2025).

Consumption of milk and dairy products is low and has halved over the survey period from 1.2 days per week in R1 to 0.7 days in R9. In R9, 76.2 percent of households also reported not having consumed any milk or dairy products in the preceding seven days of the survey. There has also been a large increase in the consumption of sugar or sweets by 0.6 days per week over the last two years, which may be a cause for concern. Consumption of sugar and sweets has increased significantly in urban areas over the last year, from 2.6 days/week in R4 to 3.6 days/week in R9, which is higher compared to rural areas, from 1.9 days/week in R4 to 2.4 days/week in R9 (see Appendix Table A. 4 and Table A. 3).

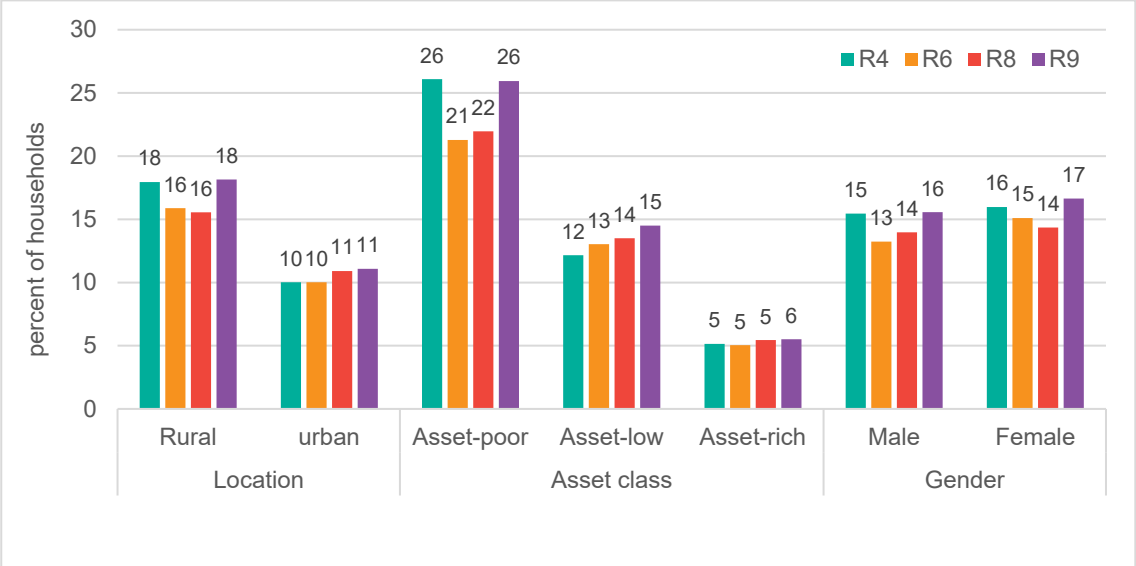
Table 2. Frequency of food groups consumed, and Food Consumption Score (FCS) based on 7-day recall, household level

	Percentage (%)				Percentage Point Change		
	R4 (Oct-Dec 22)	R6 (Sep-Oct 23)	R8 (Oct-Dec 24)	R9 (July-Oct 25)	R9-R8	R9-R6	R9-R4
Main staples	7.0	7.0	7.0	7.0	0.0***	0.0*	0.0
Pulses/legumes/nuts	2.5	2.5	2.5	2.4	-0.1*	-0.1**	-0.1***
Milk/dairy products	0.7	0.7	0.6	0.7	0.0	-0.1***	0.0
Meat, fish, and eggs	4.3	4.5	4.5	4.4	-0.2***	-0.1***	0.1
Vegetables	5.5	5.7	5.7	5.7	0.0	0.0	0.2***
Fruits	2.4	2.1	2.1	2.2	0.1**	0.1**	-0.2***
Oil, fats, and butter	6.7	6.8	6.9	6.9	0.0	0.0	0.1***
Sugar or sweet	2.1	2.1	2.8	2.7	-0.1***	0.6***	0.6***
Food Consumption Score (0-112)	**53.7**	**54.6**	**54.8**	**53.9**	**-0.9*** **	**-0.7*** **	**0.2**
Acceptable food consumption	84.3	85.8	85.8	83.8	-2.0***	-1.9***	-0.4
Borderline food consumption	14.8	13.5	13.5	15.1	1.6***	1.6***	0.3
Poor food consumption	0.9	0.7	0.7	1.0	0.4*	0.3	0.1
No. of observations	12,924	12,898	12,058	12,635			

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: * p < 0.10, ** p < 0.05, *** p < 0.01.

With respect to location and asset class, **households in rural areas and those in asset poverty are more likely to have low food consumption scores, and these levels have worsened over the past year (Figure 2).** About 18 percent of households in rural areas had a low FCS compared to 11 percent in urban areas in R9. Twenty-six percent of asset-poor and 15 percent of asset-low households have a low FCS in R9 with the rate steadily rising over the past two years while low FCS among the asset-rich has stayed constant over the same period. The change in low FCS across states/regions over the survey rounds is presented Appendix Table A. 5.

Figure 2. Proportion of households with low food consumption score (FCS<=38.5)



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

3. TRENDS IN DIETARY DIVERSITY INDICATORS FOR ADULTS AND YOUNG CHILDREN

In this section, we present results on diet quality amongst adults (18+ years), women of reproductive age (15-49 years) and children (6-23 and 6-59 months). The Minimum Diet Diversity (MDD) measure for adults is calculated as whether an adult has consumed at least 5 of 10 food groups (grains/root/tubers, pulses (beans, peas and lentils), nuts/seeds, dairy, meat/poultry/fish, eggs, dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables, and other fruits) in the 24 hours prior to the survey (FAO and FHI, 2016). We also explore diet diversity in women of reproductive age since women's diet quality has a significant impact on their children's birthweight and their probability of being stunted or wasted.

The MDD for children, aged 6-23 and 6-59 months, is calculated as whether a child was offered at least 4 of 7 food groups (grains/root/tubers, legumes/nuts, dairy products, eggs, flesh foods, vitamin A rich vegetables/fruits, and other vegetables/fruits) in the 24 hours prior to the survey (WHO 2007). The population level indicator is then calculated as the proportion of children with low diet diversity amongst all children in the age group. In addition, we present estimates on the Minimum Acceptable Diet (MAD) for children 6-23 months old, which is a composite of three indicators composed of the Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), and Minimum Milk Feeding Frequency (MMFF). The MAD is defined as: for breastfed children: receiving at least the minimum dietary diversity and minimum meal frequency for their age during the previous day; for non-breastfed children: receiving at least the minimum dietary diversity and minimum meal frequency for their age during the previous day as well as at least two milk feeds. The population level indicator is then calculated as the proportion of children that did not meet the MAD amongst all children in the age group.

3.1 Minimum Diet Diversity of Adults (18+ Years)

Table 3 shows the proportion of adults not consuming a minimum dietary diversity (5 out of 10 food groups) for the selected survey rounds from MHWS. More than a **quarter of all adults (27.1 percent) in Myanmar were found to be without an adequately diverse diet in R9.** Disparities remain across wealth levels: 36.7 percent of adults in asset-poor and 26.8 households in asset-low households have inadequate diets compared to 15.9 percent in asset-rich households. In addition,

the rate of increase of adults with low diet quality is much higher in poorer households over the past years (0.9 and 2.3 percentage points in asset-poor and asset-low households, respectively) while it decreased for asset-rich households (-1.4 percentage points).

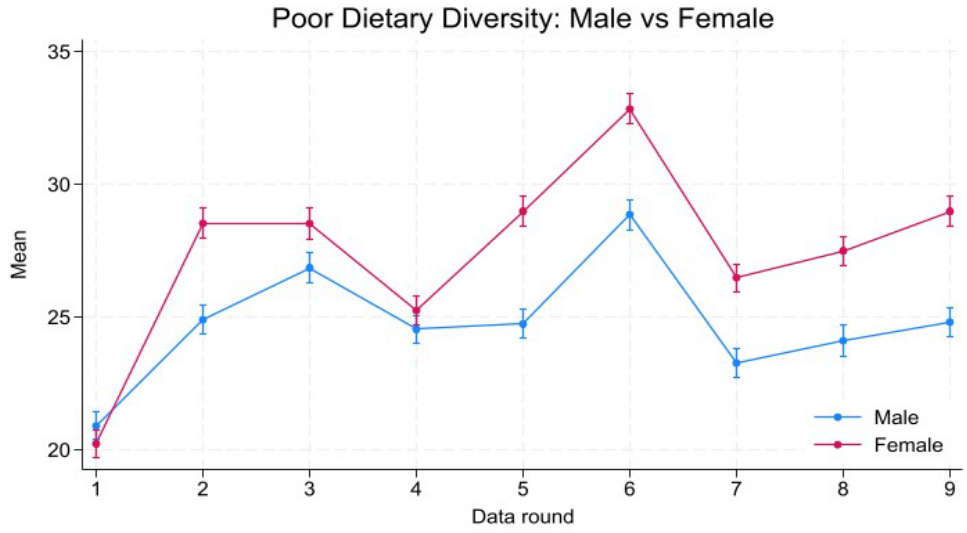
Table 3. Percentage of adults with inadequate diet diversity, 24-hour recall

		Means (%)				Percentage Point Change		
		R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
National	Overall	24.9	31.0	26.0	27.1	1.1	-3.9***	2.2***
	Male	24.5	28.9	24.1	24.8	0.7	-4.0***	0.3
	Female	25.3	32.8	27.5	29.0	1.5	-3.9***	3.7***
Rural	Overall	26.1	32.0	26.0	27.7	1.7*	-4.3***	1.6*
	Male	26.0	29.6	23.7	25.2	1.4	-4.5***	-0.8
	Female	26.2	34.2	27.9	30.0	2.1	-4.1***	3.8***
Urban	Overall	21.8	28.3	26.0	25.4	-0.6	-3.0**	3.5***
	Male	21.0	26.8	25.1	23.8	-1.3	-3.0	2.8
	Female	22.7	29.6	26.6	26.5	-0.1	-3.1	3.8**
National	Asset-poor	35.0	41.1	35.9	36.7	0.9	-4.4***	1.7
	Asset-low	21.5	28.5	24.5	26.8	2.3*	-1.7	5.3***
	Asset-rich	16.3	21.0	17.2	15.9	-1.4	-5.1***	-0.4
No. of observations		12,924	12,898	12,058	12,365			

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.

Over our survey period, there is a divergence in the diet quality of men and women (see Figure 3). **In R9, 29.0 percent of women had poor diet quality, compared to 24.8 percent of men with poor diet quality.** In every survey period, there has been on average a 3.1 percentage point gap in the diet quality of female respondents versus the diet quality of male respondents. While this gap was small at the end of 2022, at 1.2 percentage points, it widened to a fairly consistent gap of 3.8 percentage points in 2023, 2024, and 2025.

Figure 3. Trend in the percentage of adults with inadequate diet diversity by gender



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

About 29.7 percent of reproductive-aged women (15 - 49 years) failed to meet the minimum diet diversity (5 of 10 food groups) in Round 9, a statistically significant rise of 4.1 percentage points from

2022 (R4) (Appendix Table A. 6). Appendix Table A. 7 and Table A. 8 also presents the results by states/regions of Myanmar.

In Table 4, we look at the proportion of adults consuming 10 different food groups for selected rounds of our survey to explore which food groups are driving the decrease in diet quality In R9, 80.2 percent of households consumed meat and fish, a statistically significant decline compared with previous rounds, when consumption ranged from 83.7 to 86.5 percent. Large declines in nutrient-dense foods are a potential risk factor for elevated malnutrition and declining health in the population. We also find significant differences in consumption of food groups by men and women. **In R9, men were more likely to consume almost all food groups, with the exception of Vitamin A rich fruits, with significantly more consumption of animal sourced food and vegetables** (see Appendix Table A. 9, Table A. 10 and Table A. 11).

Table 4. Percentage of adults consuming different food groups in the past 24 hours

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Cereals/grains/roots	99.6	99.6	99.4	99.6	0.2*	0.0	0.0
Beans	49.5	50.4	55.0	53.9	-1.1	3.4***	4.3***
Nuts or seeds	37.7	35.5	40.5	37.9	-2.6***	2.4***	0.1
Milk/dairy products	12.9	13.7	12.4	13.9	1.5***	0.2*	1.0*
Eggs	47.4	47.4	49.4	54.3	4.9***	6.9***	6.9***
Meat and Fish	85.3	83.7	86.5	80.2	-6.3***	-3.5***	-5.0***
Other fruits	50.9	40.6	42.7	42.4	-0.2	1.8**	-8.5***
Vit-A rich fruit/vegetables	30.9	33.0	33.1	35.8	2.7***	2.8***	4.9***
Dark green vegetables	84.2	81.6	83.8	83.0	-0.8	1.4**	-1.1*
Other vegetables	78.3	73.6	78.0	80.1	2.1***	6.5***	1.8***
No. of observations	12,924	12,898	12,058	12,635			

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.

In the latest survey round, we collected data on consumption of unhealthy food such as soft drinks or fruit-flavored drinks, sweet foods, salty or fried snacks or fast food, and processed meats in the 24 hours before the survey. **We find a stunningly high consumption of unhealthy food among adults** – 40.4 percent of adults consumed soft drinks, 59.1 percent consumed sweet food/beverages, 36.6 percent consumed salty, fried or fast food, while 11.3 percent consumed processed meats in the 24 hours prior to the survey (see Table 5). Consumption of these unhealthy foods is slightly higher among men, adults in urban areas as well as those in wealthier households. Appendix Table A. 14 also presents the results by states/regions of Myanmar.

Table 5. Percentage of adults consuming unhealthy food items in the past 24 hours

	Soft Drink	Sweet and Beverages	Salty, Fast and Fried Snacks	Processed Meat
National	**40.4**	**59.1**	**36.6**	**11.3**
Rural	36.3	55.1	33.3	11.2
Urban	48.7	67.3	43.4	11.4
Gender				
Female	35.8	56.2	35.9	10.5
Male	45.5	62.4	37.3	12.2
Asset Class				
Asset-poor	30.1	46.2	26.1	10.0
Asset-low	40.3	58.9	36.9	10.9
Asset-rich	50.2	71.4	45.8	12.9

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

3.2 Minimum Diet Diversity of Children, 6-23 and 6-59 Months

In our survey, for households with children under the age of five years, the primary caregiver is asked questions regarding the food intake of the youngest child. Table 6 presents the estimates of the proportion of children aged 6-23 months and 6-59 months who did not consume the minimum dietary diversity (i.e. fewer than 4 out of the 7 food groups) (FANTA 2006). **We find 36.5 percent of all children aged 6-23 months had inadequate diet quality in R9. Nearly 24.3 percent of children under age five also lacked adequate dietary diversity in R9, which remains high** (see Table 6). Children from asset- and income-poor households continue to be the most affected. Appendix Table A. 12 and Table A. 13 present the results across survey rounds.

Table 6. Percentage of children with inadequate diet diversity, 24-hour recall

Panel A 6-23 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Overall	34.3	35.4	30.7	36.5	5.8	1.1	2.2
Boys	33.3	30.9	32.0	32.6	0.6	1.7	-0.7
Girls	35.3	40.5	29.4	40.6	11.2*	0.2	0.2
No of observations	712	746	629	610			

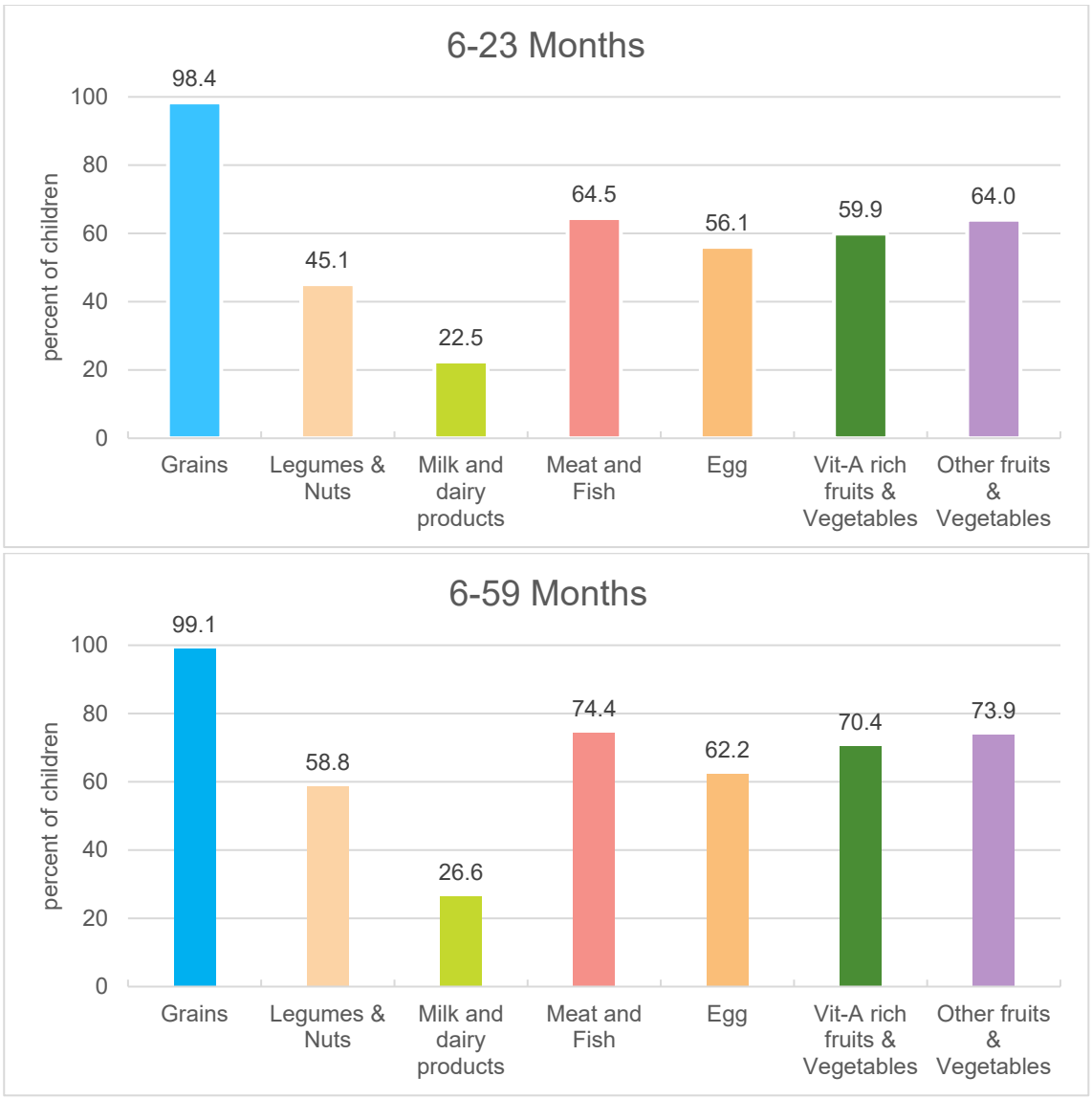
Panel B 6-59 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Overall	21.5	24.3	21.3	24.3	3.0	-0.1	2.7*
Boys	21.6	23.9	22.3	22.5	0.2	-1.4	0.9
Girls	21.4	24.8	20.3	25.9	5.6**	1.1	4.5*
No of observations	2,398	2,375	2,053	2,089			

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

We find that only 22.5 percent of children aged 6-23 months consumed dairy in the past 24 hours (Figure 4**).** Less than half of children in the same age group consumed pulses and nuts, and less than 65 percent of children consumed meat and fish, eggs, fruits and vegetables. This suggests alarming low healthy food consumption among young children. While the percentage of

children consuming these food groups increases when under 5 children (6-59 months) are included, nevertheless consumption of these critical food groups is still under 75 percent.

Figure 4. Percentage of children consuming different food groups in past 24 hours



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

In the latest round of the survey, we also collected data on consumption of unhealthy food for children aged 6 – 59 months. **We find a stunningly high consumption of unhealthy food among young children under 5 years** (Table 7) – 38.5 percent of children under five consumed soft drinks, 69.8 percent consumed sweet food/beverages, 46.7 percent consumed salty, fried or fast food, while 6.2 percent consumed processed meats in the 24 hours prior to the survey date. No difference in consumption is found among boys and girls, but consumption of these unhealthy foods is slightly higher in urban areas and in wealthier households. Appendix Table A. 14 presents the results by states/regions of Myanmar.

Table 7. Percentage of children (6-59 months) consuming junk food in past 24 hours

	Soft Drink	Sweet and Beverages	Salty, Fast and Fried Snacks	Processed Meat
National	**38.5**	**69.8**	**46.7**	**6.2**
Rural	38.1	69.4	44.3	6.9
Urban	39.2	70.5	51.1	4.8
Gender				
Boys	38.4	70.3	45.9	6.0
Girls	38.6	69.3	47.5	6.3
Asset Class				
Asset-poor	32.1	63.5	41.1	7.3
Asset-low	40.8	69.7	47.6	6.1
Asset-rich	42.3	77.7	51.8	5.0

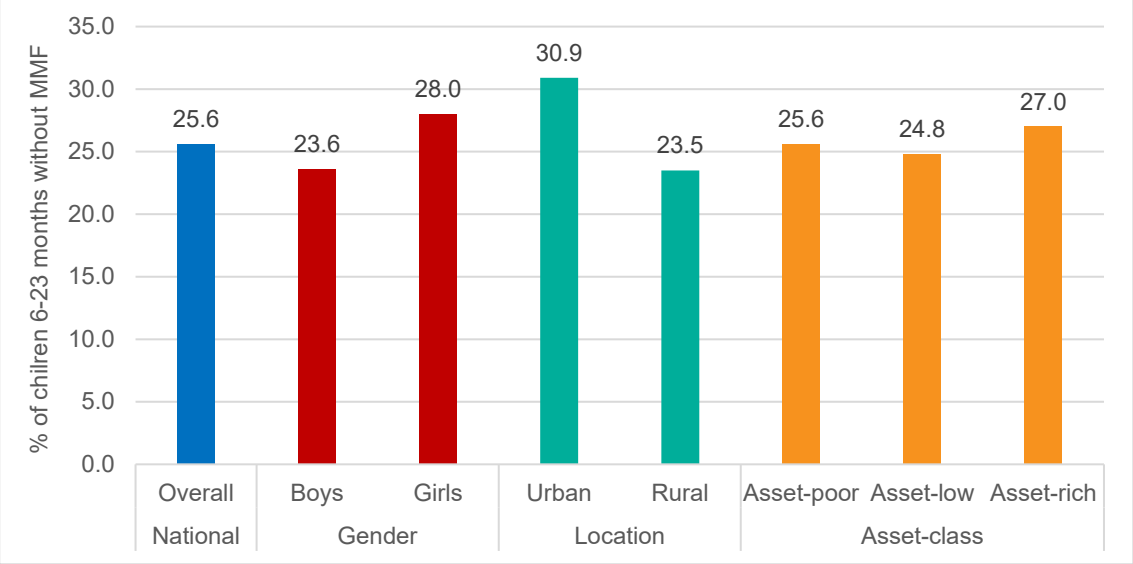
Source: Authors' calculations from the Myanmar Household Welfare Survey.

3.3 Minimum Acceptable Diet (MAD) of Children, 6-23 Months

We first present the estimates on Minimum Meal Frequency (MMF) of breastfed and non-breastfed children. A minimum meal frequency is defined as whether the child has received, during the previous day or night: a) 2 or more solid, semi-solid or soft feeds for breastfeeding children age 6-8 months, or b) 3 or more solid, semi-solid or soft feeds for breastfeeding children age 9-23 months; or c) 4 or more solid, semi-solid or soft food or milk feeds for non-breastfeeding children age 6-23 months where at least one of the feeds must be a solid, semi-solid, or soft feed (WHO/UNICEF, 2021).

Nationally, 25.6 percent of children aged 6-23 months did not receive food according to the MMF guidelines. A higher percentage of girls did not meet the MMF requirement (28.0 percent vs 23.6 percent for boys), and a higher proportion of children in urban areas (30.9 percent) did not meet the MMF compared to those in rural areas (23.5 percent) (Figure 5). Notably, children in asset-rich households are slightly worse off compared to those in poorer households. Appendix Table A. 15 also presents the results by states/regions of Myanmar.

Figure 5. Percentage of children (6-23 months) receiving Minimum Meal Frequency (MMF)

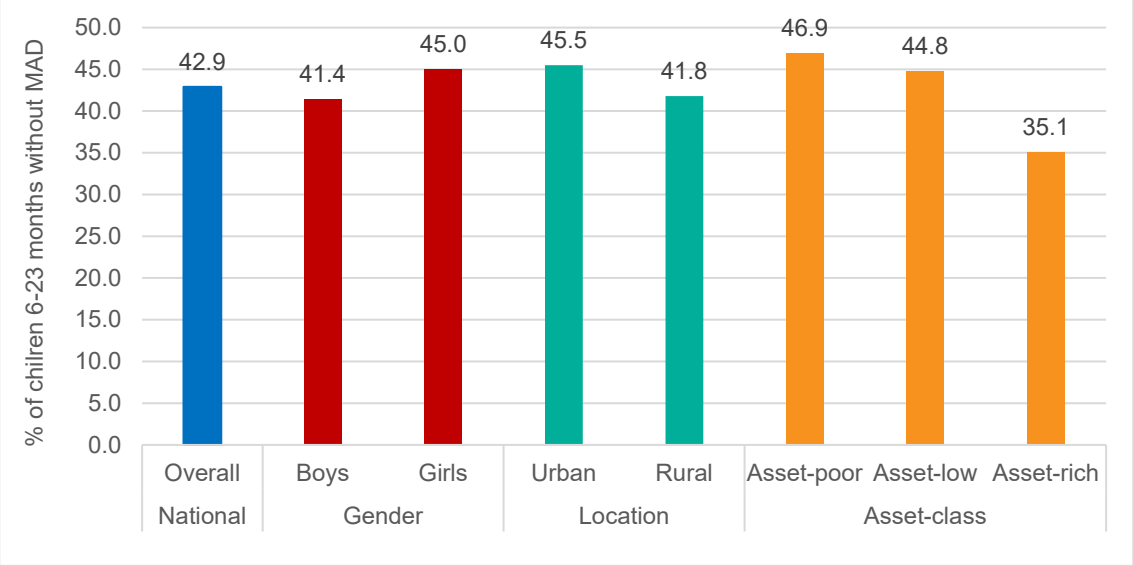


Source: Authors' calculations from the Myanmar Household Welfare Survey.

The analysis next examines the Minimum Acceptable Diet (MAD) indicator, which combines minimum meal frequency and dietary diversity to assess overall infant and young child feeding

adequacy. **Nationally, 42.9 percent of children aged 6–23 months in Myanmar do not meet the Minimum Acceptable Diet (MAD) standard**, indicating widespread inadequacy in infant and young child feeding practices. Inadequate MAD is more prevalent among girls than boys (45.0 percent versus 41.4 percent). Urban children are more likely to fall short of MAD requirements compared with those in rural areas (45.5 percent versus 41.8 percent). Disaggregation by household asset status shows that nearly half of children in asset-low and asset-poor households do not achieve MAD (46.9 percent and 44.8 percent, respectively) (Figure 6). Appendix Table A. 15 also presents the results by states/regions of Myanmar.

Figure 6. Percentage of children (6-23 months) with Minimum Acceptable Diet (MAD)



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

3.4 Reduced Coping Strategies Index (rCSI)

Table 8 presents the results for the reduced Coping Strategies Index (rCSI) for July-October 2025, which measures both the frequency and severity of five pre-defined food-related coping strategies employed by households in the seven days prior to the survey. These strategies remain widespread across Myanmar, with notable differences by gender, location, and asset level. **Nationally, 28.2 percent of households reported relying on less preferred or less expensive foods, with the prevalence highest among asset-poor households (38.5 percent) compared to the asset-rich households (17.1 percent)**.

Table 8. Reduced coping strategies index (rCSI), Round 9 (July-October 2025)

	National	Rural	Urban	Asset Poor	Asset Low	Asset Rich
			% of households utilized coping methods			
Relied on less preferred/expensive food	28.2	27.6	29.2	38.5	28.4	17.1
Borrowed/relied on food from friends/relatives	10.7	11.2	9.8	18.8	9.8	3.8
Reduced number of meals eaten per day	4.8	4.2	6.0	8.8	4.0	1.8
Reduced portion size of meals	4.9	4.4	6.0	8.9	4.2	1.8
Restricted consumption by adults in order for small children to eat	7.1	6.5	8.4	12.9	6.8	2.6
			Average days strategy employed in the past 7 days			
Relied on less preferred/expensive food	1.2	1.1	1.1	1.5	1.1	0.6
Borrowed/relied on food from friends/relatives	0.4	0.3	0.3	0.5	0.3	0.1
Reduced number of meals eaten per day	0.2	0.2	0.2	0.3	0.2	0.1
Reduced portion size of meals	0.2	0.2	0.2	0.3	0.2	0.1
Restricted consumption by adults in order for small children to eat	0.3	0.2	0.3	0.4	0.3	0.1
rCSI Score	**2.8**	**2.8**	**3.0**	**4.6**	**3.0**	**1.2**

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

Other coping strategies include borrowing food (10.7 percent), reducing meal frequency (4.8 percent), reducing portion sizes (4.9 percent), and adults skipping meals so children could eat (7.1 percent). Rural households showed slightly greater reliance than urban ones, and poorer households employed coping strategies more frequently. **The average rCSI score (out of 56)[3] was highest among asset-poor households at 4.6, and lowest among asset-rich households at 1.2 – signaling greater food-related stress among the poor.** On average, households relied on less preferred foods 1.2 days per week and restricted adult consumption for children 0.3 days per week. These findings highlight persistent food insecurity, especially among low-asset households. Appendix Table A. 16 presents the reduced coping strategies estimates by states/regions of Myanmar.

4. REGRESSION ANALYSIS OF THE PREDICTORS OF FOOD INSECURITY AND INADEQUATE DIET DIVERSITY

To explore possible risk factors for food security and nutrition, we use a panel random effects linear probability model to explore how welfare measures, self-reported shocks, prices, and household characteristics affect the probability of households experiencing moderate to severe hunger, and of having low food consumption scores as well as the likelihood of low diet diversity score for adults and children aged 6-59 months. We also control for principal household income source, other household and respondent characteristics, and include survey month and state fixed effects in the

[3] The rCSI is calculated as the severity weight multiplied by the number of days coping strategy was employed. The maximum score is 56; this would happen if a household used all five strategies every day for the last 7 days. Refer to https://resources.vam.wfp.org/data-analysis/quantitative/food-security/reduced-coping-strategies-index for more information.

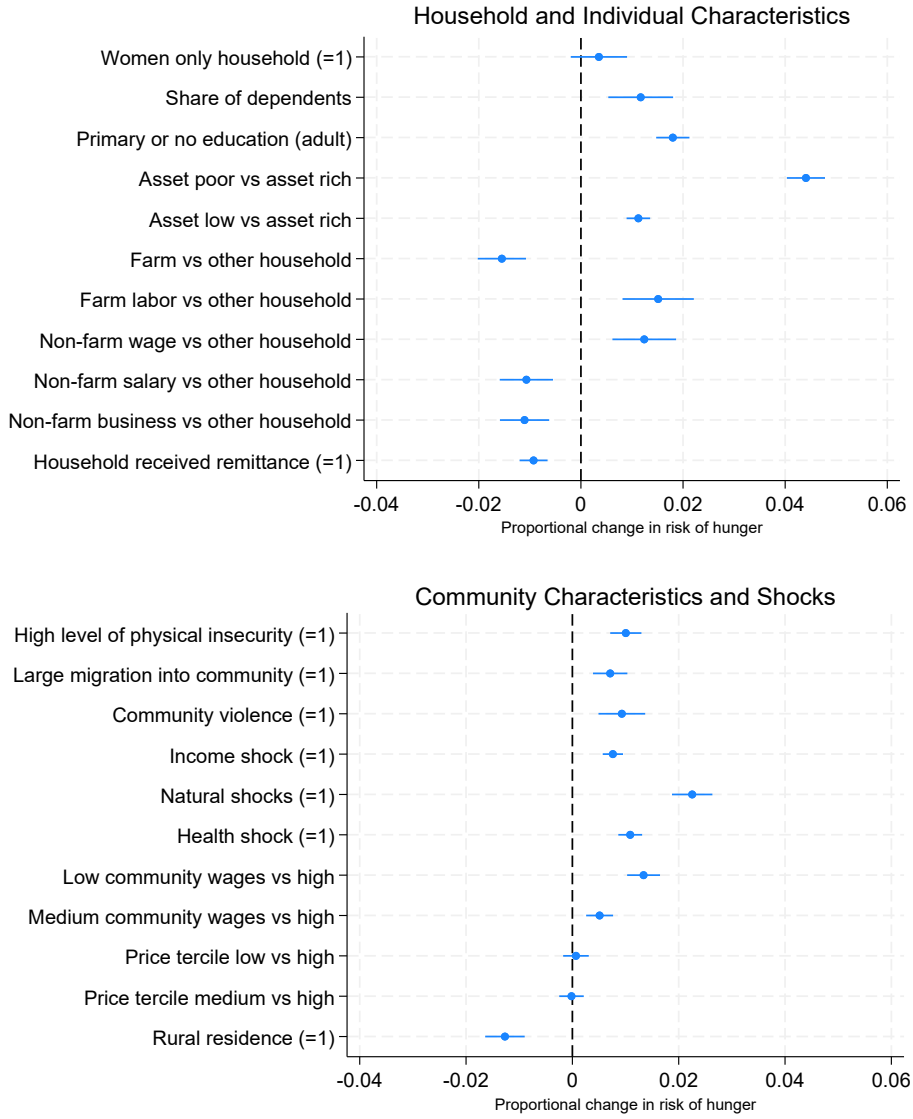
model. The estimates of the proportional change in risk of hunger and inadequate diet diversity for different associates are presented in Figure 7 and Figure 8, respectively. Appendix Table A. 17 presents summary statistics of the household and community-level predictors included in the regression analysis, while the full regression results are presented in Appendix Table A. 18.

Findings from the regression analysis are summarized below:

- **Low levels of assets are a significant risk for food insecurity and inadequate diet diversity.** Asset poor households are more likely to experience moderate to severe hunger as well as low FCS. Asset poor households are also likely to have adults, reproductive age women and children aged 6-59 months with poor diet quality.
- **Farm households are less likely to be food insecure and have inadequate diet quality.** Households whose main source of livelihood is from their own farm are less likely to experience hunger and have low household food consumption. Such households are also less likely to have adults, reproductive age women and children aged 6-59 months with poor diet quality. Non-farm business activities also decrease the likelihood of hunger and low diet quality for adults.
- **On the other hand, wage worker households are particularly vulnerable to hunger and low household diet diversity.**
- **Households in low-wage communities compared to those in high wage communities are more likely to experience hunger and have a low FCS as well as have inadequate diet diversity for adults and reproductive aged women.** Households in medium-wage communities are also more likely to be at risk of hunger.
- **Remittance-receiving households have a lower likelihood of experiencing hunger or having adults and children with inadequately diverse diets.** Remittances seem to offer substantial resilience in this sense.
- **Self-reported income shocks increase the likelihood of experiencing hunger and having inadequate diet diversity** both at the household and individual levels**.** Compared to the other kind of shocks considered in the regression framework, only income shocks are found to have a statistically significant association hunger and inadequate MDD.
- **High levels of physical insecurity are a significant risk factor for food insecurity and diet quality**. Households reporting high levels of physical insecurity are more likely to be hungry and more likely to have inadequate diet diversity at the household level. Community violence also increases the likelihood of households experiencing hunger and the inadequate diet quality of adults.
- **Adults in communities with higher food prices[4] are more likely to have poor dietary diversity.**
- **Women-only households are particularly vulnerable to food insecurity** with higher likelihood of experiencing hunger as well as having inadequate diet diversity for adults and reproductive aged women.
- **Having adult members with low education levels is also a significant risk factor for food insecurity and poor diet quality**. A higher share of dependents also increases the likelihood of hunger and poor diet quality at the household and individual level.

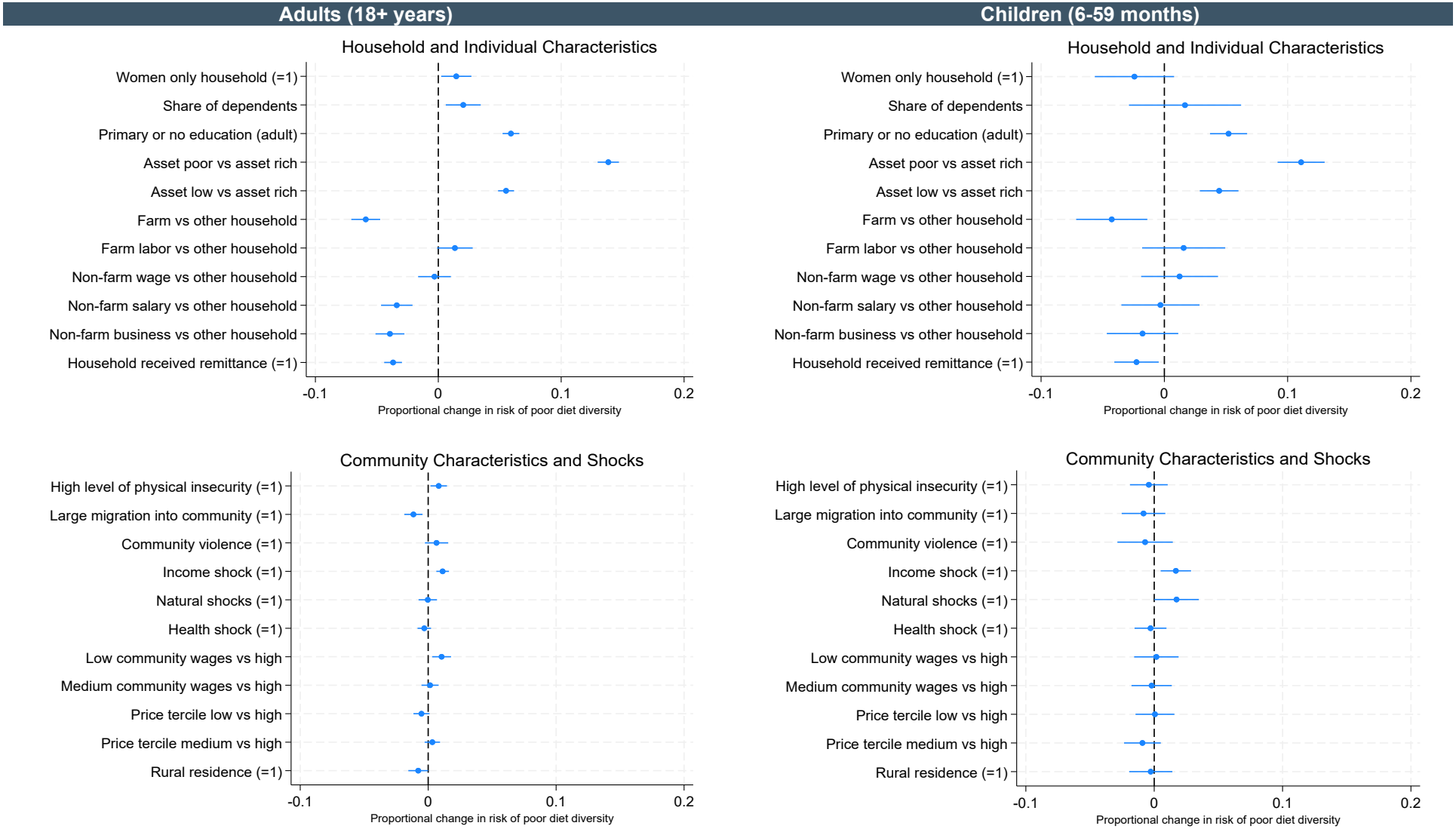
[4] We generated a food price index using prices of ten types of sentinel foods: rice, potatoes, pulses, chicken, fresh fish, dried fish, green leafy vegetables, onions, bananas, and oils. We then categorized each household into price terciles by each survey round i.e. households were placed in high-price group, medium-price group, or low-price group.

Figure 7. Linear probability model regressions of households and community level predictors of proportional changes in risk of moderate to severe hunger



Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Additional controls not presented in the figures are age, female, household size, recall day is a special day, survey rounds and state fixed effects.

Figure 8. Linear probability model regressions of household and community level predictions of proportional changes in risks of inadequate diet diversity among adults and children 6-59 months of age



Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Additional controls not presented in the figures are age, female, household size, recall day is a special day, survey rounds and state fixed effects.

5. CONCLUDING REMARKS

The combined economic and political crises in Myanmar have adversely affected food security and nutrition. Using nine rounds of the Myanmar Household Welfare Survey (MHWS) collected from December 2021-February 2022 to July-October 2025, we document trends in food insecurity and inadequate diet diversity for different regions, socioeconomic groups and demographic groups. Our six key findings are as follows.

First, the prevalence of moderate to severe hunger affects 3.5 percent of households nationally and has persisted at this level over the past year. It is far more prevalent in poorer households with the gap between rich and poor households in incidence of extreme hunger increasing recently.

Second, among households and adults specifically, dietary quality remains poor over the past three years 2022-2025, with more than a quarter of all adults without an adequately diverse diet.

Third, we find a divergence in the diet quality of adult men and women over our survey period with women experiencing a larger increase in the prevalence of low dietary diversity over the past years with an 8.7 percentage point increase from December 2021 to October 2025 compared to an increase of 3.9 percentage points for men.

Fourth, there has been a significant deterioration in diet quality of small children compared to all rounds conducted in the past three years. Nearly 36.5 percent of all children aged 6-23 months and 24.3 percent of all children aged 6-59 months do not have an adequately diverse diet in the latest survey.

Fifth, nationally, 42.9 percent of children aged 6-23 months in Myanmar do not meet the Minimum Acceptable Diet (MAD), a composite indicator of meal frequency and dietary diversity, indicating widespread inadequacy in infant and young child feeding.

Sixth, regression analysis reveals low income and asset ownership to be important risk factors for food security and diet quality, along with conflict and physical insecurity in the past year. Falling income is found to be a significant shock for hunger and diets and is the only shock that significantly affects young children's diets. Even controlling various forms of poverty and insecurity, wage workers are found to be especially vulnerable to risks of low diet quality, possibly driven by the decline in real wages over the last year. Adults in communities with higher food prices are also more likely to have poor dietary diversity. In contrast, children and adults from farming households appear to be somewhat less at risk of food insecurity and inadequate diet diversity, as are households that received remittances. Women-only households are found to be vulnerable to food insecurity.

Of note, the deterioration of diets captured through our phone survey is likely to be an underestimation of the true deterioration in diet quality in Myanmar due to various factors. First, the survey struggled to capture some of the most conflict-affected areas due to limited access to cellphones and electricity, especially in Kayah and Rakhine. Second, our ability to survey internally displaced persons (IDPs), which rose to about 3.6 million according to reports from UNHCR[5], was limited since IDPs are in the most precarious situations and have limited access to phones and thus are under-sampled. Third, dietary diversity indicators do not capture quantities, so households and individuals could continue consuming some food groups, but in smaller quantities, with important implications for nutrient intake that are not fully captured by standard dietary diversity metrics.

To avert a deepening nutrition crisis in Myanmar, urgent and coordinated multisectoral action is required to protect nutritionally vulnerable populations. Ongoing economic shocks, such as persistent food price inflation, underscore the need to reinvigorate and expand social protection

[5] As of November 2025, nearly 3.6 million people are estimated to be internally displaced nationwide. Renewed fighting in October and early November has forced additional families to flee their homes, exacerbating humanitarian needs. Retrieved from https://myanmar.un.org/en/305452-ocha-myanmar-humanitarian-update-no50.

systems, particularly maternal and child cash transfers, to safeguard food security and diet quality. Recent evidence highlights the effectiveness of cash-plus approaches that combine transfers with nutrition behavior change communication (BCC). For example, Maffioli et al. (2023) demonstrate sustained improvements in maternal and child dietary diversity up to three years after program completion during periods of economic stress. Remote implementation through digital cash transfers as well as BCC through phone or online sessions - where phone connections still exist - should be piloted and evaluated.

Emerging evidence also points to a more rapid deterioration in diet quality among women, particularly in rural areas. This widening gender gap is concerning, given the heightened risk of intergenerational transmission of undernutrition and poor health outcomes. Addressing this trend will require moving beyond a narrow focus on the first 1,000 days to include integrated packages that combine social protection, nutrition-sensitive services, and gender-responsive interventions targeting adolescent girls and women of reproductive age (FAO et al. 2023; Ruel et al. 2024).

Finally, facilitating safe and productive overseas migration represents an additional pathway for household resilience. Improving migration governance, remuneration, and the legal protection of Myanmar migrants, particularly in destination countries such as Thailand, could help strengthen remittance flows, which remain a critical coping mechanism under current political and economic conditions (World Bank 2023). At the same time, migration-related disruptions to agricultural production and food supply chains should be carefully monitored and mitigated through targeted support to labour-saving technologies and mechanization services, helping to sustain domestic agri-food system functioning.

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APPENDIX

Table A. 1. Prevalence of moderate to severe hunger by state, sorted by highest prevalence in R9

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Chin	9.7	9.5	6.0	26.0	20.0	16.5*	16.3
Kayah	4.4	5.4	21.0	8.2	-12.8	2.8	3.8
Kayin	6.6	2.9	4.9	6.4	1.5	3.5	-0.1
Mon	6.7	4.2	4.2	4.9	0.8*	0.7	-1.8
Tanintharyi	4.9	7.6	3.5	4.3	0.8	-3.3	-0.6
Magway	4.3	3.1	3.0	4.1	1.1	0.9	-0.2*
Bago	5.2	3.6	2.8	3.2	0.5	-0.4	-2.0
Shan	3.3	4.0	2.9	3.2	0.3	-0.8	-0.1
Yangon	3.4	3.6	3.0	3.0	0.0	-0.6	-0.3*
Sagaing	2.5	3.2	1.7	3.0	1.3	-0.3	0.4
Ayeyarwady	3.5	2.3	1.8	2.7	0.8	0.4	-0.8
Mandalay	2.8	2.1	2.2	2.7	0.4	0.6	-0.2
Nay Pyi Taw	2.9	6.0	4.0	2.3	-1.7	-3.7	-0.6
No. of observations	12,924	12,898	12,058	12,635			

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. 2. Household hunger scale (HHS) measures by location, poverty and asset level in Round 9

	Percentage (%)						Percentage Point Change		
	Location		Poverty		Asset Level		Diff:		
	Rural	Urban	Poor	Not poor	Asset poor	Asset rich	Rural – Urban	Income poor – not poor	Asset poor – rich
HHS classifications									
Little to no hunger	96.4	96.8	95.0	98.9	92.6	99.2	-0.4	-6.6***	-6.6***
Moderate hunger	3.1	2.7	4.2	1.0	6.3	0.7	0.4	5.6***	5.6***
Severe hunger	0.6	0.5	0.8	0.1	1.1	0.1	0.1	1.0***	1.0***
Moderate to severe hunger	3.6	3.2	5.0	1.1	7.4	0.8	0.4	3.9***	6.4***
No food of any kind the house	8.3	8.1	11.3	3.3	14.7	2.5	0.2	8.0***	12.2***
Rarely (1-2 times) [a]	33.5	31.4	30.7	44.6	29.1	48.4	2.1	-13.9**	-19.3**
Sometimes (3-10 times) [a]	47.1	51.4	49.5	42.0	49.4	35.6	-4.3	7.5	13.8
Often (more than 10 times) [a]	19.4	17.2	19.8	13.4	21.5	16.0	2.2	6.4	5.5*
Went to sleep hungry	3.3	3.1	4.4	1.3	6.6	0.7	0.2	3.1***	5.9***
Rarely (1-2 times) [a]	33.3	29.9	30.4	43.9	32.4	35.8	3.4	13.5	-3.4
Sometimes (3-10 times) [a]	54.1	56.9	56.9	43.9	54.0	51.0	-2.8	3.0	3.0
Often (more than 10 times) [a]	12.6	13.1	12.7	12.2	13.7	13.3	-0.5	0.5	0.4
Went full day & night without food	1.2	1.3	1.8	0.4	2.7	0.2	-0.1	1.4***	2.5***
Rarely (1-2 times) [a]	32.6	45.4	35.1	47.4	39.2	59.1	-12.8	-12.3	-19.9
Sometimes (3-10 times) [a]	44.7	54.1	49.1	31.9	43.7	32.0	-0.4	17.2	11.7
Often (more than 10 times) [a]	22.6	0.5	15.5	20.7	17.1	8.9	22.1***	-5.2	3.9
No of observations	8,624	4,011	7,285	5,105	3,502	3,764			

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. Frequency of food groups consumed, and Food Consumption Score (FCS) by rural households based on 7-day recall, household level

	R4 (Oct-Dec 22)	R6 (Sep-Oct 23)	R8 (Oct-Dec 24)	R9 (Jul-Oct 25)
Main staples	7.0	7.0	7.0	7.0
Pulses/legumes/nuts	2.5	2.5	2.5	2.4
Milk/dairy products	0.5	0.6	0.5	0.5
Meat, fish, and eggs	4.1	4.4	4.4	4.2
Vegetables	5.5	5.7	5.7	5.7
Fruits	2.4	2.0	2.1	2.1
Oil, fats, and butter	6.7	6.8	6.9	6.8
Sugar or sweet	1.9	1.9	2.5	2.4
Food Consumption Score (0-112)	**52.2**	**53.1**	**53.6**	**52.4**
Acceptable food consumption	82.0	84.1	84.4	81.8
Borderline food consumption	16.8	15.0	14.9	17.0
Poor food consumption	1.1	0.9	0.7	1.2
No. of observations	9,225	9,053	7,570	8,624

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: * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A. 4. Frequency of food groups consumed, and Food Consumption Score (FCS) by urban households based on 7-day recall, household level

	R4 (Oct-Dec 22)	R6 (Sep-Oct 23)	R8 (Oct-Dec 24)	R9 (Jul-Oct 25)
Main staples	7.0	7.0	7.0	7.0
Pulses/legumes/nuts	2.5	2.6	2.4	2.4
Milk/dairy products	1.1	1.2	0.9	1.0
Meat, fish, and eggs	4.6	4.8	4.9	4.8
Vegetables	5.5	5.7	5.7	5.7
Fruits	2.5	2.3	2.1	2.4
Oil, fats, and butter	6.9	6.9	6.9	6.9
Sugar or sweet	2.6	2.5	3.6	3.6
Food Consumption Score (0-112)	**57.8**	**58.3**	**57.6**	**57.8**
Acceptable food consumption	90.0	90.0	89.1	88.9
Borderline food consumption	9.7	9.7	10.3	10.5
Poor food consumption	0.3	0.3	0.6	0.6
No. of observations	3,699	3.845	4,488	4,011

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: * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A. 5. Prevalence of low food consumption score (FCS<=38.5) by state/region, sorted by highest prevalence in R9

	Percentage (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Chin	50.0	40.7	34.6	63.3	28.7**	22.5**	13.3
Kayah	20.0	23.0	33.1	24.5	-8.6	1.5	4.6
Shan	18.7	18.7	19.3	20.1	0.8	1.4	1.4
Magway	22.9	19.9	19.5	19.3	-0.2	-0.6	-3.6*
Ayeyarwady	15.4	13.7	13.8	18.2	4.4***	4.4***	2.8*
Mon	16.1	15.6	12.5	16.2	3.7	0.6	0.0
Bago	14.7	11.3	13.7	15.4	1.7	4.1**	0.7
Mandalay	13.0	14.0	11.8	15.4	3.6**	1.4	2.4*
Nay Pyi Taw	8.7	13.2	14.5	15.4	0.8	2.2	6.7*
Sagaing	16.1	13.0	11.3	14.9	3.6**	1.9	-1.2
Tanintharyi	14.3	15.3	11.9	13.5	1.6	-1.8	-0.8
Kayin	21.2	14.9	16.3	13.2	-3.1	-1.7	-8.0**
Yangon	10.8	11.6	10.9	12.1	1.2	0.5	1.2
No. of observations	12,924	12,898	12,058	12,635			

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. Percentage of reproductive age women (15-49 years) with inadequate diet diversity

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
National	25.6	33.7	28.3	29.7	1.4	-4.0***	4.1***
Rural	26.4	34.7	28.0	30.7	2.7*	-4.0**	4.3***
Urban	23.7	31.1	29.0	27.3	-1.7	-3.8*	3.6*
Asset-poor (0-3)	34.4	42.6	37.0	39.0	2.0	-3.6	4.7**
Asset-low (4-6)	22.0	30.8	26.1	28.2	2.1	-2.6	6.2***
Asset-rich (7-10)	17.3	23.5	19.8	18.1	-1.8	-5.4	0.7***
No. of observations	5,394	5,486	5,297	5,267			

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. 7. Percentage of adults with inadequate diet diversity by state/region, sorted by highest prevalence in R9

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Chin	43.9	37.8	31.2	40.5	9.3	2.7	-3.4
Ayeyarwady	33.6	36.8	33.3	34.4	1.1	-2.4	0.9
Tanintharyi	31.4	40.2	34.1	33.2	-1.0	-7.1	1.7
Mon	32.9	34.0	33.0	30.7	-2.3	-3.3	-2.2
Kayin	33.2	38.3	32.4	29.6	-2.8	-8.6	-3.6
Yangon	25.1	32.6	27.2	28.7	1.5	-3.9**	3.6**
Kayah	16.7	34.6	19.6	27.2	7.6	-7.4	10.5
Bago	25.0	34.5	24.6	27.2	2.5	-7.4***	2.2
Nay Pyi Taw	21.3	23.9	18.4	24.5	6.2	0.6	3.2
Magway	23.8	28.7	23.1	22.8	-0.3	-5.8**	-0.9
Sagaing	18.5	25.9	17.7	22.0	4.2**	-3.9*	3.5*
Shan	20.4	25.2	20.1	21.0	0.8	-4.3	0.5
Mandalay	17.8	21.3	22.6	19.4	-3.2*	-1.9	1.6
No. of observations	12,924	12,898	12,058	12,635			

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. 8. Percentage of reproductive age women (15-49 years) with inadequate diet diversity by state/region, sorted by highest prevalence in R9

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Chin	45.4	35.9	31.1	54.1	23.0	18.1	8.6
Ayeyarwady	34.3	41.3	39.9	37.4	-2.5	-3.9	3.0
Tanintharyi	33.9	50.5	37.2	33.8	-3.5	-16.8*	-0.1
Kayah	18.5	26.7	22.8	31.0	8.1	4.2	12.5
Mon	29.2	35.7	35.3	30.2	-5.1	-5.5	1.1
Bago	24.2	38.8	22.6	29.4	6.8*	-9.4**	5.2
Yangon	26.3	37.4	27.4	28.8	1.4	-8.6***	2.5
Kayin	30.6	39.6	30.2	28.6	-1.5	-11.0	-1.9
Sagaing	19.9	27.5	18.0	26.7	8.6***	-0.9	6.8**
Shan	19.5	25.2	24.3	26.3	2.1	1.1	6.9*
Nay Pyi Taw	26.1	27.2	23.2	25.7	2.5	-1.6	-0.4
Magway	27.6	29.6	25.0	25.5	0.5	-4.1	-2.1
Mandalay	20.7	21.1	26.0	22.0	-4.0	0.9	1.3

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. 9. Percentage of adult *men* consuming different food groups in the past 24 hours

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Cereals/grains/roots	99.6	99.6	99.7	99.8	0.1	0.1	0.2*
Beans	51.3	52.3	55.7	54.9	-0.9	2.6**	3.6***
Nuts or seeds	36.9	36.1	42.0	38.7	-3.4**	2.5**	1.8
Milk and dairy products	12.0	13.7	12.4	14.1	1.7**	0.4	2.1***
Egg	47.0	49.3	50.1	55.5	5.5***	6.3***	8.6***
Meat and Fish	86.8	85.5	87.2	82.6	-4.6***	-2.9***	-4.2***
Other fruits	50.7	40.9	44.0	43.6	-0.3	2.8**	-7.1***
Vit-A rich fruit/vegetables	30.0	33.5	33.0	34.8	0.9	1.3	4.8***
Dark green vegetables	84.3	82.8	85.4	84.4	-1.1	1.6	0.1
Other vegetables	79.1	75.4	79.5	81.1	1.6	5.8***	2.0**
No. of observations	6,453	6,272	5,472	6,008			

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. 10. Percentage of adult *women* consuming different food groups in the past 24 hours

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Cereals/grains/roots	99.6	99.6	99.2	99.5	0.3*	-0.1	-0.1
Beans	47.8	48.7	54.3	53.0	-1.3	4.3***	5.2***
Nuts or seeds	38.5	34.9	39.2	37.2	-2.1*	2.3**	-1.4
Milk and dairy products	13.7	13.7	12.4	13.7	1.4*	0.1	0.0
Egg	47.8	45.7	48.9	53.3	4.4***	7.6***	5.5***
Meat and Fish	83.8	82.1	86.0	78.2	-7.7***	-3.9***	-5.6***
Other fruits	51.0	40.4	41.6	41.4	-0.2	1.0	-9.6***
Vit-A rich fruit /vegetables	31.8	32.6	32.4	36.6	4.3***	4.1***	4.9***
Dark green vegetables	84.0	80.6	82.5	81.9	-0.6	1.3	-2.1**
Other vegetables	77.5	72.0	76.7	79.2	2.4**	7.2***	1.7*
No. of observations	6,471	6,626	6,586	6,627			

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. 11. Percentage of reproductive age women (15-49 years) consuming different food groups in the past 24 hours

	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Cereals/grains/roots	99.6	99.7	99.2	99.5	0.3	-0.2	-0.1
Beans	46.7	47.6	53.4	51.0	-2.3*	3.4**	4.3***
Nuts or seeds	38.4	35.0	38.5	36.8	-1.8	1.8	-1.6
Milk and dairy products	13.8	13.0	11.9	13.2	1.3	0.2	-0.6
Egg	47.5	45.6	48.0	51.5	3.5**	6.0***	4.1***
Meat and Fish	83.3	81.3	85.6	78.0	-7.6***	-3.3***	-5.2***
Other fruits	49.5	39.1	40.1	40.1	0.1	1.0	-9.4***
Vit-A rich fruit/vegetables	31.3	31.9	32.1	35.9	3.8***	4.0***	4.6***
Dark green vegetables	83.7	79.8	82.5	81.9	-0.6	2.1*	-1.8*
Other vegetables	77.0	70.4	76.6	78.0	1.4	7.6***	1.1
No. of observations	5,394	5,486	5,297	5,267			

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. 12. Percentage of boys consuming different food groups in the past 24 hours

Panel A 6-23 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Grains	99.1	99.2	96.6	98.4	1.7	-0.8	-0.8
Legumes & Nuts	46.3	54.4	51.7	45.0	-6.7	-9.4*	-1.3
Milk/dairy products	31.9	39.1	15.8	25.2	9.4**	-13.9***	-6.7*
Meat and Fish	63.3	65.8	64.9	67.5	2.6	1.7	4.2
Egg	46.6	49.9	56.8	59.6	2.8	9.7**	13.0***
Vit-A rich fruits/veg	56.4	57.8	69.2	63.6	-5.6	5.8	7.2
Other fruits/veg	67.8	60.5	65.2	63.5	-1.8	2.9	-4.3
No. of observations	366	390	312	322			

Panel B 6-59 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Grains	98.5	98.0	97.9	99.1	1.2*	-0.4	-0.6*
Legumes & Nuts	58.7	55.9	61.0	59.3	-1.7	1.9	3.4
Milk/dairy products	35.0	28.0	15.6	27.8	12.2***	-2.2	-0.5
Meat and Fish	70.1	73.2	75.9	76.7	0.8	0.9	-0.7
Egg	54.8	55.7	56.0	64.2	8.2***	9.2***	10.2***
Vit-A rich fruits/veg	66.6	67.4	75.2	70.9	-4.3*	4.0	5.9**
Other fruits/veg	74.7	68.3	75.5	74.4	-1.1	4.5*	-3.1
No. of observations	1,242	1,185	1,028	1,049			

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. 13. Percentage of girls consuming different food groups in the past 24 hours

Panel A 6-23 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Grains	98.5	98.5	98.4	98.4	0.0	-0.1	-0.1
Legumes & Nuts	48.6	47.3	58.4	45.3	-13.1**	-2.0	-3.3
Milk/dairy products	36.8	32.5	17.2	19.6	2.4	-12.9***	-17.2***
Meat and Fish	59.9	65.2	71.6	61.3	-10.3	-3.9	1.4
Egg	51.2	49.4	60.4	52.3	-8.1	3.0	1.1
Vit-A rich fruits/veg	58.1	55.5	73.3	56.1	-17.2***	0.6	-2.0
Other fruits/veg	68.6	56.9	56.1	64.6	8.5	7.7	-4.0
No. of observations	346	356	317	288			

Panel B 6-59 months	Means (%)				Percentage Point Change		
	R4 (Oct – Dec 22)	R6 (Sep – Oct 23)	R8 (Oct – Dec 24)	R9 (Jul – Oct 25)	R9 – R8	R9 – R6	R9 – R4
Grains	97.6	98.4	98.8	99.18	0.4	-0.4	0.1
Legumes & Nuts	58.2	57.5	66.1	58.29	-7.8**	2.6	-0.7
Milk/dairy products	35.2	29.2	19.5	25.47	6.0**	-1.6	-3.3
Meat and Fish	73.8	72.7	78.6	72.28	-6.3**	-5.6**	-1.8
Egg	49.0	58.4	60.5	60.33	-0.3	4.5	4.4*
Vit-A rich fruits/veg	67.2	67.7	78.2	69.96	-8.3***	-1.1	1.9
Other fruits/veg	73.0	66.1	72.9	73.36	0.5	3.2	-3.5
No. of observations	1,156	1,190	1,025	1,040			

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. 14. Percentage of adults (18+) and children (6-59 months) consuming unhealthy food by state/region in Round 9

	Adult (18+)				Children 6-59 months			
	Soft Drink	Sweetened Beverages	Salty, Fast or Fried Snacks	Processed Meat	Soft Drink	Sweetened Beverages	Salty, Fast or Fried Snacks	Processed Meat
Kayah	39.2	48.6	32.8	7.6	21.3	48.6	48.1	4.4
Kayin	54.3	75.9	38.2	11.3	48.7	77.0	45.7	3.8
Chin	39.7	59.5	32.7	14.0	38.7	70.6	35.4	7.4
Sagaing	34.3	53.1	39.9	11.3	42.9	66.0	57.8	7.9
Tanintharyi	48.6	72.1	47.3	17.7	32.0	64.2	49.3	6.0
Bago	39.0	57.6	30.6	12.6	31.6	66.5	37.0	4.2
Magway	29.1	47.7	33.7	10.1	35.1	67.1	40.5	5.0
Mandalay	39.7	62.2	44.3	10.2	46.4	77.0	54.0	6.0
Mon	47.5	70.7	37.1	14.2	37.4	71.4	33.8	2.5
Yangon	50.3	68.6	39.7	10.4	44.5	74.5	46.3	3.8
Shan	35.2	51.1	38.7	9.0	34.3	65.7	50.2	6.2
Ayeyarwady	38.3	56.1	26.8	10.3	33.9	69.7	38.7	9.5
Nay Pyi Taw	48.0	63.8	29.9	13.8	43.3	74.7	49.4	10.3

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

Table A. 15. Percentage of children 6-23 months not consuming minimum acceptable diet (MAD), minimum meal frequency (MMF) by state/region in Round 9

State	MMF	MAD
Kayin	29.4	58.8
Chin	13.3	26.7
Sagaing	28.8	45.4
Tanintharyi	35.3	82.3
Bago	17.0	43.4
Magway	18.0	37.7
Mandalay	22.9	36.4
Mon	55.6	72.2
Yangon	27.2	41.3
Shan	26.5	39.2
Ayeyarwady	31.2	43.8
Nay Pyi Taw	10.0	70.0

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

Table A. 16. Percentage distribution of reduced Coping Strategies Index (rCSI) compontents and rCSI score by state/region in Round 9

	Relied on less preferred/expensive food	Borrowed/relied on food from friends/relatives	Reduced number of meals eaten per day	Reduced portion size of meals	Adults restricted intake for children	rCSI Score
Kayah	47.4	29.9	13.4	8.2	20.6	5.9
Chin	36.2	16.2	15.4	16.2	13.8	4.5
Tanintharyi	35.3	15.7	3.6	7.9	9.5	3.4
Kayin	34.3	12.4	5.4	6.0	5.6	3.1
Sagaing	28.5	11.5	4.4	4.2	8.3	3.1
Mandalay	30.1	9.9	5.6	4.8	6.7	2.9
Magway	24.2	10.8	4.1	4.5	7.2	2.7
Bago	25.4	9.0	4.1	4.4	6.7	2.6
Yangon	27.9	8.2	5.2	5.4	6.6	2.6
Ayeyarwady	27.5	9.7	4.8	4.4	5.5	2.6
Nay Pyi Taw	24.6	11.4	1.5	2.3	6.9	2.5
Mon	21.9	8.7	3.5	3.7	7.1	2.5
Shan	26.1	10.2	4.1	4.4	5.0	2.4

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

Table A. 17. Mean of household and community predictors by survey round

	R4 (Oct-Dec 22)	R6 (Sep-Nov 23	R7 (Apr-Jun 24)	R8 (Oct-Dec 24)	R9 (Jul-Oct 25)
Respondent age (in years)	38.0	39.0	41.4	41.4	42.0
Women only household	9.4	9.4	9.4	9.4	9.4
Share of dependents	25.1	25.2	26.5	11.0	26.1
Household size (number)	4.1	4.0	4.0	4.0	4.0
Primary or no education (adult)	58.8	55.8	59.4	56.2	58.4
Female	52.4	53.9	56.1	56.3	55.5
Asset poor	37.3	36.7	34.0	32.8	33.6
Asset low	39.4	40.5	40.4	41.3	42.0
Asset rich	23.3	22.8	25.6	25.9	24.4
Income-poor	61.5	68.0	60.5	66.9	62.8
Own farm income	37.8	39.5	34.3	35.5	28.3
Farm wage income	27.0	22.4	19.3	17.9	11.1
Non-farm wage income	26.0	21.9	22.5	20.1	13.3
Farm/Non-farm salary income	22.2	21.7	22.1	22.8	13.8
Own non-farm income	39.7	34.1	32.8	34.0	24.6
Other income (gifts, donations)	11.8	12.3	9.6	18.1	8.8
Household received remittance	16.1	17.5	15.6	18.4	18.2
High level of physical insecurity	23.0	23.1	22.7	16.9	20.5
Large migration into community	8.5	15.9	22.4	24.5	20.6
Community violence	8.8	10.0	9.0	7.9	6.6
Income shock	44.6	39.5	39.1	44.7	42.2
Natural shocks	11.9	14.6	12.5	18.9	14.7
Health shock	44.2	43.0	24.9	31.4	25.2
No. of observations	12,924	12,898	13,163	12,058	11,865

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: All figures in the table are percentages unless otherwise stated.

Table A. 18. Factors associated with household hunger and diet diversity, Panel random effects regression, MHWS R1 – R9

	(1) Moderate/ severe hunger	(2) Low FCS	(3) Inadequate diet diversity (adult)	(4) Inadequate diet diversity (Reproductive age women)	(5) Inadequate diet diversity (children 6-59 months)
Respondent age (years)	-0.000***	-0.000***	-0.003***	-0.003***	-0.005***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women only household	0.004	0.026***	0.015**	0.012*	-0.024
	(0.003)	(0.005)	(0.006)	(0.007)	(0.016)
Share of dependents	0.012***	0.000	0.020***	0.023**	0.017
	(0.003)	(0.006)	(0.007)	(0.012)	(0.023)
Household size	0.002***	-0.001	-0.000	0.001	0.001
	(0.000)	(0.001)	(0.001)	(0.001)	(0.002)
Primary or no education (adult)	0.018***	0.045***	0.059***	0.058***	0.052***
	(0.002)	(0.003)	(0.003)	(0.005)	(0.008)
Female (=1)	0.001	-0.008***	-0.003		-0.001
	(0.001)	(0.003)	(0.003)		(0.007)
Asset poor vs asset rich	0.044***	0.123***	0.138***	0.141***	0.111***
	(0.002)	(0.003)	(0.004)	(0.007)	(0.010)
Asset low vs asset rich	0.011***	0.047***	0.055***	0.056***	0.044***
	(0.001)	(0.002)	(0.003)	(0.005)	(0.008)
Own farm vs other income	-0.015***	-0.041***	-0.059***	-0.073***	-0.043***
	(0.002)	(0.005)	(0.006)	(0.010)	(0.015)
Farm wage vs other income	0.015***	0.049***	0.014*	0.001	0.016
	(0.004)	(0.006)	(0.007)	(0.011)	(0.017)
Non-farm wage vs other income	0.012***	0.006	-0.003	-0.011	0.012
	(0.003)	(0.006)	(0.007)	(0.011)	(0.016)
Farm/Non-farm salary vs other income	-0.011***	-0.034***	-0.034***	-0.042***	-0.003
	(0.003)	(0.005)	(0.007)	(0.010)	(0.016)
Own non-farm vs other income	-0.011***	-0.039***	-0.039***	-0.050***	-0.018
	(0.002)	(0.005)	(0.006)	(0.009)	(0.015)
Household received remittance (=1)	-0.009***	-0.032***	-0.037***	-0.033***	-0.023**
	(0.001)	(0.003)	(0.004)	(0.006)	(0.009)
High level of physical insecurity (=1)	0.010***	0.018***	0.008**	0.012**	-0.004
	(0.001)	(0.003)	(0.003)	(0.005)	(0.007)
Large migration into community (=1)	0.007***	-0.002	-0.012***	-0.012**	-0.008
	(0.002)	(0.003)	(0.004)	(0.006)	(0.009)
Community violence (=1)	0.009***	-0.002	0.007	0.010	-0.007
	(0.002)	(0.004)	(0.005)	(0.008)	(0.011)
Income shock (=1)	0.008***	0.009***	0.011***	0.015***	0.017***
	(0.001)	(0.002)	(0.003)	(0.004)	(0.006)
Natural shocks (=1)	0.023***	0.012***	-0.000	0.010	0.017**
	(0.002)	(0.003)	(0.004)	(0.006)	(0.009)
Health shock (=1)	0.011***	0.003	-0.003	0.001	-0.003
	(0.001)	(0.002)	(0.003)	(0.004)	(0.006)

Low community wages vs high	0.013***	0.021***	0.010***	0.012**	0.002
	(0.002)	(0.003)	(0.004)	(0.006)	(0.009)
Medium community wages vs high	0.005***	0.001	0.001	-0.000	-0.002
	(0.001)	(0.003)	(0.003)	(0.005)	(0.008)
Price tercile low vs high	0.001	-0.002	-0.005	-0.006	0.001
	(0.001)	(0.003)	(0.003)	(0.005)	(0.008)
Price tercile medium vs high	-0.000	0.002	0.003	0.004	-0.009
	(0.001)	(0.002)	(0.003)	(0.005)	(0.007)
Yesterday was a special day (=1)	-0.001	-0.012***	-0.035***	-0.036***	-0.027***
	(0.001)	(0.003)	(0.004)	(0.006)	(0.009)
Rural residence (=1)	-0.013***	0.014***	-0.008**	-0.010*	-0.003
	(0.002)	(0.003)	(0.004)	(0.006)	(0.009)
Round fixed effects	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
State fixed effects	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*
No of observations	110,436	110,435	110,436	46,975	17,478
Number of ID	38,357	38,357	38,357	17,815	8,187

Source: Authors' calculations from the Myanmar Household Welfare Survey.
Note: Robust standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1.

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