Health care of the elderly in Myanmar

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Abstract

The world is ageing fast. A huge demographic change has taken place in Asia causing changes in the dependency ratio and structure of population. Myanmar is also facing the emerging issue of a growing number of older people. Among the population of six million older people 10% are estimated to be vulnerable persons. Policy initiatives are required to assess the loss of care-giving by family members. The caring models in Myanmar are homes for the aged and volunteer-based home care. Studies in Myanmar have revealed that older people and family care-givers prefer to care for the elderly at home. Home-based care service, community-based care service and day care centres are considered appropriate in the Myanmar context as they are cost-effective and suitable for Myanmar people and these models should be considered if needed. In Myanmar, a national policy on ageing has been formulated and is in the process of approval.

The Health Care for the Elderly programme in Myanmar aims to promote the health and to increase the accessibility of geriatric care services for the elderly. The programme is providing at least 20% of ambulatory elderly with geriatric clinical services through the primary health care approach in the project townships. It also encourages home-based geriatric care through families, health volunteers and nongovernmental organizations (NGOs). Training programmes for health staff, voluntary health workers, family members and community volunteers are also included in the programme.

The social welfare department and various organizations are also taking part in the social and health care of the elderly.

There are certain areas to focus on and expand in future. These include awareness programmes on ageing, income generation, greater participation of older people in societal development, disaster preparation, policy development in old-age-oriented approach and social care.

Introduction

The world is ageing fast. By 2045, for the first time in history, people aged 60 and above will outnumber children under 14 globally. A huge demographic change has taken place in Asia causing a change in the dependency ratio and structures of population. It often used to be said,* old age was not a problem; keeping children alive was a problem*. Now, ageing is on top of the social agenda in Asia.

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Being a developing country, Myanmar is also facing the emerging issue of a growing number of older people. Since most people in Myanmar live in rural areas, “rural ageing” is an important issue.

Ageing is a triumph of our times — a result of improved public health and development. Older people contribute significantly to their families and society and should not be viewed as a burden. However, over 160 million people live in poverty across the world.
Industrialized countries have developed relatively comprehensive health-care policies and programmes for older persons including community-based and residential services. In Myanmar, older people are supported mainly by families. The government and communities are now working together to fulfil the needs of the growing number of older people based on the concept of active and healthy ageing.

Religion, culture and ageing

In Myanmar, religion and culture are closely linked and play a central role in care of the elderly. Traditionally, care of the elderly has been considered as a noble practice. Younger family members serve the needs of the elderly with great pride. People live in extended families with the younger generation. The nature of the family structure enables the family to take care of the elderly who, in turn, also play a meaningful role as advisers and community leaders within their capacities.

However, the traditional family care system is gradually getting eroding due to a decrease in childbirth, migration of younger people, engagement of more family members in jobs and due to rapid urbanization. The Myanmar society generally values and treats older people with respect. However, this impressive practice has somewhat decreased in some rural and urban areas. Because of the increasing trend of smaller families getting separated from elderly relatives through rapid urbanization, policy initiatives are required to counter the loss of care provided by family members to the elderly.

Ageing population

The estimated population of Myanmar is 58.37 million and the population of people over 60 years is estimated to be six million. Therefore, 10% of the population is over 60 years and it is expected to increase rapidly. This is primarily due to decreased birth rate, good nutrition and effective health care. Longevity in Myanmar has also increased. Life expectancy for males is 63.9 years and for females it is 67.4 years.

Among the population of six million older people 10% are estimated to be vulnerable persons. Of this group, 30% are being looked after by extended families. Therefore, it is essential for the community to take care of the remaining 70% of the vulnerable group.

Status of the elderly

A multi-country study on the health of the elderly, supported by WHO, and undertaken from 1989 to 1992 in Indonesia, Myanmar, Nepal, Sri Lanka and Thailand revealed common health problems. In Myanmar these were high blood pressure and heart diseases, strokes, cancers, lung diseases related to smoking and musculo-skeletal problems.

Various studies conducted in Myanmar on the elderly have shown that an active lifestyle by working in the field or at home was a positive factor for better health, and that the role of the elderly in the family or community was considered as contributing factor for healthy ageing. In this context it was observed that family and community support was the key issue. In terms of social needs, community support was more commonly seen in rural areas.

One positive aspect seen in the studies was that care-givers did not approve of institutional stay and preferred to keep the elderly at their homes. This highlighted their desire to maintain the traditional family care system to care for the elderly. Care models other than institutional care are required for the frail elderly. The studies also highlighted the need for comprehensive geriatric services comprising home visit, outreach activities, outpatient care, inpatient care and long-stay rehabilitation services.

One study showed that social problems were observed in nearly 35% of the study population, which highlighted the need to
study more social issues in detail in order to develop appropriate policy and intervention measures.

Caring models

In addition to family care, there are two ways of taking care of the elderly in Myanmar. The first is the very traditional way of caring. A Home for the Aged was first established in 1898 by a well known lady, Daw Oo Zonn. Since then many homes for the aged have been established in various places in the country depending on the needs of the local community. At present there are 62 homes for the aged across the country covering over 2000 older people.

Another model of caring is the volunteer-based home care programme introduced in Myanmar in 2004, which is now caring for approximately 30 000 older people. The other caring models practised by international bodies are: home-based care service, community-based care service, group home care service, and day-care centre, etc. Among these models, home-based care service, community-based care service and day-care centre are considered appropriate in the Myanmar context as they are cost-effective and suitable for the Myanmar people.

National policies, legislation and initiatives

Demographic change has resulted in an unprecedented number of older people worldwide, thereby increasing pressure on respective governments and society as a whole. The UN Convention on Rights of Older Persons ensures that older men and women can realize their rights; civil society organizations play a key role in this.

Countries such as Bangladesh, Cambodia, Malaysia and Maldives have national policies for the care of older people. In a number of countries such as Australia, India, Japan and Singapore, programmes for the health of older persons are well established. There are government-endorsed national strategies on ageing and a package of services and benefits that address the health needs of the infirm, sick and disabled elderly alike.

The Fifty-eighth World Health Assembly adopted resolution WHA 58.16 on "Strengthening active and healthy ageing", which recommended a wide range of actions for Member States and WHO. It suggested developing, implementing and evaluating policies and programmes that promote healthy and active ageing.

In the Constitution of the Union of Myanmar, Article 32 (a) states that the Union shall take care of mothers and children, orphans, children of fallen defense services personnel, the aged and disabled.

In Myanmar, a National Policy on Ageing has been formulated and is in the process of approval. In many other countries, lack of policies for older persons does not preclude provision of services as they are often part of general government welfare services for all disadvantaged groups in the countries.

In Myanmar, health care of the elderly is reflected in the general health-care system. With WHO support the Health Care for the Elderly programme has been implemented in various areas.

Health Care for the Elderly programme

In the National Health Plan (NHP) (1993-1996), health care for the elderly was one of the subprogrammes under the umbrella of the Community Health Care programme. It was also included in the NHP (1996-2000) and thereafter. It is an integral part of primary health care. The General objective of the programme is to promote health of the elderly in Myanmar and to increase the accessibility of geriatric care services for the elderly. To fulfil the general objective, the Elderly Health Care
programme aims to provide at least 20% of the ambulatory elderly with geriatric clinical services through the primary health-care approach in the project townships. It also encourages home-based geriatric care through families, health volunteers and nongovernmental organizations. Training programmes for health staff, voluntary health workers, family members and community volunteers are also included in the programme.

An important part of the programme is establishing “Wednesday” geriatric clinics in the project areas including the rural health centres. The programme also increases awareness on ageing issues in the community. Research on the elderly situation in both urban and rural areas is also one of the activities.

To implement these objectives, there is coordination and collaboration among local NGOs such as Myanmar Mother and Children Welfare Association (MMCWA), Myanmar Red Cross, Fire Brigade, Myanmar Women Federation (MWF), Voluntary Home Care services from Social Welfare Department and various NGOs, both local and international.

Elderly clinics

In addition to health care provision, oral care and eye care are included in the elderly clinics since visual and dental problems are common in elderly people. Prevention of falls is also emphasized. Cataract surgery, distribution of free eye glasses and dental treatment are also important activities of the elderly health-care programme.

For health promotion, physical exercise lessons suitable for older people are demonstrated by the health staff who encourage them to exercise regularly. Yoga and Tai Chi exercises are beneficial for the elderly in terms of prevention of heart disease and prevention of falls. Older people are encouraged to perform these exercises in groups. Lifestyle modifications are also included in counselling as they are essential for active and healthy ageing.

Depending on the availability, screening procedures for high blood pressure, diabetes, heart disease and other important diseases like osteoporosis and cancer are performed and appropriate treatment initiated, and the elderly are encouraged to come for regular follow-up. A proper referral system is set up in elderly clinics for those who need further treatment at tertiary centres. A rehabilitation programme for people with mobility problems, joint problems and for post-stroke patients is also available.

Nutritional counselling and health education for the patients as well as family care-givers are important functions of elderly clinics.

In certain elderly clinics, there are group vaccination programmes for pneumonia and influenza for those at risk.

Elderly clinics also serve as an initial place to identify people who need social care. Appropriate action is taken to have services like home-care services.

It is noted that elderly clinics serve as places to combat loneliness as elderly people can meet each other and group recreational activities can also be initiated.

Medical conditions seen in elderly clinics include high blood pressure, chronic lung diseases, musculo-skeletal problems, heart diseases and diabetes mellitus.

The elderly health-care programme has been implemented in 88 townships in various states and divisions covering 20% of the total townships in the whole country including rural areas. It is being expanded to four townships yearly.
Social care

Home for the aged

These are places where older people are provided food, shelter, health care, social care and protection. The Department of Social Welfare provides rice, funds for food and clothes.

ROK-ASEAN home care for older people

It is basically a volunteer-based home care programme that is being implemented phase by phase since 2004 in Myanmar. It is a replication of the home-care model of the Republic of Korea and other ASEAN countries.

National YMCA

The national YMCA aims to improve the health and social conditions of the poor, frail and lonely older persons to a certain level by motivating volunteers. The home-care model is utilized to fulfill the objectives. The main activities include recruiting volunteers and training for home care, and to organize get-togethers for older persons.

Myanmar Maternal and Child Welfare Association (MMCWA)

The MMCWA has participated in elderly care since 1998 with the objectives of enabling older people to become active ageing persons and assisting in psychosocial support for a healthy and happy family life.

Activities include free medical treatment, provision of eye care, dental care, cataract surgery, demonstration of physical activities, financial and material assistance to the needy and other social activities such as group visits to the pagodas.

HelpAge International (HAI)

The vision of HAI is to help older people to lead dignified, active, healthy and secure lives. The HAI organizes OPSHG (Older Persons Self Help Groups) in some targeted areas in Myanmar mainly in villages. These are multi-functional community-based organizations formed by older women and men through a democratic practice.

The main activities of OPSHGs are fund-raising, livelihood and income generation ventures, health care and home care. It has future plans to expand its activities.

Support group for elderly doctors (SGED)

This support group has been formed by a group of doctors with the objectives of supporting and rendering help in three identified areas: financial, social and services to elderly doctors above 70 years of age. The SGED is taking care of 617 elderly doctors including those who live on their own.

The functions of SGED are: day-care centre development and preparation of home-based physiotherapy care project. Research programmes, academic training programmes and publication of newsletter are the other activities of SGED.

World Vision (Myanmar), Global Vision, Caritus Thailand, Myanmar Women Affairs Federation (MWAF) and the Myanmar Baptist Churches Union (MBCU) are the organizations taking part in the care of the elderly.

The International Day for Elderly is usually held in the country on 1 October. On that occasion the elderly are provided with gifts and medical, oral and eye care by health personnel in collaboration with local NGOs and health volunteers.
Future

To be aware of the ageing world and ageing issues in Myanmar, continuous awareness programmes targeting older people and society are needed. The awareness message should be culturally appropriate with the focus on lifelong healthy lifestyle. It is also crucial to focus on health promotion and the preventive approach for healthy and active ageing.

To remain active in old age, strategies are required for employment opportunities since a productive life improves physical and mental well-being. Income generation or experience sharing can also ensure greater participation of older people in society.

The role of older people has to be recognized in the future and it is crucial to encourage an old age-oriented approach in all policy development.

Experiences of older people affected by the Cyclone Nargis highlighted the need for protective measures for the elderly in disaster situations.

Since the growing elderly population will demand more health-care resources, the health system should become more age-friendly with efficient geriatric health-care services.

As social security and financial security are important issues in addition to health security in older people, a national policy should be developed to formulate comprehensive strategies on ageing.

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