

SITUATIONAL OVERVIEW OF OLDER PEOPLE'S NEEDS IN MYANMAR

JUNE 2023



Introduction

This needs assessment report, conducted by HelpAge International in May and June 2023, focuses on the situation of older people across 18 townships of 6 states/regions in Myanmar, with a specific emphasis on income, health, food security, and protection issues. The data collected in this needs assessment provides valuable insights into the demographics of the interviewees, revealing the gender distribution and age groups represented in the study. This information serves as a foundation for understanding the specific needs and challenges faced by older women and men in Myanmar across various areas, including food security, health, mental health, protection, and gender equality. By examining the data through a comprehensive lens, we can develop targeted interventions and recommendations that address the unique circumstances and requirements of this vulnerable population. However, it is important to acknowledge the limitations of the assessment, including the reliance on phone interviews and the potential for response bias.

On a final note, despite the challenging circumstances faced by older people in Myanmar, we have purposefully included photographs that showcase their resilience and independence, emphasizing the potential effectiveness of community-based and self-help group interventions.

Key findings

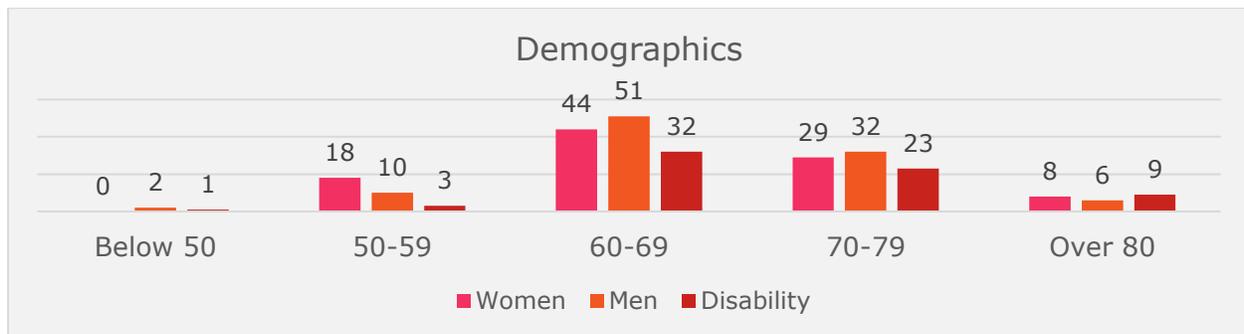
Overall, the report highlights a deteriorating situation across multiple areas, including health access, financial stability, food security, mental health, and protection concerns. Urgent attention and targeted interventions are needed to address these challenges and improve the wellbeing and quality of life for older people in Myanmar. Across the sectors, key findings include:

- **Access to healthcare** services for older people has significantly declined, with a decrease from 83% in April 2021 to 56% in June 2023.
- Although the questions asked in the two time periods differ, the data consistently indicates a concerning downward trend in the **economic situation** of older people in Myanmar. The findings reveal that the percentage of individuals with less than two months' worth of savings has declined from 75% in April 2021 to a staggering 68% having less than a week's worth by June 2023.
- The data further reveals a concerning decline in **safe access to food**, with the percentage dropping from 74% to 38% between the April 2021 and June 2023.
- The data collected reveals that a considerable number of older people in Myanmar experience **worry, anxiety, and loneliness**. Further analysis indicates that 42% of older individuals reported experiencing these emotional challenges.

- The data highlights significant **protection concerns** among older people in Myanmar. It is concerning to note that a high proportion of respondents (68%) expressed worries related to personal safety and protection.

Methodology

The report is based on 200 interviews conducted over the phone, providing valuable insights into the challenges faced by older people¹ in accessing sufficient support and services to address their needs. Beneficiaries were selected from HelpAge International's project areas, covering 16 townships and 7 states and regions. To ensure a representative sample, respondents aged 55 and above were included, maintaining a balanced gender ratio of 50% men and 50% women. Additionally, a significant proportion of people with disabilities were included in the study, who were identified using the Washington Group Short Set on Functioning.



The interviews included 101 men and 99 women, reflecting a balanced representation of gender among the respondents².

The age breakdown reveals that the older population in Myanmar included in the assessment is diverse in terms of age groups. Among the respondents, 1% are below 50 years old, 14% are between 50-59, 48% are between 60-69, 31% are between 70-79, and 7% are over 80 years old. Furthermore, the data also highlights the prevalence of disability among older people, with a higher likelihood of experiencing disabilities as age advances. Among those aged 50-59, 11% have reported disabilities, which increases to 34% for individuals aged 60-69. The proportion of respondents with disabilities further rises to 38% among those aged 70-79, and significantly reaches 64% for individuals over 80. These statistics underscore the increasing vulnerability of older people with disabilities in Myanmar.

Among the interviewees, 68 individuals (34%) reported having a disability, with 31 men and 37 women affected. The types of disabilities identified include hearing impairments (24%), visual impairments (44%), mobility limitations (65%),

¹ Older people are defined as those aged 60 and over. In this research, we have also interviewed those between ages 50-59, on the basis of their connection with older people in their communities.

² The respondents are or were beneficiaries from HelpAge International projects.

difficulties in self-care (1%), and 3 individuals preferred not to respond. It is noteworthy that 24 individuals reported having two or more disabilities, indicating the complexity and multiple challenges faced by some older people.

Finally, data was collected anonymously, ensuring the privacy and confidentiality of the respondents and allowing for open and honest responses regarding their experiences and concerns. This includes not attributing the quotations to any person nor mentioning the location. Throughout this report, the photos used have been obtained with the full consent of the individuals featured; however, their identities have been kept confidential, and no names are disclosed.

Limitations

It is important to recognize the limitations of this needs assessment report. The interviews were conducted over the phone, which may have introduced limitations in terms of the depth of information obtained and poses potential challenges in verifying responses. Additionally, there may be inherent biases in self-reporting, and the findings may not be fully representative of the entire older population in Myanmar. However, despite these limitations, the data collected provides valuable insights into the income and financial difficulties experienced by older people in Myanmar, which can guide targeted interventions and support.

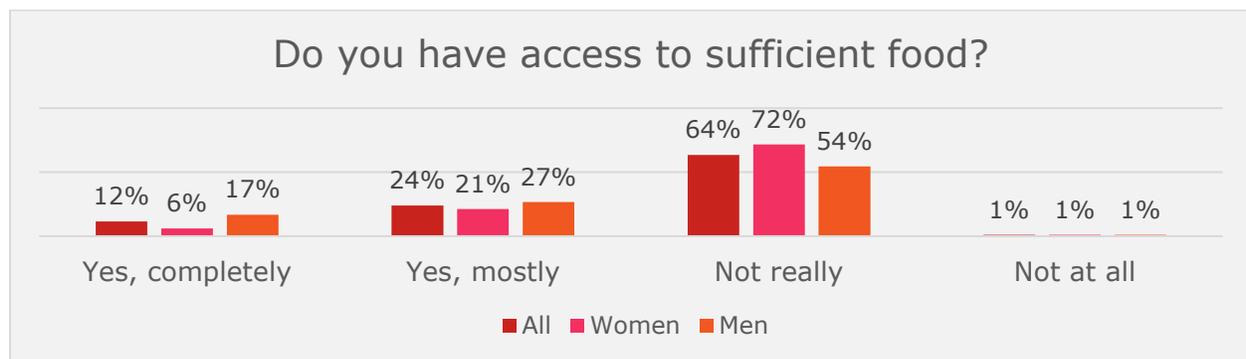
In the following chapters, specific findings related to food security, (mental) health, income, and protection challenges among older people are presented, highlighting the needs and concerns identified during the assessment. Findings are presented in graphs and charts, and where significant disparities were noticed, disaggregated. These insights will inform the development of effective strategies and interventions to improve the wellbeing and resilience of older people in Myanmar.

Food security

Over the past two years, the percentage of respondents facing food insecurity has steadily increased, with 64% currently reporting inadequate access to sufficient food. Moreover, 38% now face unsafe access to food, 79% compromise diet quality, and 50% reduce meal quantities.

Food security is a critical aspect of wellbeing, and it is particularly important for older people who may face significant challenges in accessing sufficient and safe food. This chapter focuses on the food security situation of older people in Myanmar, based on the data collected during the needs assessment. The analysis considers gender disparities and highlights the pressing needs and challenges faced by older people in terms of food security.

Access to sufficient food



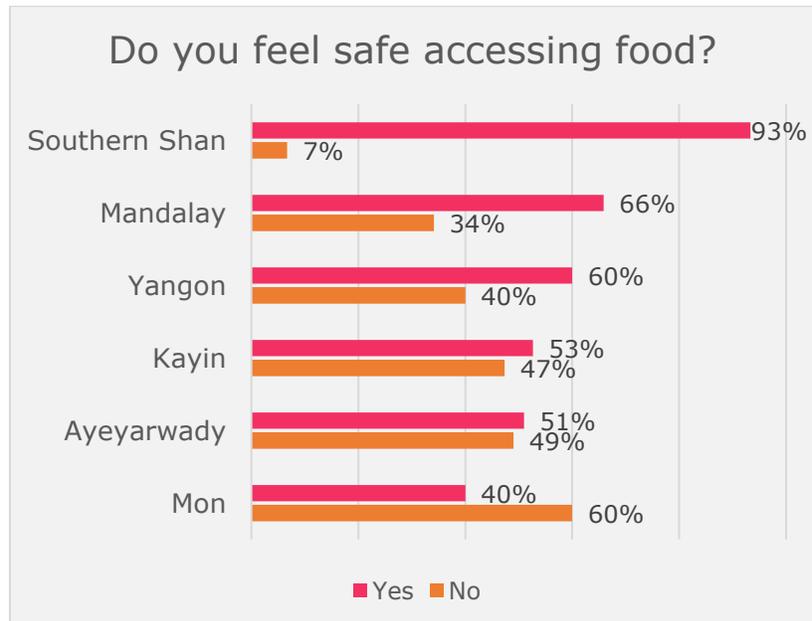
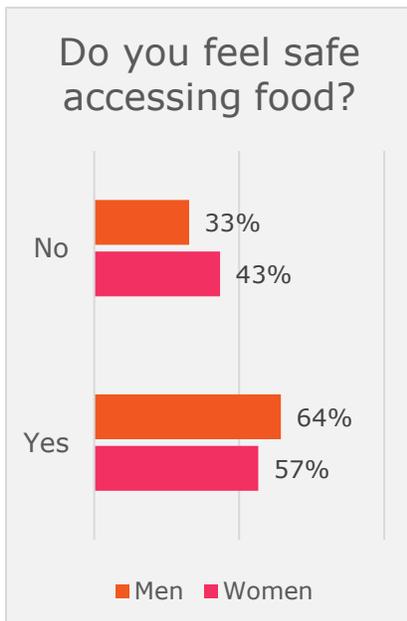
It is evident that a substantial number of older people face difficulties in accessing sufficient food. Among the respondents, only a small proportion (12%), reported having complete access to sufficient food. Similarly, 48 individuals mentioned having mostly sufficient access to food, accounting for 24% of the respondents.

However, a significant disparity emerges, as a considerable proportion of older people (64%), stated that they do not have access to sufficient food. Furthermore, it is concerning to note that 2 individuals (1 woman, 1 man) reported having no access to food at all. These findings underscore the critical need to address food insecurity among older people in Myanmar urgently.

Moreover, the data reveals notable gender inequalities in terms of food access, with a higher proportion of women (72%) facing insufficient food availability compared to men (54%). This disparity requires targeted interventions and strategies that specifically address the unique challenges and vulnerabilities faced by older women in accessing adequate and nutritious food. Prioritizing initiatives that address gender inequalities and provide equitable access to food resources can ensure the wellbeing and food security of older people in Myanmar.



Safe access to food



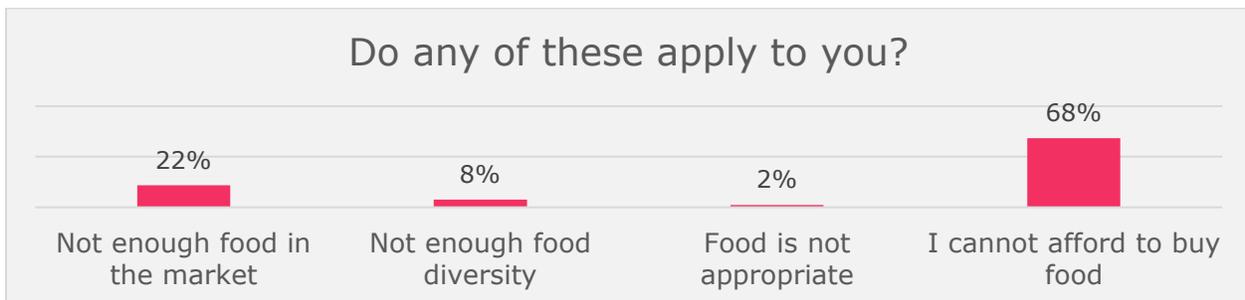
Ensuring safe access to food is crucial for older people's health and wellbeing. The data revealed that a notable number of individuals face challenges in accessing food safely. Among the respondents, 38% reported not having safe access to food, with

significant differences between women (43%) and men (33%). A driving factor for this disparity is the increased travel distance for people to access markets, and the safety risks involved with travel. Women are especially affected by this, as it is deemed too dangerous for many women to travel alone between village and township. In follow-up interviews, older women mention checkpoints along the road as the main danger, where interrogations are frequent, and harassment is rife.

This represents a significant concern, as unsafe access to food can compromise the health and nutrition of older people. On the other hand, 56 women and 65 men reported having safe access to food, accounting for 61% of the respondents. These findings highlight the importance of implementing measures to enhance the safety and quality of food access for older people, particularly focusing on addressing the gender disparities that exist in this sector.

The findings from the survey indicate notable disparities in the perceived safety of accessing food across different regions in Myanmar. In several regions, including Mon, Ayeyarwady, and Kayin, a significant number of respondents expressed concerns and felt unsafe when accessing food. This is likely linked with the overall safety situation in this area, which sees more frequent violent clashes. On the other hand, respondents from urban areas like Yangon and Mandalay reported a higher sense of safety when accessing food, again likely related to the overall safety situation.

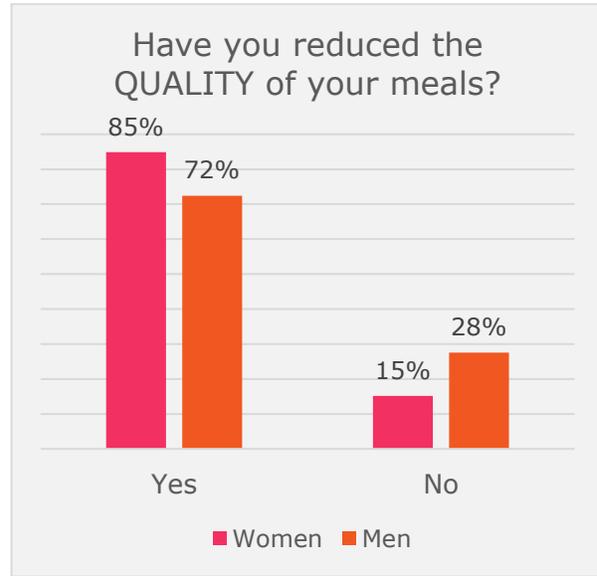
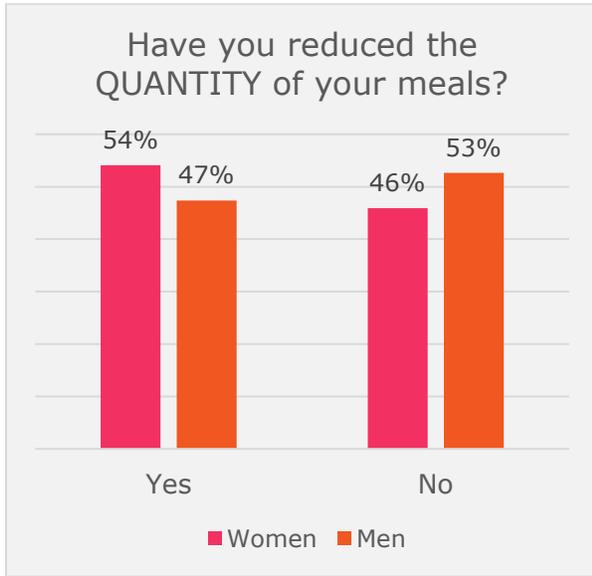
Main reasons for insufficient food



Understanding the reasons behind insufficient food access is crucial for designing targeted interventions. The data identified several main reasons mentioned by the respondents. Among the reasons stated, the most common was the inability to afford to buy food, as reported by 142 respondents (68%). This highlights the financial challenges faced by older people in meeting their food needs. Additionally, 45 people (22%) mentioned the lack of enough food in the market, while 16 (8%) cited insufficient food diversity as a reason. The majority of respondents who reported that markets are not stocked primarily reside in Kayin (53%) and Ayeyarwady (42%). They specifically referred to their village markets and the significant distance they have to travel to access markets in larger townships. In many of these villages, local vendors have limited supplies, which necessitates people to travel longer distances for their food needs.

Moreover, 5 individuals (2%) reported that the available food is not appropriate for their dietary requirements. It is noteworthy that 26 respondents (11%) mentioned that none of these reasons apply to them. These findings emphasize the need to address the underlying factors contributing to food insecurity among older people in Myanmar, such as affordability, availability, and diversity of food options.

Reduction in quantity and quality of food



Many older people in the country have to make difficult choices regarding their food intake. Half of the respondents reported reducing the quantity of their food consumption, with significant differences between women (54%) and men (47%). This indicates the challenges faced by older people in meeting their nutritional needs, which can have detrimental effects on their overall health and wellbeing. Moreover, the data revealed that 79% of older people compromise on the quality of their meals, with again stark differences between women (85%) and men (72%). This compromise in both quantity and quality of food highlights the profound impact of food insecurity on the lives of older people.



The findings also highlight significant disparities in the frequency of going to bed hungry between men and women. Among women, 31% reported never experiencing hunger before bed, while 16% faced it every night. For men, 49% never went to bed hungry, and 14% faced it every night. Overall, 60% of all older people go to bed hungry at least 1 night per week, and 27% have to do so 3 nights or more per week.

"Even though I would like to eat, we have no food at home. Instead, I drink water at night to fill my stomach."

Gender equality in food security

Ensuring gender equality in food security is essential for addressing the distinct needs and vulnerabilities of older women and men. The data highlights significant differences between men and women in terms of access to sufficient food. Among the respondents, 64% of older women and 54% of older men reported not having access to enough food. This disparity underscores the higher prevalence of food insecurity among older women, which can have detrimental effects on their health and wellbeing.

The primary reason for insufficient food reported by the majority of respondents (68%) was the inability to afford to buy food. This emphasizes the urgent need to address economic disparities and financial constraints that disproportionately affect older women's access to adequate nutrition. To promote gender equality in food security, targeted interventions should be implemented.

To ensure food security for older people, interventions must prioritize income generation, social safety nets, and affordable access to nutritious food. Community-based groups can play a crucial role by addressing employment barriers, offering vocational training, and facilitating support systems tailored to the needs of older women. Additionally, targeted cash support initiatives should be implemented to empower women economically, providing access to resources, markets, credit opportunities, and agricultural inputs and technologies.

To address the gender disparities, community-based interventions should focus on addressing the travel distance for food procurement. These could include establishing community distribution centres, support the formation of mobile food markets, or provide transportation assistance to older women.

Conclusion

The data presented in this chapter highlight the significant food security challenges faced by older people in Myanmar. Gender disparities were evident, emphasizing the need for gender-sensitive interventions to ensure equitable access to sufficient and safe food. Addressing these challenges requires a multi-faceted approach, including

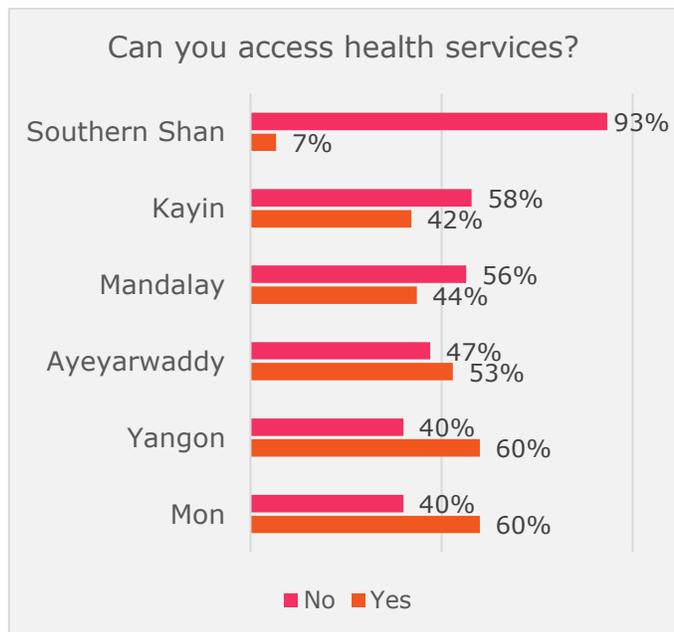
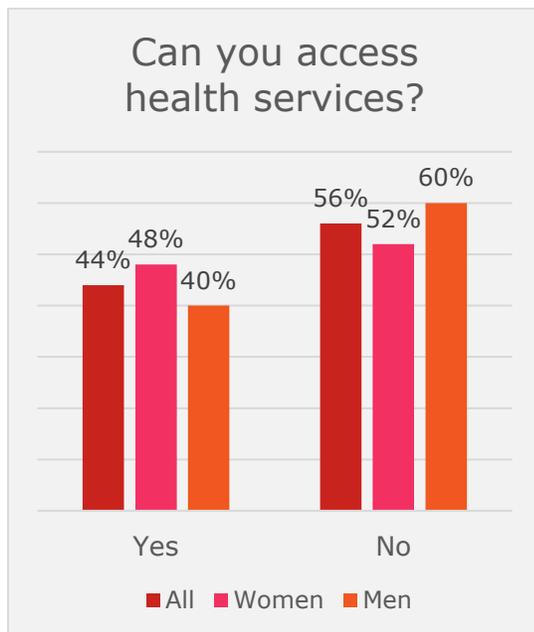
improving affordability, availability, and diversity of food options, as well as addressing underlying socio-economic factors.

Health

Access to healthcare services for older people in Myanmar has significantly declined from 83% to 56% over the past two years, primarily due to the discontinuation of village-based services, increased travel distances, and financial barriers impacting both access to healthcare services and medication affordability.

Access to healthcare services is crucial for the wellbeing of older people, particularly in rural areas of Myanmar, where they may encounter various barriers. This chapter presents an analysis of health-related data collected during the needs assessment, with a focus on gender disparities. By understanding the challenges and needs of older people regarding healthcare access, appropriate interventions can be developed to address these issues effectively.

Access to healthcare services



The data revealed that a significant proportion of older people in Myanmar face challenges in accessing healthcare services, with a higher prevalence among women. Only 44% of the respondents reported being able to access health services, with 48 women and 40 men included in this group. In contrast, 56% of the sample, including 51 women and 61 men, indicated that they cannot access healthcare services. These are stark signs of deterioration since 2021, when a previous assessment indicated that 17% of the respondents indicated that they had no access to health services. Back then, initial signs of this worsening situation were already visible, including the

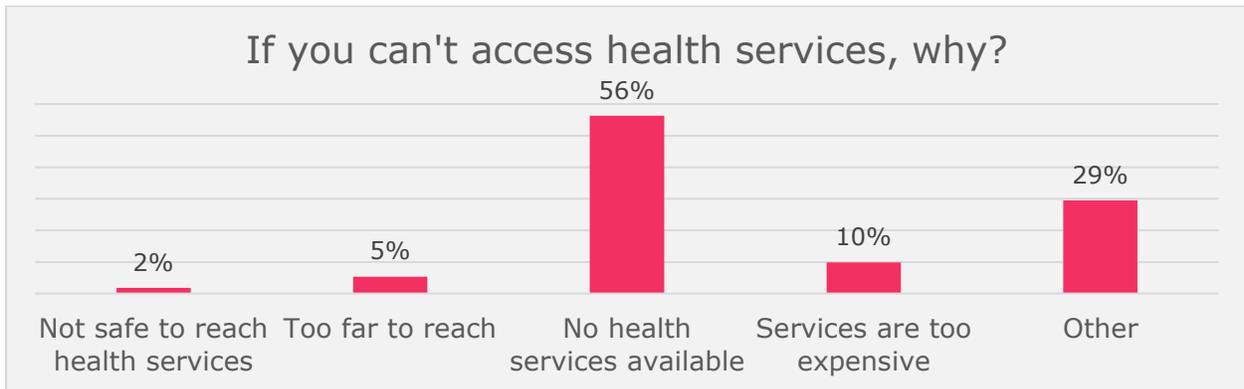
lack of village-based services and the lack of supply of medication. With the worsening economic situation, as well as the continued violence targeted towards healthcare staff by the military³, many older people have no way of accessing health services. There are clear geographical differences in access, with urban areas such as Yangon and Mawlamyine in Mon State having higher access, while more rural or conflict-affected areas such as Kayin and Ayeyarwady see lower rates of access. Southern Shan is an extreme outlier, with nearly no access to health services. This is primarily due to the disappearance of village-based health services, resulting in the necessity for people to undertake long journeys (>2 hours) to larger townships, making it difficult and expensive for them to reach the necessary health services. As a result, people only travel for large emergencies to health services, while not being able to access basic healthcare.

The data also indicates that when disaggregated by age groups and disability, there were no significant differences observed in the challenges faced by older individuals in accessing healthcare services. This suggests that regardless of age or disability status, older people in Myanmar experience similar barriers in accessing healthcare. These findings highlight the urgent need to address the gender disparities and improve access to healthcare services for older people in Myanmar.



³ <https://www.rfa.org/english/news/myanmar/anti-junta-doctors-01122023142124.html>

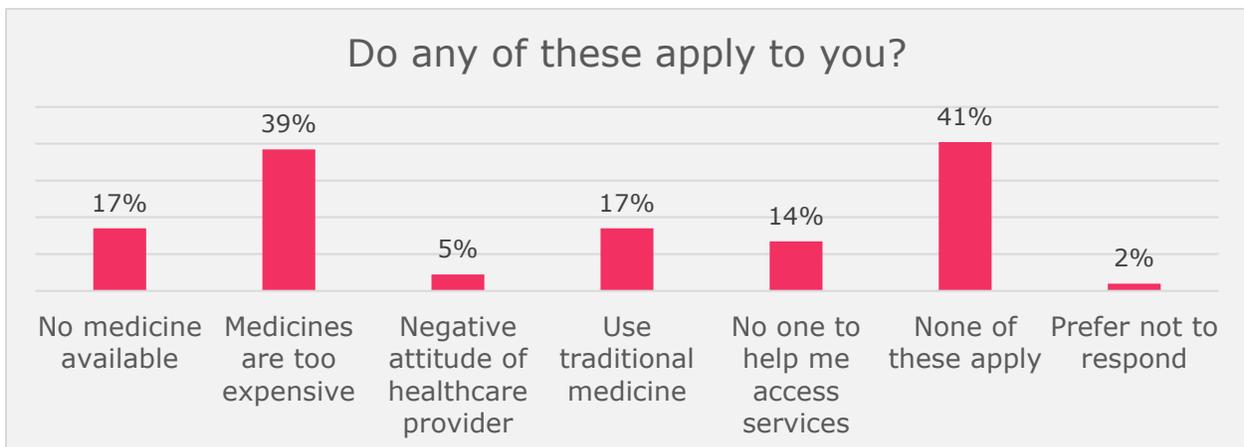
Barriers to accessing healthcare



Among those who reported being unable to access healthcare services, the data identified several key barriers. The most common reason cited by respondents was the unavailability of health services, with 56% mentioning this as a significant obstacle. Additionally, 10% of respondents reported that healthcare services are too expensive, while 5% mentioned that the distance to reach health facilities is too far. A smaller number of respondents cited concerns about safety (2 individuals) and mentioned other reasons (33 individuals) for not being able to access healthcare services.

During follow-up interviews, the majority of older people reported the absence of vital village health services, such as village nurses. As a result, they are compelled to travel considerable distances to larger towns in order to access healthcare. This situation not only incurs substantial transportation expenses but also poses significant safety risks along the road such as checkpoints, ultimately hindering or completely blocking their ability to obtain essential health services. Moreover, the services in townships are often significantly higher compared to those provided by the now-absent village nurses and other health workers in rural areas.

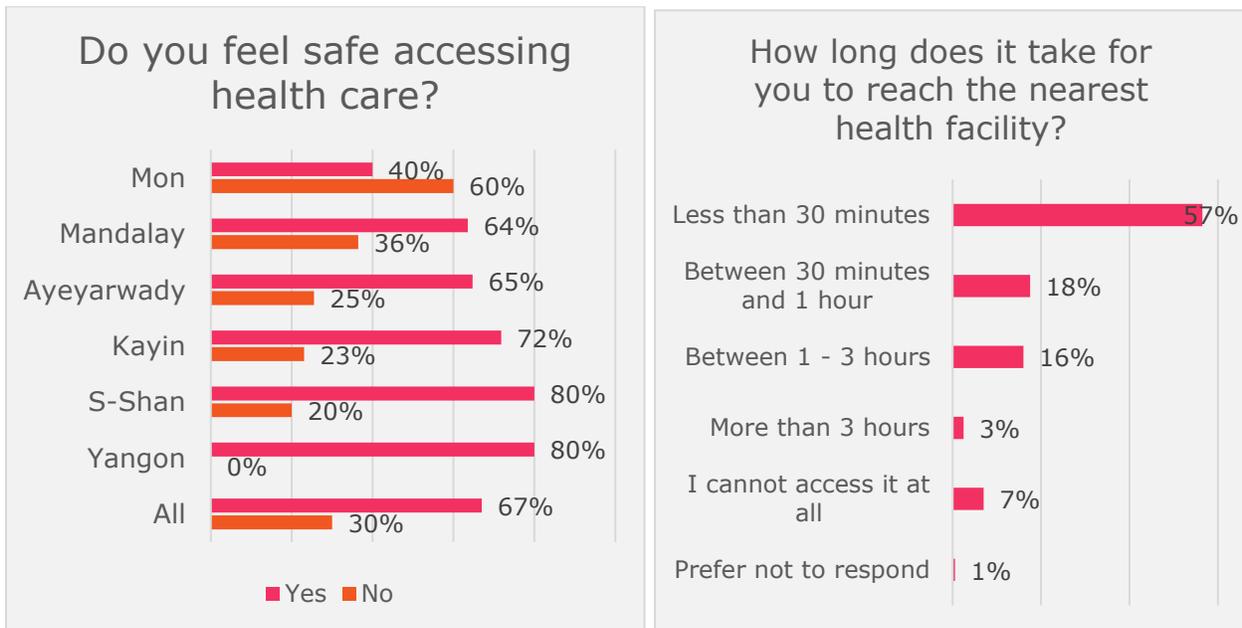
Availability and affordability of medication



The data highlights significant challenges in medication access and affordability among older people in Myanmar. A notable proportion of respondents reported that no medicine was available (34 individuals; 19 women, 15 men), while others mentioned that medicines were too expensive (77 individuals; 42 women, 35 men). Some individuals also faced negative attitudes from healthcare providers (9 individuals; 3 women, 6 men) or resorted to using traditional medicine (34 individuals; 16 women, 18 men). Moreover, a considerable number of older people reported not having anyone to help them access healthcare services (27 individuals; 11 women, 16 men). In conclusion, 55% of the respondents in the study reported facing barriers related to accessing affordable medication.

"Medicine prices are too high, and I can't afford them. Instead, I am taking traditional medicines, but in the long run, my health is deteriorating."

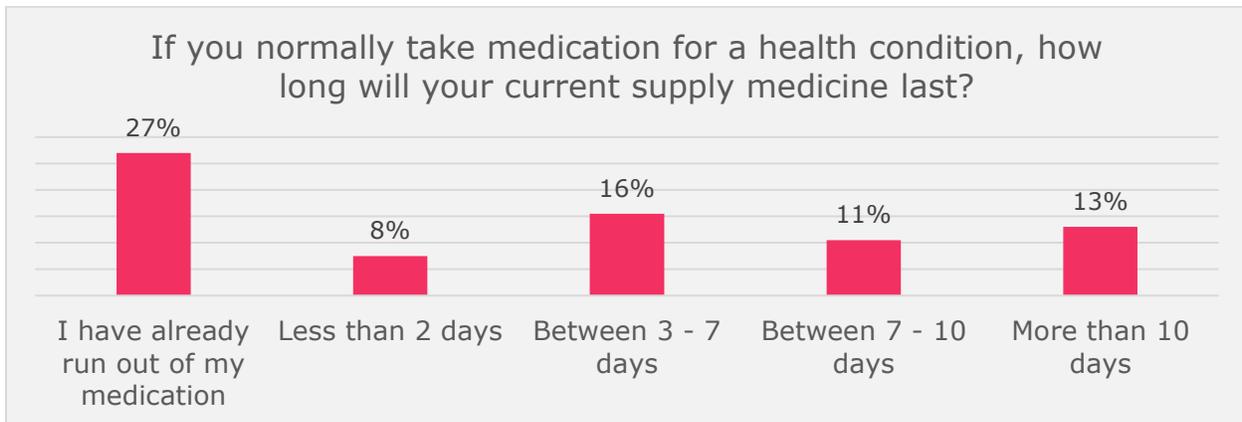
Safety and distance to healthcare facilities



When asked about feeling safe while accessing healthcare, 133 individuals (68 women, 65 men) responded positively, indicating that they feel safe. However, 59 respondents (27 women, 22 men) expressed concerns about safety, while 8 respondents preferred not to respond. Additionally, respondents reported varying distances to the nearest healthcare facility. Among the participants, 113 individuals reported that it takes less than 30 minutes to reach the nearest health facility, while 35 older people mentioned a travel time between 30 minutes and 1 hour. Moreover, 32 individuals stated that it takes between 1 and 3 hours to reach a healthcare facility, and 5 individuals reported travel times exceeding 3 hours. Disturbingly, 14 individuals mentioned that they cannot access healthcare facilities at all.

When examining specific regions, it is evident that Mon has the highest percentage of respondents (60%) who do not feel safe accessing healthcare, followed by Mandalay (36%), Ayeyarwady (25%), Kayin (23%), and Southern Shan (20%). Yangon stands out with 80% of respondents feeling safe accessing healthcare services, indicating a higher level of perceived safety in urban areas compared to other more rural regions.

Medication supply



The data revealed concerns regarding the availability and duration of medication supplies for older people in Myanmar. Among the respondents, 54 individuals reported having already run out of their medication, while 15 individuals mentioned having a supply lasting less than 2 days. Additionally, 31 individuals stated that their medication supply would last between 3 and 7 days, while 21 individuals reported a supply lasting between 7 and 10 days. Conversely, 26 individuals mentioned having a supply lasting more than 10 days, and 52 individuals (25%) reported not taking any medication. In conclusion, over half of the respondents have less than a week supply's left.

Gender equality in health

Promoting gender equality in health is essential to ensure equitable access to healthcare services and address the specific health needs of older women and men. Worryingly, the data revealed that 56% of older women and 40% of older men reported not being able to access health services. Main reasons behind the divide lie in safety and financial concerns: more women cited the lack of safe access to health services, distance to health facilities, unavailability of services, and affordability of medicines.

To achieve gender equality in health, it is crucial to address the barriers that prevent older women and men from accessing healthcare. This includes improving the availability and affordability of health services, ensuring safe transportation to health facilities, and promoting gender-responsive healthcare services. Additionally, efforts

should be made to address gender-specific health issues and provide targeted interventions and support for older women and men.

Conclusion

The data presented in this chapter shed light on the challenges faced by older people in Myanmar regarding healthcare access and medication availability. Gender disparities were also observed, emphasizing the need for gender-sensitive interventions. Addressing these challenges requires efforts to improve healthcare services at the community level, addressing challenges around affordability and availability of medication, promote interventions to support older people to cover travel distances, and ensure the safety and accessibility of healthcare facilities. By implementing targeted interventions, Myanmar can work towards providing equitable healthcare services for its older population.

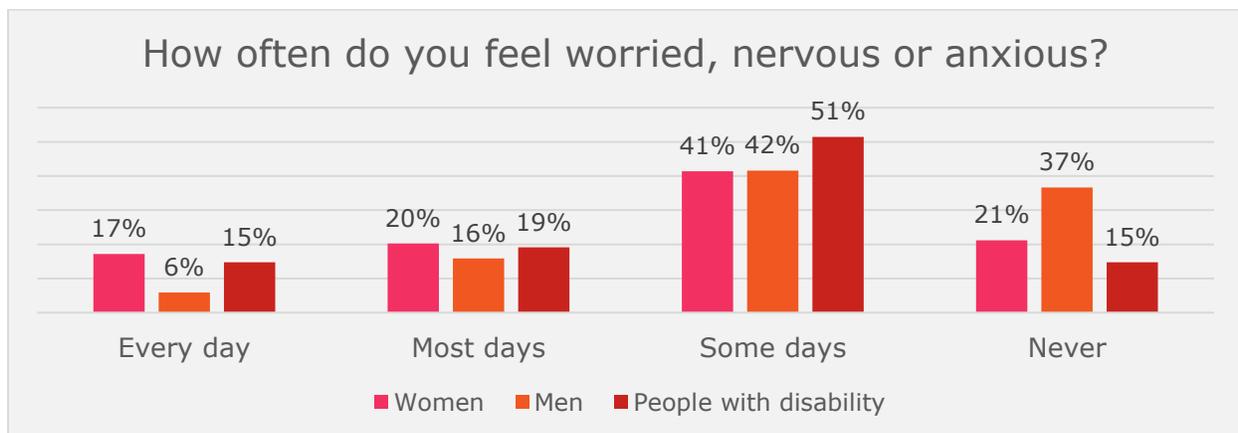


Mental health

The data reveals that a substantial 71% of older people in Myanmar express feelings of worries, anxiety, and loneliness, with concerns primarily centered around health, income, and safety.

Promoting mental health and wellbeing is of utmost importance, especially considering the current political and socio-economic context in Myanmar. Since the military coup and economic downturn, the safety of the country has deteriorated, leading to increased uncertainties and income challenges that significantly affect the mental state of older people. This chapter sheds light on the mental health situation among older people in Myanmar, taking into account the frequency of worry, anxiety, and loneliness they experience, as well as their primary concerns. The data also highlights gender disparities, emphasizing the specific mental health needs of older women and men in this challenging environment.

Frequency of worry, nervousness, and anxiety

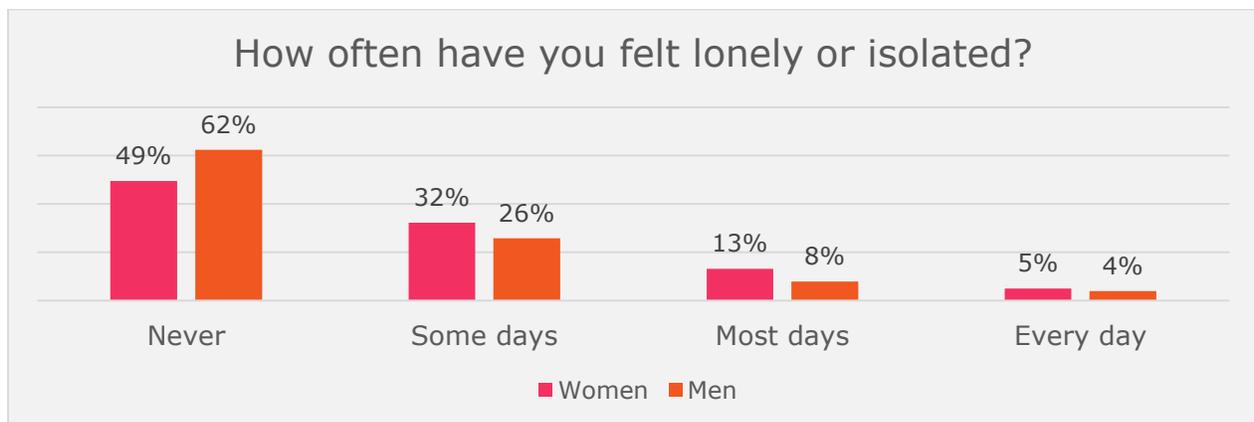


The data revealed that worry, nervousness, and anxiety are prevalent among older people in Myanmar. Among the respondents, 23 individuals (17 women, 6 men) reported feeling worried, nervous, or anxious every day, representing 12% of the sample. Additionally, 36 individuals (20 women, 16 men) reported experiencing these feelings most days, accounting for 18% of the respondents. Moreover, 83 individuals (41 women, 42 men) reported feeling worried, nervous, or anxious some days, constituting 41% of the sample. Only 58 individuals (21 women, 37 men) stated that they never experience such feelings, representing 29% of the respondents. Moreover, the data indicates that 34% of people with disabilities who responded reported feeling worried or anxious either 'every day' or 'most days', indicating the compounding impact of vulnerability on mental health. During follow-up interviews, most people indicate that praying, meditation, and talking to family members, neighbours, and friends are coping mechanisms.

These findings highlighting the prevalence of worry, nervousness and anxiety among older people in Myanmar are not surprising given the many challenges they are experiencing in meeting their basic needs. Concerns about lack of safe access to health services, medication being too expensive and not having sufficient food all greatly negatively impact an older person's health and wellbeing. Combined with the finding on the lack of safe spaces in the community (see the Protection chapter), there is a clear need to work with community-based groups to provide essential mental health support services.

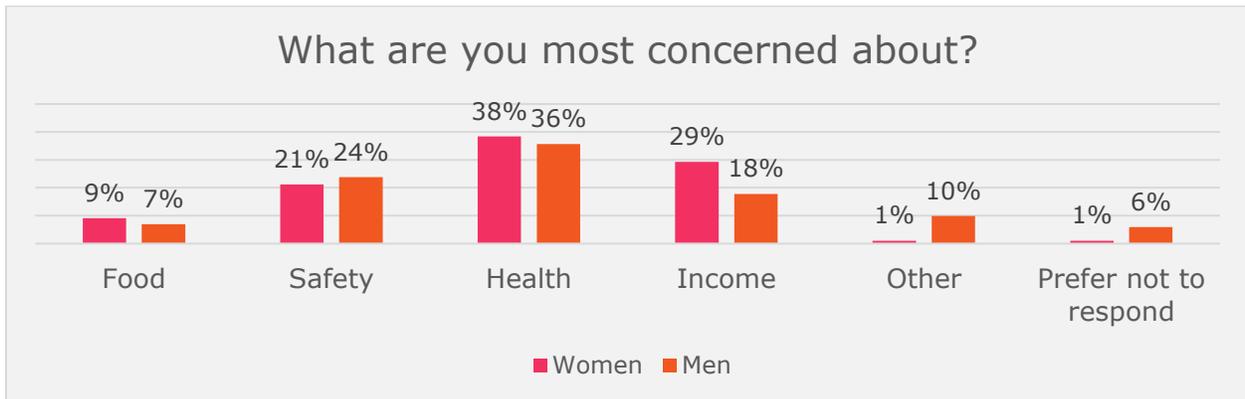
"People have become more friendly with one another, and neighbours are taking more care of each other".

Frequency of loneliness or isolation



Feelings of loneliness or isolation can significantly impact the mental wellbeing of older people. The data showed that 112 individuals (49 women, 63 men) reported never experiencing loneliness or isolation, representing 56% of the respondents. However, 58 individuals (32 women, 26 men) reported feeling lonely or isolated some days, accounting for 29% of the sample. Additionally, 21 individuals (13 women, 8 men) mentioned experiencing loneliness or isolation most days, constituting 10% of the respondents. Moreover, 9 individuals (5 women, 4 men) reported feeling lonely or isolated every day, representing 4% of the sample. These findings indicate that a significant proportion of older people in Myanmar experience varying degrees of loneliness or isolation, with stark differences between men and women. Despite the challenges faced by some older people in Myanmar, the data reveals that 56% do not feel lonely or isolated, indicating a strong sense of resilience. This resilience can be harnessed through peer-to-peer support and community gatherings, providing opportunities for older people to connect, support one another, and combat feelings of loneliness or isolation.

Primary concerns



Understanding the primary concerns of older people is crucial for identifying the key areas that contribute to their mental health challenges. The data revealed several primary concerns reported by the respondents. Among the concerns mentioned, the most common was health, mentioned by 74 individuals (38 women, 36 men). This indicates the significant impact of health-related worries on the mental wellbeing of older people. Additionally, income was a major concern, reported by 47 individuals (29 women, 18 men), highlighting the financial strain experienced by older people. Furthermore, safety was mentioned by 45 individuals (21 women, 24 men) as a primary concern, emphasizing the importance of ensuring a safe environment for older people. Other concerns mentioned included food (16 individuals), and a small proportion preferred not to respond (7 individuals). The data underscores the importance of addressing the distinct challenges faced by older people in Myanmar, with a particular focus on health, income, and safety, as a means to promote their mental wellbeing.

Gender equality in mental health

The data revealed that older women and men experience varying levels of worry, nervousness, anxiety, and loneliness. Older women reported overall higher levels of worries, while older men reported higher fears for their safety. Promoting a nuanced understanding of gender differences in mental health and wellbeing is crucial to address the unique challenges faced by older women and men. Such an approach acknowledges that older individuals may respond differently to the stresses they experience due to various factors, such as cultural, psychological, and biological influences.

To achieve better understanding and support for gender-specific mental health needs, interventions can encompass activities that foster connections among older people. These initiatives aim to link individuals who exhibit resilience with those in need, creating opportunities for mutual support and knowledge sharing. By providing platforms for expression and fostering a sense of community, older people can feel

supported and empowered to navigate various concerns, both specific and general. Additionally, interventions can explore self-help techniques and positive coping strategies, encouraging older people to learn from one another and strengthen their mental wellbeing collectively.

In addition to addressing mental health concerns, it is essential to establish social support networks and community engagement programs. These initiatives create safe spaces where older individuals can find support, share their concerns, and access assistance when needed. By fostering a sense of togetherness and interdependence, these programs facilitate mutual support and empower older people to face challenges with resilience. Overall, achieving gender equality in mental health involves comprehensive approaches that consider the unique needs, experiences, and support systems of older women and men. Additionally, social support networks and community engagement programs, such as home care volunteer programs, can play a crucial role in promoting mental wellbeing among older people.

"We have no freedom of movement. I would like to visit my children I another town, but I don't want to cross the checkpoints".



Conclusion

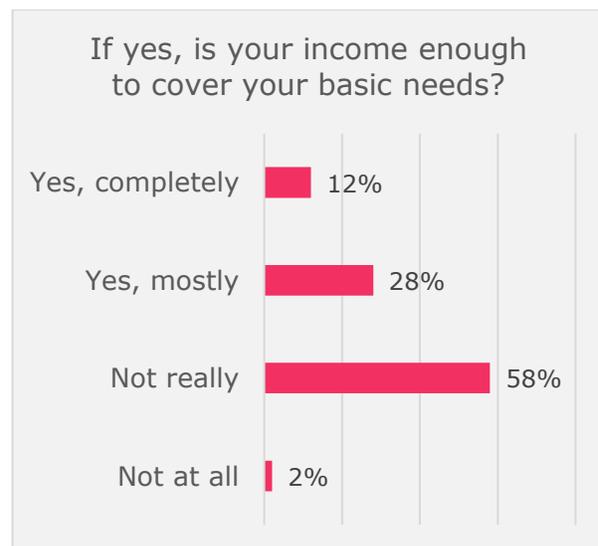
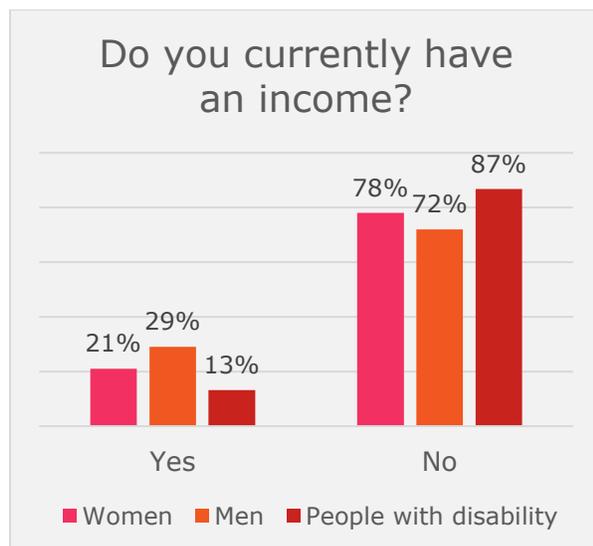
The data presented in this chapter highlight the mental health challenges faced by older people in Myanmar, including worry, anxiety, loneliness, and specific concerns related to health, income, and safety. Addressing these challenges requires a holistic approach that focuses on enhancing social support networks, providing mental health services, promoting financial security, and ensuring a safe environment. By addressing these pressing needs and promoting mental wellbeing, Myanmar can contribute to the overall quality of life of its older population, fostering communities that support the mental health of all members, regardless of gender.

Income

The data reveals the stark reality of income security among older people in Myanmar, with only 25% having a source of income, of which 70% do not have enough to cover their basic needs. A staggering 68% of individuals have less than a week's worth of savings, indicating a deteriorating economic situation.

In light of the current situation in Myanmar, characterized by political and socio-economic challenges, it is crucial to address the income and financial stability of older people to safeguard their wellbeing and overall quality of life. This chapter delves into the income situation and financial challenges faced by older people in Myanmar, highlighting the gender disparities that exist. By recognizing the significant barriers and specific needs within this context, targeted interventions can be designed to alleviate financial hardships and foster economic empowerment among older people, ultimately enhancing their overall wellbeing.

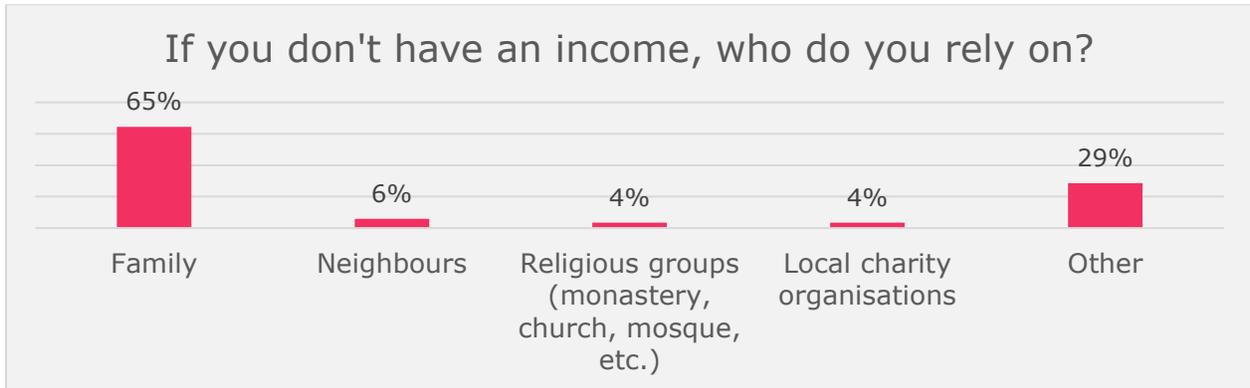
Income sources and sufficiency



Among the surveyed older population, 50 individuals reported having an income, with 21 being women and 29 being men. However, the majority of respondents (150 individuals) indicated a lack of income, with 78 being women and 72 being men. Among people with disabilities, even less report having an income. It is evident that a significant proportion of older people in Myanmar face financial constraints, highlighting the urgent need for interventions to address this issue.

For those who reported having an income, only a small number indicated that it was sufficient to cover their basic needs. Among them, 6 respondents reported that their income completely met their needs, while 14 mentioned that it mostly covered their expenses. However, a considerable number of older people (29 respondents) stated that their income was not enough to meet their basic needs. This finding emphasizes the importance of implementing measures to enhance income generation and financial security among older people in Myanmar.

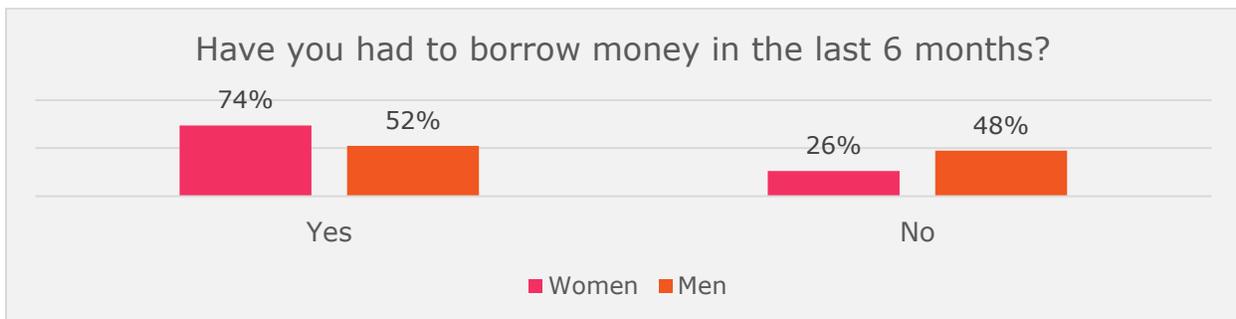
Sources of income support



For older people who relied on external sources of income, the majority indicated their dependence on family members (129 individuals), with 68 being women and 61 being men. Neighbours (12 respondents), religious groups (7 respondents), and local charity organizations (7 respondents) were also mentioned as sources of income support. Additionally, a significant number of respondents (57 individuals) mentioned other sources of income, such as through income-generating activities by HelpAge’s Inclusive Self-Help Groups. These findings demonstrate the diverse strategies older people employ to sustain their livelihoods, underscoring the importance of comprehensive approaches to income generation, especially at the community-level.

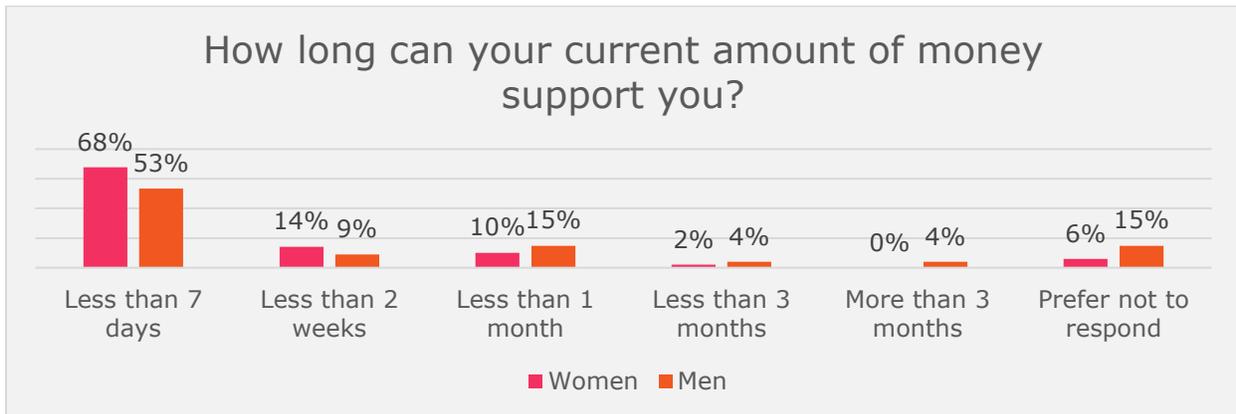


Borrowing and financial stability



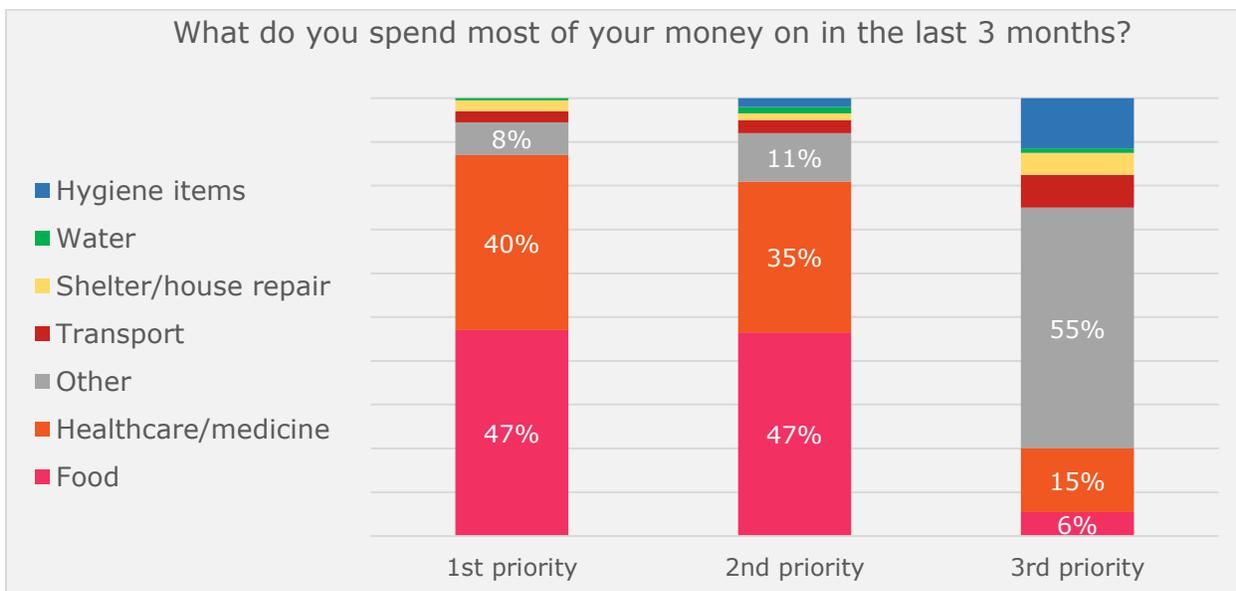
Approximately 63% of respondents (126 individuals) reported having borrowed money in the last six months, with 73 being women and 53 being men. This indicates a high reliance on borrowing as a means to cope with financial difficulties among older people. Enhancing financial literacy and providing alternative income-generation opportunities can reduce the need for borrowing and promote financial stability among older people.

Duration of savings



A significant portion of the surveyed population expressed concerns about the limited duration their current amount of money could support them. The majority (121 respondents) stated that their money would last less than seven days, with 67 being women and 54 being men. Furthermore, 23 respondents estimated that their funds would support them for less than two weeks, while 25 individuals believed their money would last less than one month. Only 15% have savings that will last them beyond one month. These findings highlight the precarious financial situations faced by older people in Myanmar, necessitating immediate support and interventions to ensure long-term financial stability. Moreover, the stark differences between men and women need to be taken into account for any intervention that aims to enhance financial resilience.

Spending patterns and priorities



Regarding the utilization of available funds, a significant portion of respondents (93 individuals) reported spending the majority of their money on food, with 45 being women and 48 being men. Healthcare and medicine were also significant expenses for older people, with 80 individuals allocating a substantial portion of their income to this category. The spending priorities of older people emphasized the fundamental importance of food and healthcare, reflecting their essential needs for sustenance and wellbeing.

Gender inequalities for income

Throughout the analysis, it is crucial to note the gender disparities observed among older people. While both men and women face financial challenges, the data suggests that women may experience additional barriers and vulnerabilities. Disaggregated data reveals that a higher proportion of women reported not having an income, borrowing money, and facing financial difficulties. These findings emphasize the need to address gender inequalities in income-generation opportunities and ensure equitable access to financial resources for older women in Myanmar.

Conclusion

The findings of this chapter provide valuable insights into the income and financial challenges experienced by older people in Myanmar. The high prevalence of inadequate income, reliance on borrowing, and limited financial stability, underscore the pressing need for context-specific interventions. These interventions should aim to build resilience and self-reliance among older people, while also incorporating targeted cash assistance and other humanitarian interventions to address financial difficulties when necessary.

To address the specific needs of older people, particularly in relation to gender disparities, it is crucial to develop initiatives that enhance income-generating opportunities at the community level. This can be achieved by fostering income-generating opportunities, promoting vocational training, and creating supportive networks that facilitate economic empowerment. Additionally, improving financial literacy among older people is essential to enable informed decision-making and effective management of financial resources.

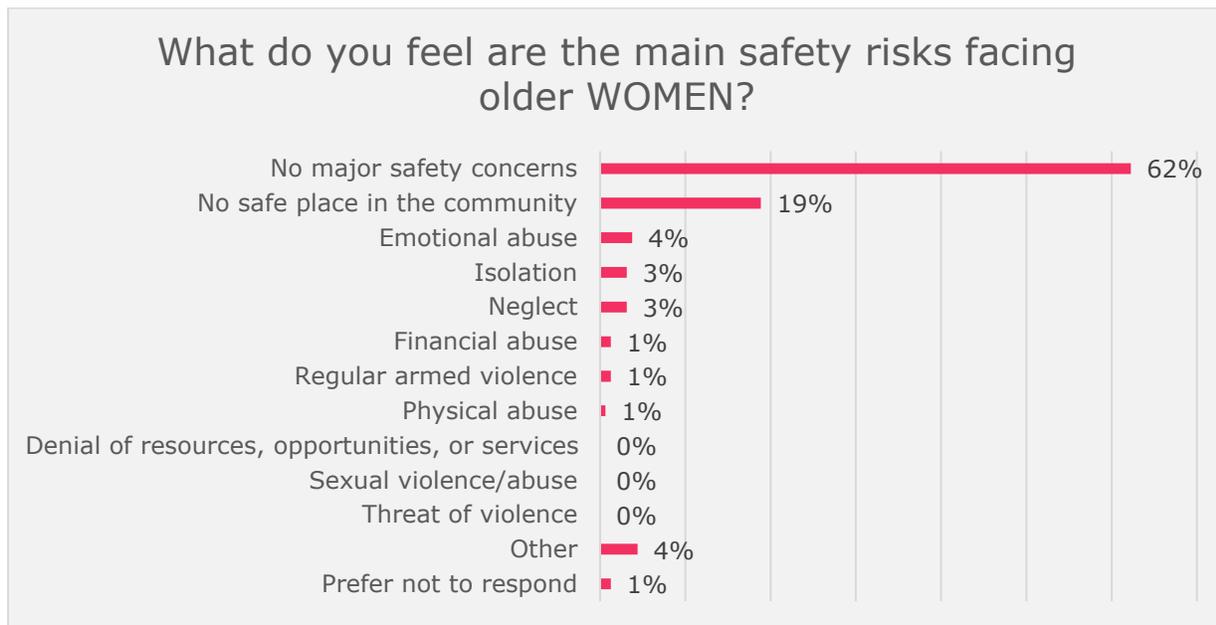
While building resilience and self-reliance are vital components of interventions, it is equally important to recognize situations where targeted cash interventions are necessary. These interventions can provide immediate relief and support to older individuals facing severe financial hardship, ensuring their economic wellbeing and safeguarding their dignity.

Protection

42% of older people in Myanmar face various protection risks, such as emotional abuse, neglect, financial abuse, and regular armed violence, highlighting the urgent need for creating safe spaces in communities.

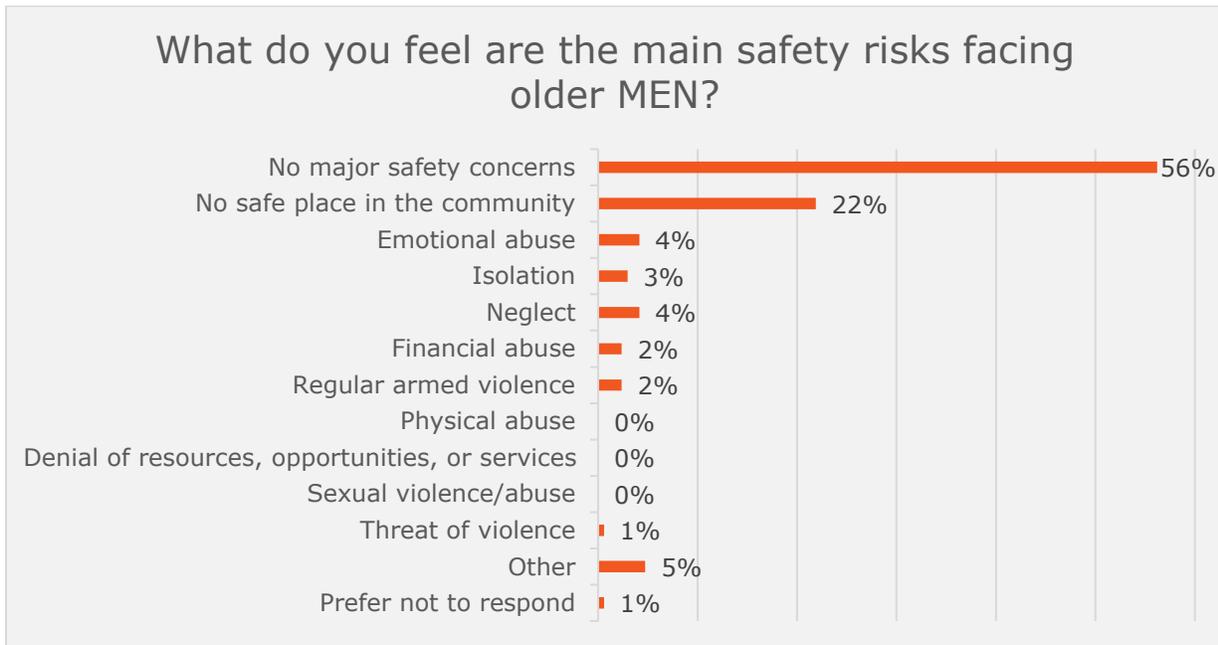
This chapter explores the safety risks facing older women and men in Myanmar. Understanding the specific safety concerns is crucial for developing effective protection strategies and ensuring the wellbeing of older people in the community.

Safety risks for older women



Among the older women interviewed, the majority (99) expressed no major safety concerns. However, a significant number of women identified specific challenges they face in terms of safety. The main safety risks reported by older women include the absence of a safe place in the community (30), emotional abuse (6), isolation (5), neglect (5), financial abuse (2), regular armed violence (2), and physical abuse (1). It is noteworthy that no women mentioned denial of resources, opportunities, or services, sexual violence/abuse, or the threat of violence as their primary safety risks. Additionally, a small number of women mentioned other safety risks (7) that were not specified, and 2 individuals preferred not to respond.

Safety risks for older men



Similar to older women, the majority of older men (95) stated that they have no major safety concerns. However, some men identified specific safety risks they encounter in their daily lives. The main safety risks reported by older men include the absence of a safe place in the community (37), emotional abuse (7), isolation (5), neglect (7), financial abuse (4), regular armed violence (4), and a single mention of the threat of violence (1). Notably, older men did not mention physical abuse, denial of resources, opportunities, or services, or sexual violence/abuse as their primary safety concerns. Furthermore, a small number of men (8) mentioned other safety risks that were not specified, and 1 individual preferred not to respond.

Gender inequality in protection

The data highlights certain gender disparities in the identified safety risks. Both older women and men emphasized the lack of a safe place in the community and experienced emotional abuse, isolation, and neglect. However, older men are perceived to face a wider variety of risks, including (slight) higher levels for neglect, financial abuse, and armed violence.

Conclusion

By recognizing the specific safety risks faced by older women and men, tailored protection measures can be developed to address their unique needs. Collaborative efforts involving non-governmental and community-based organizations are essential to create a safe and secure environment for older people in Myanmar. It is important to note that the absence of mentions of certain safety risks does not imply their non-existence or insignificance. The perceptions and experiences shared by older people

provide valuable insights into the safety concerns they face. Addressing these safety risks requires comprehensive efforts, including community engagement, social support networks, awareness campaigns, and appropriate responses from relevant stakeholders.



Recommendations

Based on the comprehensive needs assessment conducted among older women and men in Myanmar, it is evident that specific actions need to be taken to address the challenges they face in various domains. These recommendations are aimed at guiding other INGOs, local NGOs, donors, and stakeholders in developing targeted interventions that prioritize food security, healthcare access, mental health support, protection, all with a focus on gender equality and building local capacity. By aligning their efforts with these recommendations, stakeholders can make significant steps in improving the wellbeing and quality of life of older people, ensuring their rights are protected, and promoting inclusivity and gender equality in Myanmar's ageing population.

Enhance food security

- Increase funding for food assistance programs specifically targeting older women and men, ensuring access to nutritious and culturally appropriate food.
- Collaborate with community-based groups to establish kitchen and community gardens and support sustainable agricultural initiatives to enhance food self-sufficiency among older people.
- Conduct regular assessments to identify areas with limited food availability and develop targeted interventions to address these gaps.

Improve access to healthcare

- Allocate resources to improve the availability and affordability of healthcare services for older people, particularly in remote areas.
- Provide training to community healthcare workers on age-sensitive care and the specific healthcare needs of older women and men.
- Support the establishment of mobile health clinics or outreach programs to reach older people who face challenges in accessing healthcare facilities.
- Develop comprehensive health information materials specifically tailored to older people, aiming to improve their understanding of health risks associated with aging, effective management of existing health conditions, and prevention of secondary complications that may lead to disabilities.

Strengthen mental health support

- Allocate funding for appropriate mental health & psychosocial support tailored to the needs of older women and men, including counselling support and setting up of peer group support and one-to-one support where needed.
- Collaborate with local NGOs and community-based organizations to raise awareness about mental health issues among older people, and ways to manage and cope, to reduce the stigma associated with seeking help.

- Train healthcare workers (including those in mobile clinics) and community volunteers to identify and address mental health concerns in older people through comprehensive assessments and appropriate referrals.
- Train resilient older individuals to provide basic psychosocial support and connect them with those in need, such as peer supporters, to enhance community-based emotional assistance.

Enhance protection measures

- Support local NGOs and community organizations in establishing safe spaces for older women and men, to meet, interact, share information and strengthen community links, particularly addressing the concerns of isolation and emotional abuse.
- Develop training programs for caregivers and family members to prevent abuse, neglect, and financial exploitation of older people.
- Engage older volunteers in befriending programs to reach out and connect with isolated older individuals, fostering a sense of companionship and reducing social isolation.

Promote gender equality among older people

- Integrate a gender-responsive approach into all interventions targeting older women and men, addressing the specific challenges and inequalities they face.
- Allocate resources to empower older women economically, promoting income-generating activities and small business opportunities.

Build local capacity

- Provide training and capacity-building support to local NGOs and community-based organizations, enabling them to effectively address the needs of older women and men.
- Promote the inclusion of older people in decision-making processes, ensuring their voices are heard and their perspectives are taken into account.

By implementing these specific recommendations, INGOs, local NGOs, donors, and other stakeholders can effectively address the identified needs and challenges faced by older women and men in Myanmar, promoting their wellbeing, rights, and social inclusion.

On a final note, while findings from phone interviews provide valuable insights, it is important to acknowledge that older individuals with different communication needs may face additional hardships, highlighting the need for further research to capture their experiences comprehensively.

Acknowledgements

This report was produced by Michiel de Groot, with support from Zarni Soe, Naw Elizabeth and Naw Anna. Photo credit: Khin Yadanar Toe.

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