



THE SITUATION OF OLDER PERSONS IN MYANMAR

Results from the 2012 Survey of Older Persons



**HelpAge International helps older people
claim their rights, challenge discrimination
and overcome poverty, so that they can lead
dignified, secure, active and healthy lives.**

**HelpAge International
East Asia/Pacific Regional Office**
6 Soi 17, Nimmanhaemin Road
Suthep, Muang, Chiang Mai 50200, Thailand
Tel: +66 53 225440, Fax: +66 53 225441
hai@helpageasia.org
www.helpage.org

**HelpAge International
Myanmar Country Office**
No 10, Kanbawza Avenue
Shwetaungya Ward No 1, Bahan Township
Yangon, Myanmar
Tel: +951 539 590, Fax: +951 537 539

Printed 2013 HelpAge International

*Any parts of this publication may be reproduced for non-profit purposes unless indicated otherwise.
Please clearly credit HelpAge International and send us a copy of the reprinted article or a web link.*

THE SITUATION OF OLDER PERSONS IN MYANMAR

Results from the 2012 Survey of Older Persons

By John Knodel

in collaboration with HelpAge International staff



Foreword

This document is the outcome of a national research on the situation of older people in Myanmar, carried out in 2012. The study was conducted with the partnership, encouragement and facilitation of the Ministry of Social Welfare, Relief and Resettlement, while UNFPA provided valuable support and information.

It is expected that this study will inform social and economic policies, especially those related to increasing income, expanding human security and reducing poverty among older people, their families and communities.

We are indebted to John Knodel, Research Professor Emeritus, Population Studies Center, Institute for Social Research of the University of Michigan. He led the design and data analysis, as well as the writing of this publication. We also acknowledge the team from Myanmar Survey Research who carried out the field work in a professional and timely manner.

Eduardo Klien
Regional Director, East Asia/Pacific
HelpAge International

There is a rapid demographic change occurring all over the world due to high quality health care services, a rise in expected human life span, and a decrease in birth rate as a result of family planning.

The rising older people ratio is an opportunity as well as a challenge. Countries that are yet to be ready for social protection, particularly the developing countries, are more likely to be experiencing this issue.

At this moment, the elderly care services are no longer being carried out as normal social welfare services and a focus should be placed on ensuring elderly right-based services. The income security, dignity and participation of older people should be considered. We need to realise the real situation of older people in order to develop policies and plans for elderly care services. With the intention of filling the gap, the situational analysis on the elderly population has been done with the cooperation between the Department of Social Welfare and HelpAge International.

This survey will significantly contribute to Myanmar's future planning on elderly care. I would like to extend my deepest gratitude to Department of Social Welfare, HelpAge International, UNFPA, Myanmar Survey Research Team and each and every one who contributed to this process.

U Aung Tun Khaing
Chairman
Older People Project Advisory Committee

Contents

Foreword	II
Executive summary	V
Chapter 1: Population ageing in Myanmar	I
Chapter highlights	2
Population ageing as an emerging concern	3
The demography of ageing in Myanmar	4
Survey description	9
Chapter 2: Social characteristics of older people	II
Chapter highlights	12
Marital status	13
Number of living children	14
Education and literacy	16
Religion	18
Community participation and social contact	19
Exposure to mass media	21
Chapter 3: Economic activity and income	23
Chapter highlights	24
Lifetime employment	25
Current employment	26
Disengagement from work	28
Sources of material support	30
Chapter 4: Material well-being	33
Chapter highlights	34
Housing quality	35
Household possessions	40
Telephone access	43
Income and assets	44
Savings and debt	46
Overall economic status	48

Chapter 5: Living arrangements	51
Chapter highlights	52
Household size and composition	53
Multi-generation and skip-generation households	57
Location of children	60
Chapter 6: Family support and intergenerational exchanges	65
Chapter highlights	66
Support from children to parents	67
Material support	67
Assistance with work	71
Assistance with care	72
Social support	76
General views regarding filial support and care	78
Support from parents to children	79
Material support	79
Housework and home maintenance	81
Grandchild care	82
Chapter 7: Health	87
Chapter highlights	88
Self-assessed health and memory	89
Current symptoms	92
Vision and hearing	94
Functional health	95
Nutrition	99
Risk behaviours	100
Health service usage	103
Psychological well-being	106
Chapter 8: Conclusions and options for the future	109
The changing situation of older people in Myanmar	110
Options for the future	111
Bibliography	114

Executive summary

Population ageing and the well-being of older persons are emerging as major challenges for families, communities and states in much of Asia. To respond effectively with appropriate policies and programmes, both government and non-government agencies need reliable and comprehensive information about the situation of the older population. HelpAge International therefore contracted Myanmar Survey Research to conduct the first comprehensive Survey of Older Persons in Myanmar in March and April 2012.* The survey interviewed 4,080 persons aged 60 and older and covered the entire country except Kachin State.

The ageing of Myanmar's population

Myanmar's population is beginning to age rapidly. Although demographic information for Myanmar is limited because the last national census was in 1983, long term estimates and projections are available from the United Nations Population Division. As in other countries across Southeast Asia, the number of older people in Myanmar is increasing rapidly, having virtually quadrupled over the past 60 years. Moreover, due mainly to the ongoing decline in fertility and to some extent improved life expectancy, the proportion of the population that is 60 years and older is increasing. Currently older people account for about 9% of the country's population. This proportion has grown at a gradual pace over the past 50 years but will accelerate rapidly over the next four decades.

According to UN projections, by 2030 it will rise to 15% of the population, and by 2050 older people will comprise a quarter of Myanmar's total population. Shortly after 2035, persons aged 60 and older will outnumber children under age 15.

Social characteristics of older people

In old age, the spouse or adult children are usually a vital source of material and emotional support and serve as caregivers when the need arises. Because just over half of older women are widowed, they must rely more heavily on their children, while three fourths of older men are still married. Older people today have an average of four to five living children and only 6% are childless. But fertility rates in Myanmar have already fallen to two children per woman, so older people in the future will have fewer adult children available to provide support.

Only about a third of older people completed primary school. Over one-third of women have no formal education, compared to less than 10% of men. Only about half of older persons are fully literate with women particularly likely to lack literacy. The lack of education and literacy, and hence a reduced ability to access information, also characterises persons aged 70 years and older and the elderly in rural areas. Access to information may be further compromised by limited exposure to mass media.

Religious practice is a central part of daily life for

* The survey was carried out in response to requests for information from the Ministry of Social Welfare, Relief and Resettlement and with financial support from the United Nations Population Fund (UNFPA) and Age UK.

many older people regardless of their age, gender or where they live. Three-quarters of respondents pray or meditate daily and 95% do so at least once a month. Almost 80% of older persons participate at least occasionally in community or religious ceremonies.

Economic activity and income

The vast majority of older women and men (94%) have been economically active during their lives. Of these, about 60% were primarily engaged in agriculture, either as farmers or agricultural labourers. About 10% engaged in non-agricultural labour and about the same percentage were formally employed, both situations being more common among those living in urban areas. Yet economic activity declines rapidly with age. About half of those aged 60–64 worked during the previous year, but among people aged 70–74 this proportion drops to less than a quarter (23%). Men are twice as likely as women to remain economically active, and older people in rural areas remain economically active longer than their urban counterparts.

As income from work declines, support from children becomes more significant. Over 80% of all respondents receive some material support (cash or goods) from their children. Children are the main source of support for about 60% of older people. Nevertheless, close to a fourth of older people reported that income from their own or their spouse's work was still their main source of support.

Pensions are very rare. Among older people in rural areas, only a few percent reported any income from a pension compared to about a fifth of urban residents. Men are almost twice as likely as women to have any pension income. Almost no respondents reported receiving any welfare support from government or non-government agencies.

Material well-being

In the absence of comprehensive social protection, older people's household situation and income are vital components of their material well-being. In terms of income and assets, older people, especially those in rural areas, can be described as generally poor.

A large proportion of Myanmar's older people live in houses made with non-permanent materials. A third of older people live in homes without electricity and over half (58%) lack running water, and these situations are particularly common in rural areas. Although the situation has improved over the past decade, on average the homes of older people have few possessions. Half have no radio, about a third have neither radio nor television and remarkably few have electrical appliances, despite the fact that two-thirds have some access to electricity.

Older people in Myanmar typically live in low income households. Almost 10% report that their household has a monthly income of no more than 25,000 kyat, or less than US\$ 1 per day (at current rates) and just over 60% report that their household income is no more than US\$ 3 per day. Less than one in five older persons has savings in the form of money or gold and are twice as likely to have debts as savings. Only 55% of older people feel that their income is regularly adequate to meet their daily needs.

Living arrangements

Most older people in Myanmar are surrounded by family and others at home and live in households that average between 4 and 5 members. Only a small percentage of older persons live alone although the chances of living alone increase with age. Living alone is more common among women than men, reflecting their greater likelihood to be widowed.

A large majority of older people in Myanmar (86%) live in households of more than one generation, and are thus potentially able to benefit from exchanges of material and emotional support. More than three-quarters live with at least one of their children; and among older people with living children, 95% have at least one child living in the same village or ward. Half of older persons live in households with at least one grandchild, but ‘skip generation’ households, in which older people live with only grandchildren, are rare. Moreover, older persons usually have close relatives other than adult children who live nearby and have frequent contact with them. Thus few older persons in Myanmar are isolated from family and in general are socially integrated with their children and their kin.

Family support and intergenerational exchanges

Older people receive substantial support from their families and also contribute significantly in return. Overall, two-thirds of adult children gave some money or goods to their parents in the previous year. Among adult children who do not live with their parents, those living in Myanmar’s two main cities or abroad give larger amounts than those who live closer, likely reflecting greater earnings. In addition, over 40% of adult children assist their parents with economic activities such as farm work or business.

Family is also the source of personal care. Daughters are the main care providers for about half of older people who receive help with daily living activities and when sick or injured. Among older couples, wives are often primary caregivers for husbands, but husbands are less likely to provide this care to wives, although they often assist to some extent. Children living nearby

provide social support through frequent visits to parents. Those at greater distances maintain some contact by telephone, but the fact that less than 10% of older persons live in households with a telephone limits phone contact.

Support is clearly reciprocal between generations in Myanmar. While receiving help from family, older people also contribute substantially to their household. Over half who live with children give economic support to their household. Adult children also benefit from significant contributions to grandchild care, housework and house maintenance by older parents who live with them. Over half of older persons who are grandparents provide grandchild care, and 15% have cared for grandchildren whose parents were absent.

Health

Health can greatly affect quality of life, physical independence and financial security. Only a third of older people in Myanmar say that their health is good or very good. Reports of poor health increase from 17% to over 30% between those aged 60–64 and those aged 80 and older. A large majority of older persons experienced one or more symptoms of ill health during the previous month, the most common being pain in their joints and spells of dizziness. Just over one-third of respondents had illness or injury during the past 12 months that prevented them from carrying out normal activities. Overall, nearly 15% of older people indicate problems with hearing and close to 30% with sight.

About half of older people have limitations with at least one of five basic physical movements such as lifting and climbing stairs, and over one-fifth have difficulty with at least one of five common activities of daily living such as standing from lying down and using the toilet. Differ-

ences are pronounced with age: respondents 70 years and older reported four times as many serious limitations with physical movement and daily living activities as those in their 60s.

Almost all who were ill or injured in the past year received medical treatment, although just over one-fourth of those who went for treatment did not receive all they felt they needed because they could not afford it. Only 12% of older people had received a general physical examination in the previous three years, and those who had were more likely to live in urban areas.

Conclusions and options for the future

Many older people in Myanmar remain active and independent. They work for income or else provide help around the home and with grandchildren, thus allowing their adult children to be economically more productive. However, many others are vulnerable and need assistance, especially as they reach advanced years.

Currently and in the past, the family (particularly spouses and adult children) has been the bedrock of care and support for older people in Myanmar, reflecting the strong cultural tradition of filial responsibility and respect for elders. This is not to deny that gaps exist within the system, often stemming from severe poverty that afflicts both parents and their adult children. Moreover, demographic trends pose serious challenges for the future, especially the inevitable decline in family sizes and likely increased migration of adult children as the economy expands and changes. In addition, although small, the proportion of older persons who have no children is expected to increase.

Myanmar has now a window of opportunity to develop and expand creative approaches to help

fill the gaps created by changing family structures, through initiatives by government, empowered communities and civil society. The predictability of the demographic changes that lie ahead and the extensive information provided by the Survey of Older Persons in Myanmar highlight the importance of a social protection system that embraces the older population, their families and communities. This window of opportunity is limited in time and should not be missed.



CHAPTER I:

Population ageing in Myanmar

Chapter highlights

- The rapid increase in the number of older persons, their growing share of the total population (i.e. population ageing), and the challenges these pose are a major concern of governments and international agencies in Southeast Asia and elsewhere.
- Given the absence of a national census in Myanmar since 1983, there is considerable uncertainty about the current size and age composition of the population.
- United Nations estimates suggest that between 1950 and 2012 the size of Myanmar's population aged 60 years and above almost quadrupled and that their share of the total population rose from under 6% to almost 9%.
- The share of the population in older ages will increase more rapidly in the coming decades as a result of the steep fall in fertility over past decades and anticipated improvement in older age survival rates.
- UN projections suggest that one-fourth of Myanmar's population will be 60 or older by 2050. Moreover, following 2035 persons 60 and older will outnumber children under age 15 for the first time in known Myanmar history.
- As a result, the majority of the dependent age population outside the working ages will shift from children to older persons. Another result of the expected rapid population ageing is that in the future Myanmar will have far fewer productive age persons per older person to provide support.
- As is common elsewhere, women outnumber men in the older ages and especially at the most advanced ages.
- Very limited information has been available on the situation of older people in Myanmar. To remedy this, the Survey of Older Persons in Myanmar was conducted in March and April 2012 covering a representative sample of 4,080 households with persons age 60 and older.

Population ageing as an emerging concern

Population ageing is occurring throughout most of the developing world. In virtually all countries in Southeast Asia, including Myanmar, not only are the numbers of persons in older ages increasing but so is their share of the total population. This latter phenomenon, which is the hallmark of population ageing, started only several decades ago but is virtually certain to continue for decades to come. The balance between major age groups will be radically transformed as steadily increasing life expectancies and lower fertility rates lead to major increases in the share of populations that are in older ages and particularly at the most advanced ages (National Research Council 2011).

Rapid increases in the numbers of older persons and associated population ageing are often viewed with concern, typically as posing growing burdens of economic support and health care (World Bank 1994). At the same time there is increasing recognition that older persons are also an asset to society (Ananta and Arifin 2009). The United Nations (UN) has been making a concerted effort to place population ageing in a more positive light by encouraging the view of older persons as resources rather than burdens for society. This is reflected in various UN forums, most notably at the Second World Assembly on Ageing in Madrid in 2002 and follow-up meetings that included regional initiatives, which in the case of East and Southeast Asia resulted in the Macao Plan of Action and the Shanghai Implementation Strategy (Mujahid 2006; United Nations 2002, 2011a). HelpAge International has also called attention both to the needs as well as the contributions of older persons in the developing world (HelpAge 2011). Promoting a “society for all ages” is a common goal of both the UN and HelpAge and is

endorsed by the Myanmar government (Myanmar Delegation 2007).

Limited information is available on the situation of older people in Myanmar. The lack of a national census since 1983 has contributed to the paucity of recent representative information about even their basic characteristics. Two prior reports on population ageing have been issued for Myanmar but they relied largely on data from surveys conducted for other purposes (Department of Population and UNFPA 2005 and 2012). Consistent with an earlier government recommendation for data collection related to older persons (Myanmar Delegation 2007), the Department of Social Welfare of Myanmar’s Ministry of Social Welfare, Relief and Resettlement requested assistance from HelpAge International and UNFPA to conduct the 2012 Survey of Older Persons in Myanmar in multiple regions of the country. This report presents results from this first representative survey of older persons in Myanmar and provides evidence-based knowledge on their needs, concerns and contributions that should be helpful in guiding future interventions and policy development on ageing.

In this report, terms such as ‘older population’ or ‘elderly’ are used interchangeably and refer to persons aged 60 years and older. Age 60 corresponds to the official retirement age in certain sectors within Myanmar and is also often used as the start of the older age span by the United Nations and other key international organisations when tabulating statistics on older persons. While chronological age is a convenient way to define ageing, it is important to recognise that the elderly age span includes persons at different stages of their lives. Moreover, among persons at any given age there is considerable individual variation in their situations and needs.

The demography of ageing in Myanmar

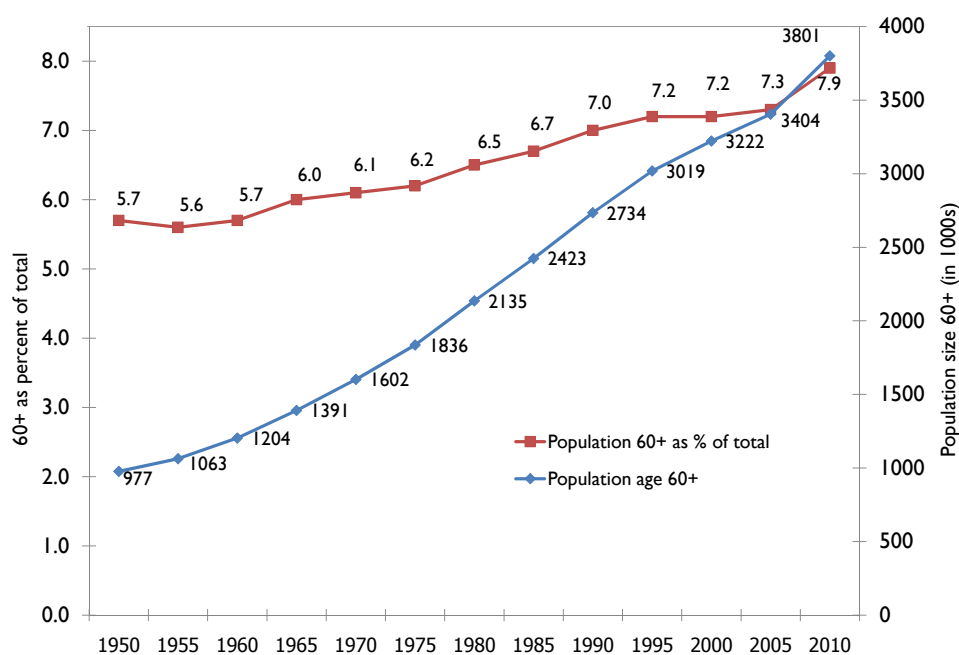
Given the absence of a national census in Myanmar since 1983, there is considerable uncertainty about the current size and age composition of the population. For example, while official estimates indicate the total population in 2010 as 59.8 million and the population 60 and older as 5.2 million, United Nations estimates (medium variant) are considerably lower at 48.0 million and 3.8 million respectively (Department of Labour 2012; United Nations 2011b). Nevertheless, both sources are reasonably similar with respect to the share of the population that is 60 and older (8.8% versus 7.9%). The following discussion of the demography of ageing in Myanmar relies on the United Nations assessment (medium variant) because it provides estimates and projections covering an extended period of time. It is important to bear in mind, however, that until results from the census planned for 2014 are available, population

estimates for Myanmar from whatever source should be considered only tentative.

As Figure 1.1 shows, the number of older persons has been steadily increasing for over half a century in Myanmar. The size of the population 60 and older more than doubled during the 30 years between 1950 and 1980 and almost quadrupled between 1950 and 2010. Population ageing, as indicated by the percentage of the population in the older age range as distinct from the number of older persons, has also been occurring since the 1960s, although at a relatively modest pace with the exception of a distinct uptick between 2005 and 2010. This modest pace of population ageing is due to fact that the rapid expansion of the older population has been accompanied by fairly rapid growth among the overall population.

According to the UN projections, this past slow pace of population ageing is about to change. As seen in Figure 1.2, the uptick in the percentage of the population that is 60 and older observed between 2005 and 2010 is just the beginning of rapid population ageing. In the two decades between 2010 and 2030 the percentage of those 60 and older will almost double to 15%, and by 2050 persons 60 and older are projected to represent almost one-fourth of the total population.

Figure 1.1 Population ageing and growth of the older population, Myanmar 1950-2010

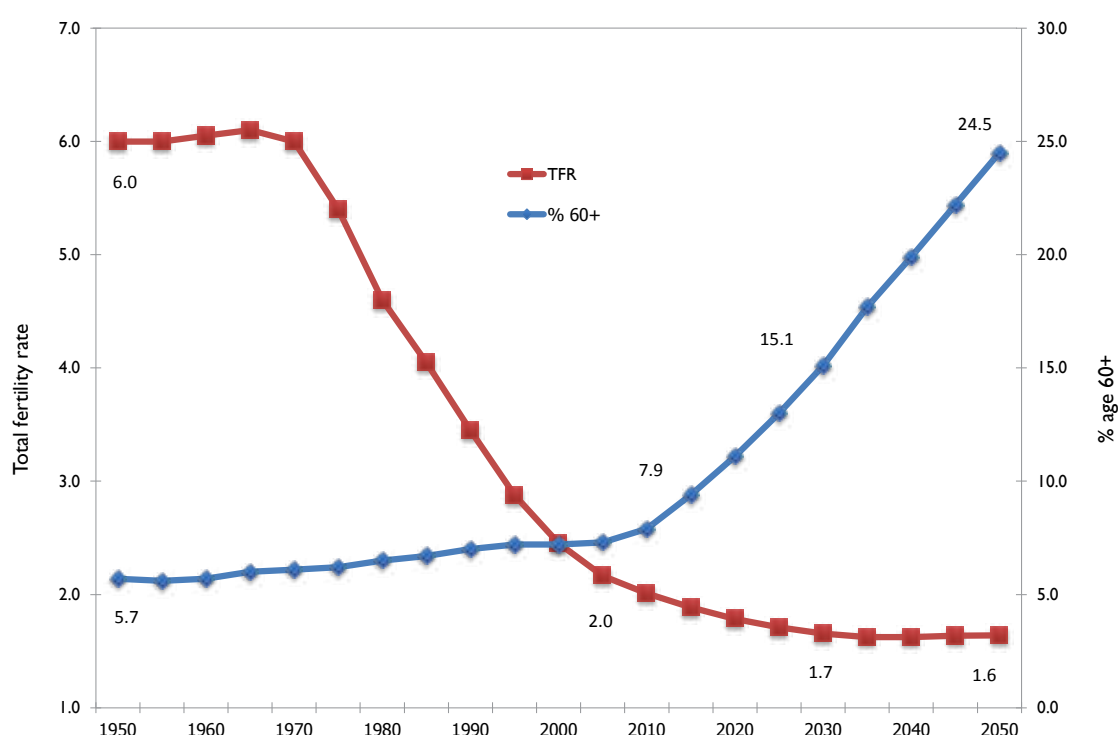


Source: United Nations 2010 assessment, medium variant (United Nations. 2011b)

The main force underlying the projected rapid population ageing in the coming decades is the steep fall in fertility rates that has occurred since the 1970s. In only four decades, fertility as measured by the total fertility rate (TFR) in Myanmar fell from 6 births per woman to just 2 by 2010 and is anticipated to fall even further in the foreseeable future. This will lead to a shrinking pro-

portion at childhood ages while the proportion at old ages expands. Anticipated improving survival rates to and within the older age range will contribute to the growth of older population. According to the 2010 UN assessment, life expectancy is projected to increase from 66 to almost 76 years between 2010–15 and 2045–50.

Figure 1.2 Total fertility rate and population ageing, Myanmar 1950-2050



Source: United Nations 2010 assessment, medium variant (United Nations. 2011b)

Note: The TFR is the number of births a woman would have if she went through the reproductive years experiencing the fertility rates at each age that prevailed in the year for which the measure is stated.

Not only is the population 60 and older growing faster than the overall population, but within this age range the numbers of those at the most advanced ages are growing even faster. Thus the older population is itself becoming older. Table 1.1 shows the age distribution of the older population in Myanmar as estimated and projected

by the UN between 1970 and 2050. The overall trend shows a reduced proportion of persons in their 60s and increases in the proportions in their 70s and especially in their 80s. This shift is stalled between 2010 and 2030 but is anticipated to accelerate during the following two decades.

Table 1.1 also shows the gender composition of the older population expressed as the percentage that is women. As in all other countries in the region, Myanmar has more women than men among the older population, reflecting the lower female mortality rates that predominate throughout the life span. Thus in 2010, 55% of persons 60 and older were women. This is little changed from 1970 and only slightly lower than projected for 2050. Within the older age range, however, for each year shown the percentage that is women increases with age. Thus in 2010, 60% of persons 80 and older were women and this is projected to be even higher by 2050. The fact that women are more common than men among the older population, sometimes referred to as the ‘feminisation of ageing’, underscores the need to pay attention to those issues that relate to older women. At the same time, it is important to recognise that men constitute a very large share of older persons even among those age 80 and above, and thus gender-specific concerns for older persons of both sexes merit attention.

The changes in fertility and mortality in Myanmar affect not only the share of the population in older age groups but the entire age structure. Both the magnitude and speed of changes are likely to have substantial socioeconomic implications. Figure 1.3 shows the estimated and anticipated changes between 1970 and 2050 in the proportionate share of the population in

Table 1.1. Age and sex distribution of persons age 60 and over, 1970 - 2050, Myanmar

% distribution of older persons by age group					
Age group	1970	1990	2010	2030	2050
60-69	67.2	63.4	59.8	60.7	52.3
70-79	27.5	29.7	30.7	32.0	34.7
80+	5.3	6.9	9.5	7.3	13.0
Total percent	100	100	100	100	100
% of age group that is female					
Age group	1970	1990	2010	2030	2050
60+	54.9	54.3	54.6	54.8	55.7
60-69	53.7	52.9	52.9	53.3	52.8
70-79	56.7	55.8	56.2	56.3	56.8
80+	60.5	60.5	59.8	60.8	64.1

Source: United Nations 2010 assessment, medium variant (United Nations, 2011b)

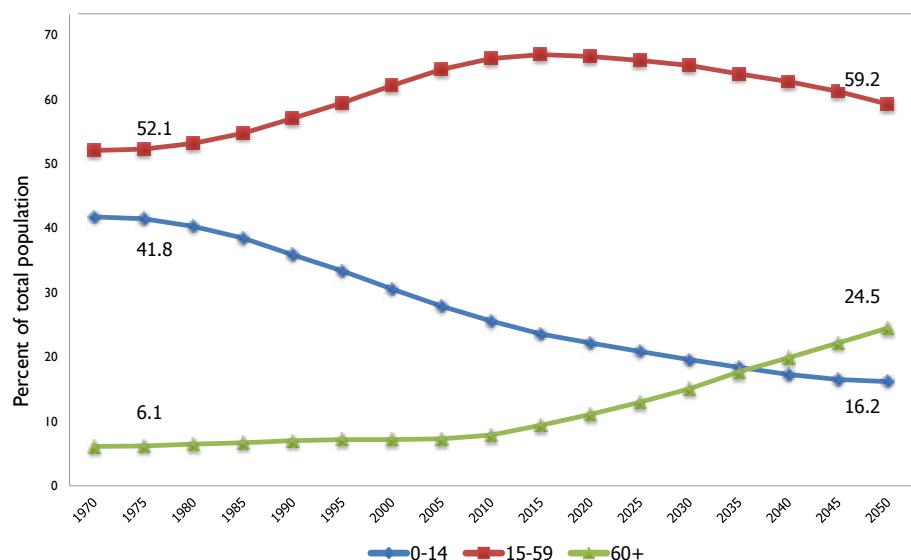
three major age groups, 0–14, 15–59, and 60 and over. These correspond roughly to dependent children, the working age population, and the older age population, many of whom no longer work. As noted above, the percentage in the older ages increases slowly at first but accelerates after 2005. In contrast, the percentage of the population in the dependent childhood ages decreases steadily from 1970 through 2050, while the share in the working age population first increases but starting around 2020 is anticipated to begin a decline.



The temporary period during which the percentage of the population in the working ages is unusually high is sometimes referred to as a “demographic dividend” associated with fertility decline. It is viewed as a time when the economy benefits most from demographic change, provided there are sufficient opportunities for work, because the number of dependents is low relative to the number of providers (Lee, Mason and Park 2011). This period will pass as the share of older persons rapidly increases and more than compensates for the decline in the share of the younger population in dependent ages. Indeed it is anticipated that after 2035, older persons in Myanmar will outnumber those under age 15.

The implications of these trends in the age structure can be conveniently summarised by a common measure referred to as the dependency ratio. It indicates the number of persons in dependent ages (i.e. non-working ages) per 100 persons in productive ages. As in Figure 1.2, the productive ages are considered to be those between 15 and 59 years old while the dependent ages are those outside this range (i.e. children below age 15 and older persons age 60 and older). Obviously, these age ranges only approximate the intended groups that are economically productive and unproductive. For example, some persons at the beginning of the productive age range are still in school while some aged 60 and older are still working. Nevertheless, it provides a rough measure of the relative sizes of

Figure 1.3. Percentages of total population in major age groups, Myanmar 1950-2050



Source: United Nations 2010 assessment, medium variant (United Nations, 2011b)

the working and non-working populations.

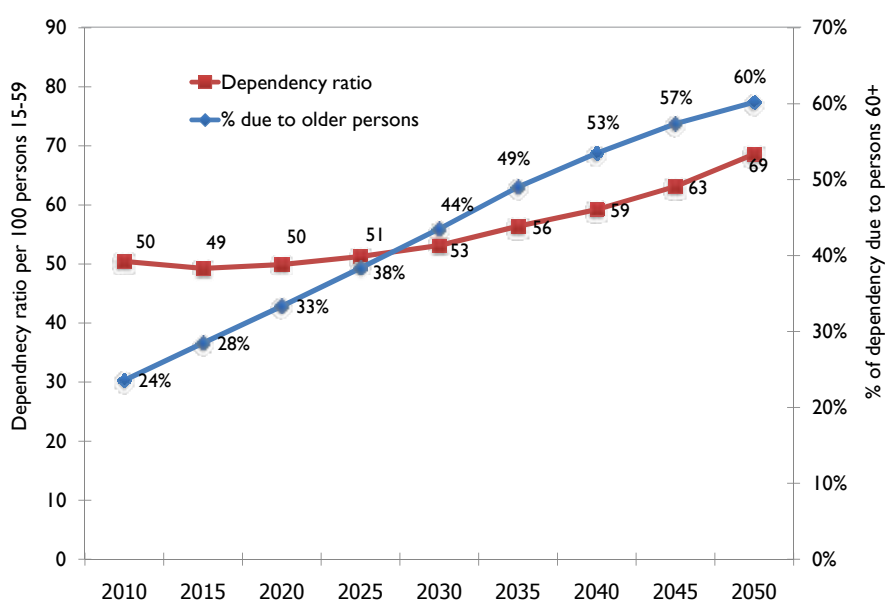
Figure 1.4 shows the trend in the dependency ratio between 2010 and 2050 as projected by the United Nations Population Division. In addition it shows the percentage of the total dependent age population that consists of older persons rather than children. During the next two decades there will be little change in the overall dependency ratio, which will remain at about 50 persons in dependent ages per 100 working age persons. This reflects the fact that the share of the total population that are in working ages will change little, as already documented in Figure 1.3. However, starting around 2030 the UN projections suggest that the overall dependency ratio will increase at an accelerating rate and reach 69 dependent age persons per 100 working age persons by 2050.

Of interest in the context of population ageing is that the share of older persons in the total dependent age population will increase very substantially during the coming decades, from less than one-fourth (24%) in 2010 to fully 60%

by 2050, while the share that children constitute will decrease correspondingly. Thus, although there will be a decrease in the share of the population that are in dependent childhood ages, the much greater increase in the share that will be older persons will add considerably to the dependency ratio.

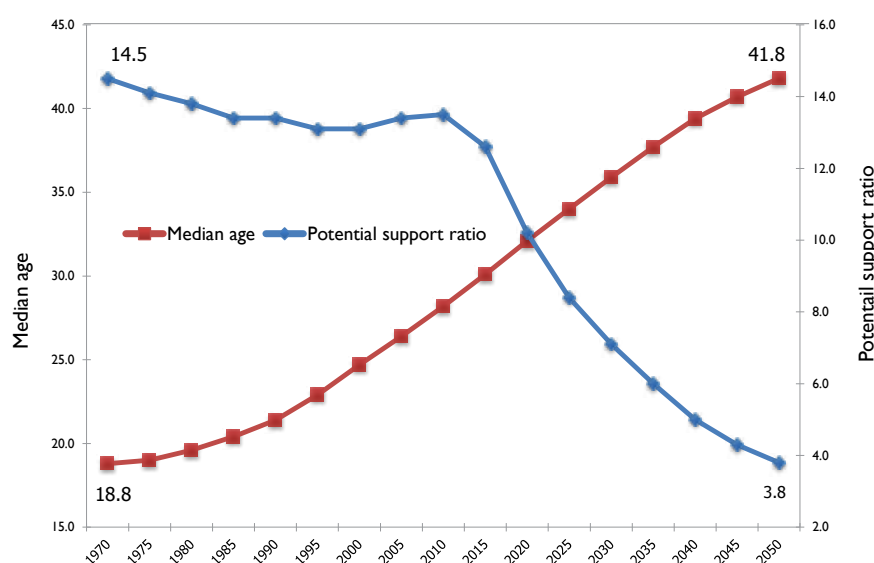
The net result of the shifting age structure is a substantial rise in the median age of the population as evident in Figure 1.5. Since 1970 when the median age was less than 20, it has been steadily increasing and is projected to more than double to over 40 by 2050. Another common measure related to population ageing and shown in Figure 1.5 is the potential support ratio. It is defined as the ratio of the population aged 15–64 to that aged 65 and older. The measure is an approximate indication of the relative size of the support base of persons in economically productive ages and hence available to support those in older ages. A falling potential support ratio reflects a shrinking support base of adults relative to the old age population. In 1970 the ratio indicates that there were 14.5 persons aged 15–64 for every person 65 and older, and that ratio declines only modestly through 2010. Thereafter it falls dramatically to

Figure 1.4 Dependency ratio per 100 persons 15-59 and percent of dependency ratio attributable to older persons, Myanmar 1950-2050



Source: United Nations 2010 assessment, medium variant (United Nations. 2011b)
Notes: The dependency ratio is defined as the sum of the number of children (i.e. persons under age 15) plus the number of older persons (i.e. persons 60 and older) per 100 persons in working ages (i.e. 15-59).

Figure 1.5 Median age and potential support ratio (population 15-64/65+), Myanmar 1950-2050



Source: United Nations 2010 assessment, medium variant (United Nations. 2011b)

levels less than 3 after 2040. This indicates that Myanmar in the future will have far fewer productive age persons per older person to provide support.

Survey description

From March 15 to April 20, 2012, Myanmar Survey Research conducted the 2012 Survey of Older Persons in Myanmar under contract with HelpAge International. The questionnaire covered a wide range of topics relevant to assessing the situation of older persons. The median time to complete an interview was 55 minutes. The survey covered the entire country except Kachin state, which was excluded for security reasons. Multi-staged random sampling resulted in the selection of 4,080 persons aged 60 and above in 60 sample townships. Interviews were conducted in 90 urban wards and 150 rural village tracts within these townships. Households were randomly selected from lists provided by the chairman of the ward or village. The design called for one respondent to be interviewed per household and randomly chosen in those with more than one eligible member.

The sample design also called for a modest over-representation of persons 70 and older in order to enhance the reliability of results for respondents at advanced ages. As a result, the sample consists of 1,960 respondents (or 48%) for the age range 60–69 and 2,120 (or 52%) age 70 and above. However, based on records kept by the survey teams, it was determined that the actual prevalence of the two age strata was 50.7% and 49.3% respectively. Results that refer to the total sample are weighted so that the shares of the two age strata are proportionate to their actual share indicated in the survey team records. Results are not adjusted for the sample design feature of interviewing one older person per household.

The overall response rate was 92.6%. Most non-response was due to the unavailability of the selected respondent. The refusal rate was only 0.6%. In 4.5% of the cases a proxy provided the

entire interview, and in another 6.2% a person other than the designated respondent provided substantial assistance in answering the questions. In about two-thirds of these cases, the person who served as proxy or assisted with the interview was a child or child-in-law. In most of the cases of proxy or assisted interview, the designated respondent was at relatively advanced ages and in 70% was unable or had difficulty to participate in the interview because of health related reasons (illness, hearing difficulty, memory loss, or dementia).

A substantial majority (71%) of the respondents was ethnic Bamar (Burman), and an even larger majority (76%) spoke Bamar in their daily lives. Indigenous minorities made up almost all of the rest of sample. The three largest were Rakhine, Kayin (Karen), and Shan making up 8%, 7%, and 6% of the sample respectively. Only 2% of the respondents were non-indigenous minorities (Chinese and Indian). The exclusion of Kachin state and the necessity to make four sample site substitutions likely affects modestly the ethnic composition of the sample.

Understanding older persons' potential to contribute to their families, communities, and society at large, as well as effective planning and implementation of policies and programmes to address their needs, requires information about their characteristics and situations. Subsequent chapters present comprehensive survey results that provide such information. They focus in turn on the social profile of the older population, their economic activity and sources of income, their material well-being, family support and intergenerational exchanges, and health status. The final chapter provides conclusions and options for the future. ■



CHAPTER 2:

Social characteristics of older people

Chapter highlights

- Just over half of older women are widowed while three-fourths of older men are still married.
- The current generation of older persons has an average of over four living children and only 6% are childless. However, falling fertility and lower marriage rates during past decades means that the elderly in the future will have far fewer children and more will be without any children compared to the older generation of today.
- About a fourth of the older population received no formal schooling, and only one in eight has more than a primary education. Younger elderly people received more schooling than those of more advanced ages, reflecting the long-term trend towards increased education within the country.
- Older women have considerably less education than older men. Over one-third have no formal schooling compared to less than one-tenth of men and are less than half as likely to have progressed beyond the primary level.
- Only half of older persons can both read and write with ease, and over one-fourth cannot read or write at all. Problems with literacy are particularly common among the older groups of elderly people, women and rural residents.
- Almost all older persons feel that religion is important in their lives, and most pray or meditate on a daily basis. It is also common to attend religious services, donate money to religious organisations, and among Buddhists, offer food to monks.
- While a substantial majority of older persons attended community sponsored ceremonies during the past year and just under half attended a community meeting, very few attended a political meeting or participated in group physical exercise.
- Informal social contact with persons outside the household is quite common among older persons: three-fourths report that they socialise with friends, neighbours or nearby relatives on a daily basis.
- Exposure to mass media among older persons is limited. Although during the past month almost three-fourths heard announcements from a public speaker system, only a little more than half listened to radio, less than half watched television and under a fourth read a newspaper or magazine.

The 2012 Survey of Older Persons in Myanmar provides extensive information on the characteristics of persons 60 and older in the country. This chapter provides a social profile as reflected

by marital status, number of living children, education and literacy, religion, social participation and exposure to mass media.

Marital status

An elderly person's marital status has important implications for their well-being. Spouses can be primary sources of material, social and emotional support and provide personal care during times of illness or frailty. Thus, living with a spouse typically is advantageous for older

persons. As Table 2.1 shows, almost two-fifths (39%) of Myanmar elders in the sample are widowed and only modestly more than half (54%) are currently married. Only 5% never married and 2% are divorced or separated.

Table 2.1 Marital status distribution by age, gender and area of residence, Myanmar 2012

	Single	Married	Divorced/ separated	Widowed	Total
<i>Total</i>	5.2	54.1	1.8	38.9	100
<i>Age</i>					
60-64	7.8	69.1	2.3	20.8	100
65-69	4.8	61.5	2.1	31.7	100
70-74	4.4	55.2	1.7	38.6	100
75-79	3.7	38.3	1.7	56.2	100
80+	3.1	23.9	0.4	72.7	100
<i>Gender</i>					
Male	2.7	75.0	1.6	20.7	100
Female	7.0	39.3	1.8	51.8	100
<i>Area of residence</i>					
Urban	5.7	53.8	2.2	38.3	100
Rural	5.0	54.3	1.5	39.2	100

Source: 2012 Survey of Older Persons in Myanmar

Note: Results are based on household member listing

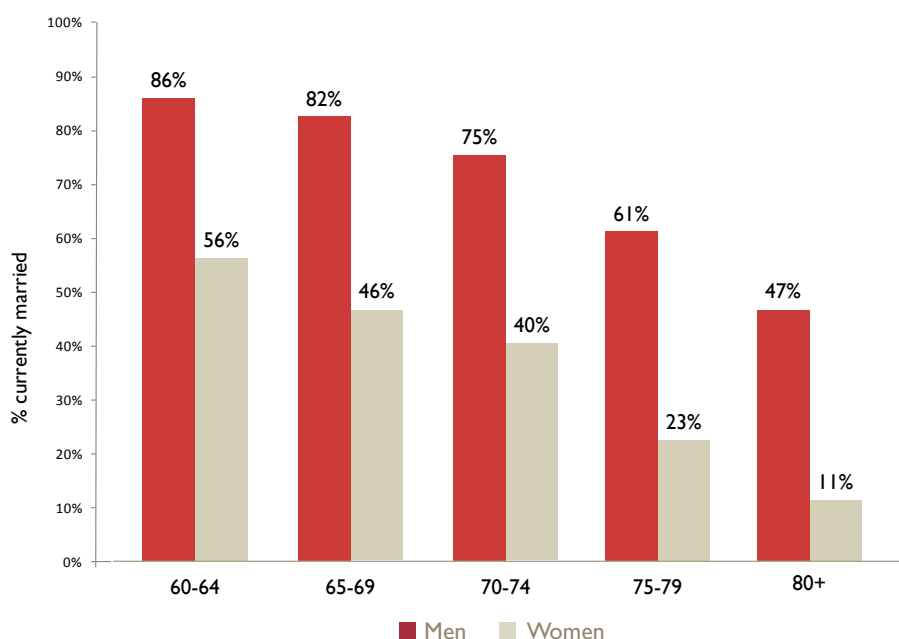
¹ Results in this table and in Figure 2.1 are based on the household listing of all members aged 60 and older in the household.

Pronounced age and gender differences are apparent, although differences between rural and urban elderly are negligible. The percentage currently married declines sharply with age while the percentage widowed increases sharply, reflecting the impact of mortality dissolving marriages and a likely decline in the chances of remarriage with advancing age. The proportions that are single (i.e. never married) declines with age. This is consistent with the trend during previous decades towards declining marriage among reproductive age adults, especially among women, as documented by other sources (Department of Population 2009). A similar trend has been observed in numerous other countries in the region (Jones

2005). The trend of adults of reproductive age to remain single suggests that the never-married will account for an increasing proportion of the elderly population in the future.

Fully three fourths of elderly men are currently married compared to only about two fifths of elderly women. In sharp contrast, over half of elderly women (52%) are widowed compared to only slightly more than one fifth of men. This gender difference reflects a combination of higher male mortality, a tendency for men to marry women who are younger than themselves and likely higher remarriage rates among men than women in case of marital dissolution.

Figure 2.1 Percent currently married, by age and gender, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Figure 2.1 highlights the pronounced gender differences in the percentage currently married. Even among the younger elderly in their early sixties a substantial difference is apparent, with 86% of men currently married compared to only 56% of women. However, the relative gender gap increases with age, and among the elderly in their 80s men are almost five times more likely than women to be currently married.

Number of living children

As documented subsequently in this report, adult children remain important providers of material support as well as other forms of as-

sistance to their older age parents. At the same time, family sizes of older persons are destined to decline considerably in the future, reflecting

the sharp fertility decline that has already taken place over the last several decades and is projected to continue into the future (as discussed in Chapter 1). The top panel of Figure 2.2 shows the distribution of older persons by the number of their living children, and the lower panel presents the mean number of living children

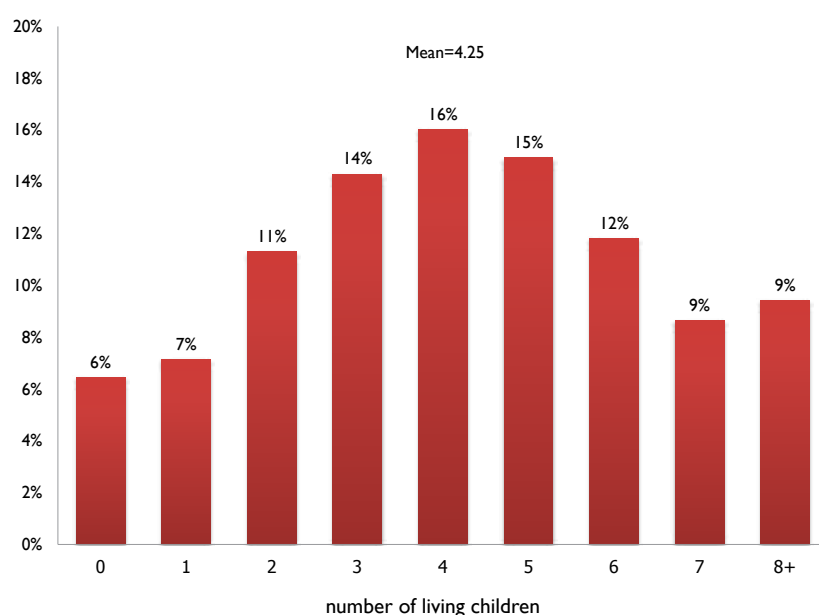
according to respondents' age and area of residence.

Overall, persons aged 60 and over in Myanmar have an average of 4.25 living children. Only 6% are childless, over 60% have at least four children and 30% have six or more. Clearly the current generation of older persons has large family sizes. At the same time, it is apparent from the lower panel that the mean number of living children of persons aged 60–69 is below that of persons 70 and older. Thus the fertility decline that has been taking place in Myanmar is already apparent among the current population of older persons, especially for those who reside in urban areas. Among the urban elderly, those in their 60s average almost half a child less than those 70 and older. Still, the fact that even persons in their 60s average more than four children reflects the fact that most of the current generation of older persons had their families prior to the start of the fertility decline.

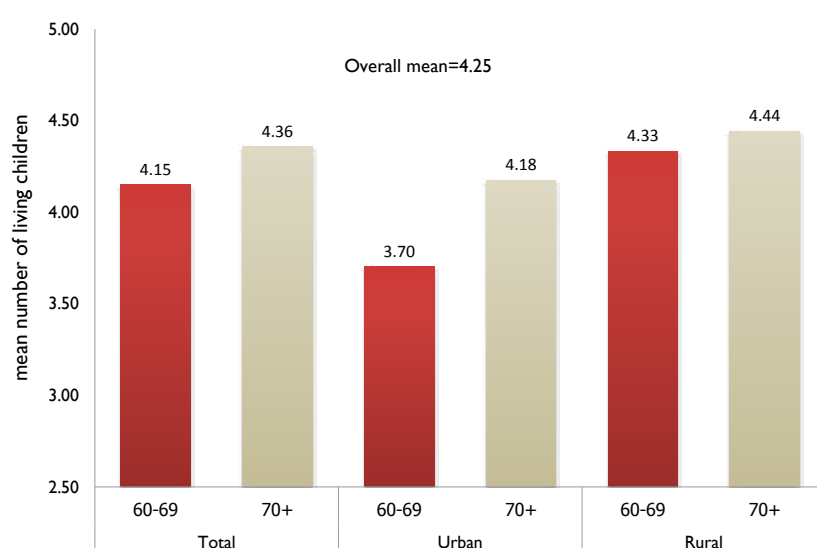
Given that fertility rates have already fallen to around two children per woman, in the not-too-distant future older persons will average smaller family sizes than those currently in the old age span. In addition, the likely increase in the portion of older persons who never married will con-

Figure 2.2 Number of living children among persons 60 and older, Myanmar 2012

A. Percent distribution



B. Mean number of living children by age and area of residence



Source: 2012 Survey of Older Persons in Myanmar

Note: Living children include own biological children plus adopted children and stepchildren who the respondent helped raise.

tribute to increasing childlessness. Hence in the coming years there will be fewer children available to live with (co-reside) and provide support to elderly parents than is the situation today. How this will impact the well-being of the older population will depend on many other changes that will be occurring concomitantly. For example, if there is continuing economic growth, adult children will be financially better off and thus in a better position to provide ma-

terial support. In addition, formal channels of financial support through the government may broaden, reducing dependency on informal support from adult children. Thus the impact of declining family size on the welfare of coming generations of older persons in Myanmar remains an important issue to monitor and incorporate in policy and programme responses to population ageing.

Education and literacy

The lack of education and particularly an inability to read and write fluently can place older persons at considerable disadvantage, impeding their access to important information that influences many aspects of their lives. Table 2.2 provides an overview of the current educational

levels of Myanmar elders. Overall, nearly one-fourth of older persons lack any formal education, and many others only have monastic schooling or an incomplete primary education.² Only about one-third have completed formal primary schooling or higher education.

Table 2.2 Educational attainment by age, gender and area of residence, Myanmar 2012

	Percent distribution						Total
	None	Monastic schooling	Incomplete primary	Complete primary	Middle school	Beyond middle school	
<i>Total</i>	24.0	28.9	15.7	14.6	9.3	7.5	100
<i>Age</i>							
60-64	15.9	24.7	19.2	20.4	8.6	11.2	100
65-69	17.7	24.0	19.2	15.7	13.5	9.8	100
70-74	28.0	31.7	12.5	12.1	9.2	6.6	100
75-79	32.3	35.8	11.3	10.9	6.7	3.0	100
80+	34.8	33.7	12.4	9.4	6.9	2.7	100
<i>Gender</i>							
Male	7.5	41.5	11.2	15.0	12.5	12.3	100
Female	36.5	19.4	19.1	14.4	6.8	3.9	100
<i>Area of residence</i>							
Urban	16.2	18.5	15.0	13.9	17.8	18.6	100
Rural	27.4	33.5	16.0	15.0	5.5	2.6	100

Notes: Middle school includes all with at least some middle school education regardless of whether completed. A small number of respondents with other types of education are excluded.

Source: 2012 Survey of Older Persons in Myanmar

² The monastic educational system in Myanmar dates back centuries (Wikipedia 2012). In the context of the current older population, judging from levels of literacy, persons with monastic schooling appear on average to have an educational level below complete primary but better than incomplete primary. For example, 53% of those with monastic education report that they can read and write with ease compared to only 43% with incomplete primary but 74% with complete primary education.

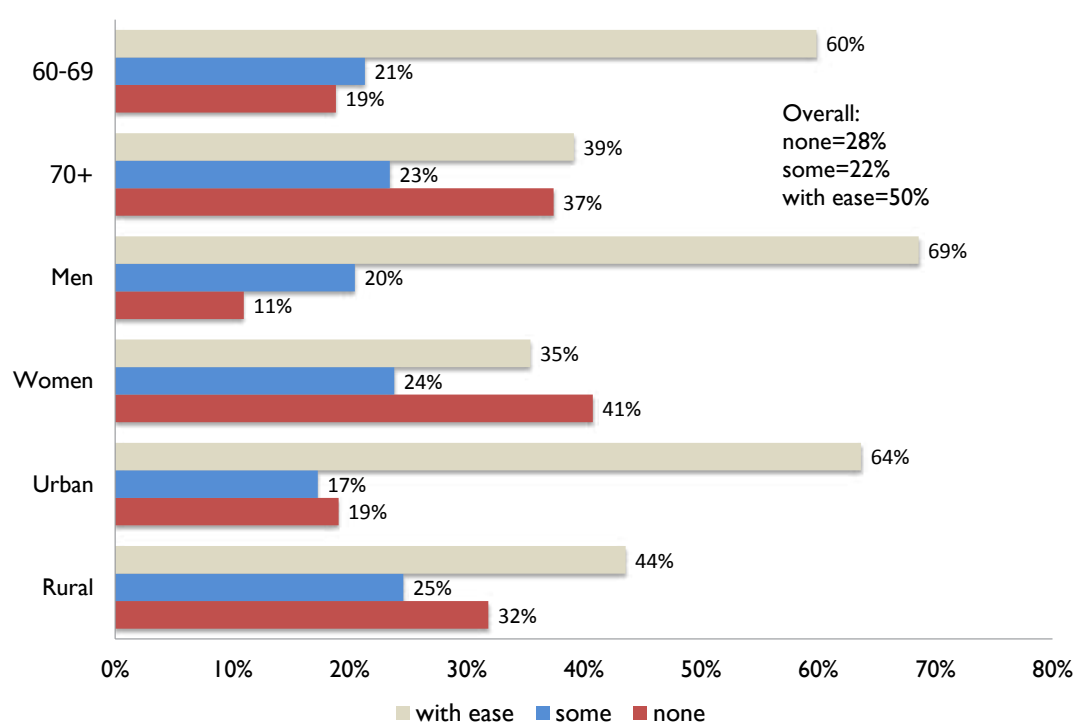
Substantial differences in education are apparent with respect to age, gender and area of residence. The educational distribution progressively shifts towards the lack of any education with each successive age group. The percentage with no formal education increases from 16% among those in ages 60–64 to over a third among those 80 and older. Moreover, the proportion receiving only monastic schooling generally increases with age. Even among the youngest elders, i.e. persons aged 60–64, only one-fifth have educational levels beyond primary school while among those 80 and older, less than one-tenth have achieved such an educational level.

Gender differences in education among the older age population are also pronounced. Men are much more likely than women to have received some formal education. Monastic education also clearly favoured men over women. Moreover, men were much more likely than

women to study beyond the primary level, although even for men the percentages that did so are quite low. The urban elderly are clearly better educated than those in rural areas, with over a third of urban elders being educated beyond the primary level compared to less than 10% of those in rural areas.

While educational levels and literacy are closely correlated, some older persons who went to school have forgotten how to read and write, and some with little or no education have acquired literacy through other means. Figure 2.3 indicates that overall among persons 60 and older, half could both read and write with ease but that this ability varies considerably according to age, gender and area of residence. The younger elderly are more likely than those at more advanced ages to be fully literate, while men are twice as likely as women and the urban elderly are substantially more likely than rural elderly to have this ability.

Figure 2.3 Ability to both read and write, by age, gender and area of residence, Myanmar 2012



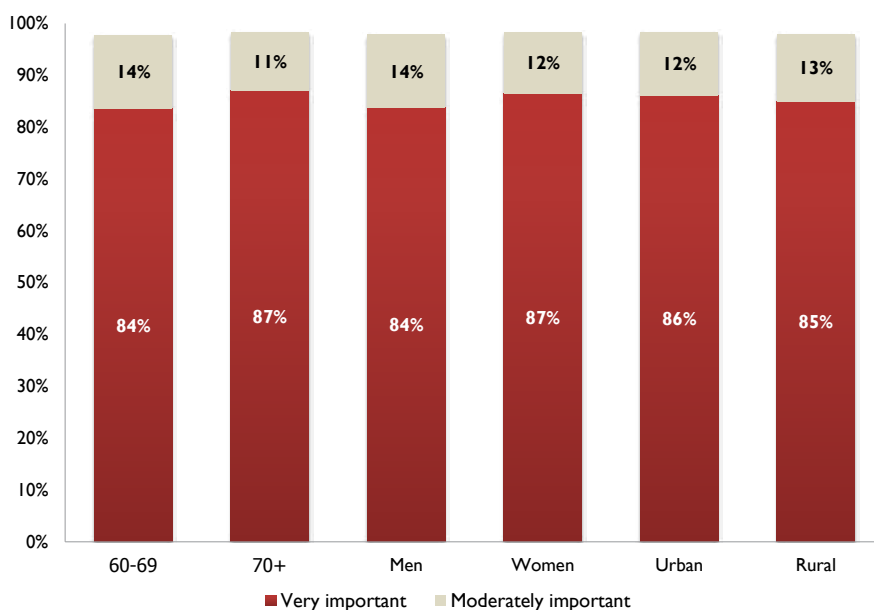
Source: 2012 Survey of Older Persons in Myanmar

Religion

The vast majority (95%) of respondents adhere to Buddhism. The remainder is divided among Christian (3.2%), Moslem (1.2%) or Hindu (0.6%). Among Buddhists, 75% are ethnic Burman (Bamar) and virtually all the rest belong

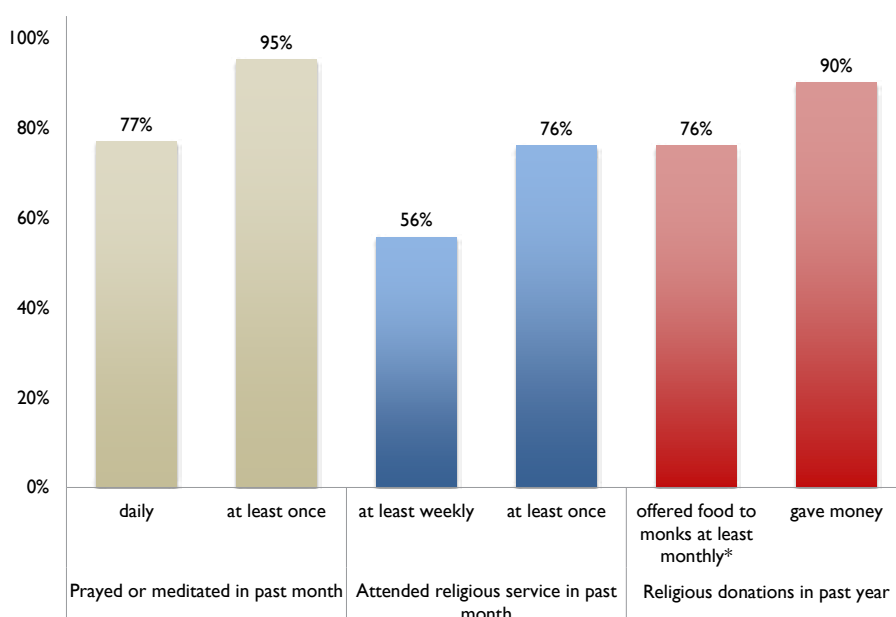
to indigenous minorities. In contrast, among non-Buddhists, religion is clearly associated with ethnicities other than Burman. For example, among the Christians, all but 8% belonged to an indigenous minority group. In con-

Figure 2.4 Importance of religion in daily life, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Figure 2.5 Religious practices among persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

*Limited to Buddhists

trast, three-fourths of Islamic respondents and over 90% of Hindu respondents were of non-indigenous ethnicity (Chinese or Indian).

As Figure 2.4 shows, virtually all older persons in Myanmar consider religion to be important, and well over 80% consider religion to be very important. Moreover, there is very little variation according to age, gender or area of residence. Clearly religion plays a central role in the lives for almost all Myanmar elders.

The importance of religion is reflected in the information gathered concerning religious practices. As Figure 2.5 reveals, over three-fourths of older persons in Myanmar prayed or meditated daily during the past month and fully 95% did so at least once. The majority also

attended a religious service during the last month, with over half attending at least weekly and just over three-fourths attending at least one time. Among Buddhists, the custom of offering food to monks was also widespread, just over

three-fourths having offered food to monks at least monthly during the past year. Among all elderly it was very common to give at least some money to religious organisations; 90% did so during the past year.

Community participation and social contact

Several items were included in the survey questionnaire concerning participation in organised community activities as well as informal social contact with friends or neighbours and non co-

resident relatives who live nearby. Table 2.3 shows the frequency with which older persons participated during the past year in four types of organised community activities: attending com-

Table 2.3 Community participation during past year; persons 60 and older; by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
<i>Attend community or religious ceremonies</i>							
never	21.5	15.3	28.0	19.5	23.1	22.1	21.3
occasionally	57.2	60.6	53.7	59.2	55.6	54.6	58.3
at least monthly	21.3	24.1	18.3	21.3	21.3	23.2	20.4
total	100	100	100	100	100	100	100
<i>Attend community meetings</i>							
never	52.3	39.5	65.6	32.5	67.3	57.1	50.3
occasionally	36.5	45.6	27.1	48.3	27.7	32.6	38.2
at least monthly	11.2	14.9	7.3	19.3	5.1	10.3	11.5
total	100	100	100	100	100	100	100
<i>Participate in political meetings or events</i>							
never	90.5	87.9	93.1	86.8	93.2	89.3	91.0
occasionally	9.0	11.2	6.6	11.9	6.7	9.8	8.6
at least monthly	0.6	0.8	0.3	1.3	0.0	0.9	0.4
total	100	100	100	100	100	100	100
<i>Do group physical exercise</i>							
never	96.1	96.1	96.2	94.6	97.3	94.4	96.9
occasionally	2.5	2.5	2.4	3.4	1.7	3.5	2.0
at least monthly	1.4	1.4	1.4	1.9	1.0	2.1	1.1

Source: 2012 Survey of Older Persons in Myanmar

munity or religious ceremonies, attending community meetings, participating in political meetings or events, and doing group exercise. Questions were not asked, however, as to whether such activities were regularly held in their location, and thus the lack of participation may reflect the absence of such activities rather than a lack of interest in participating.

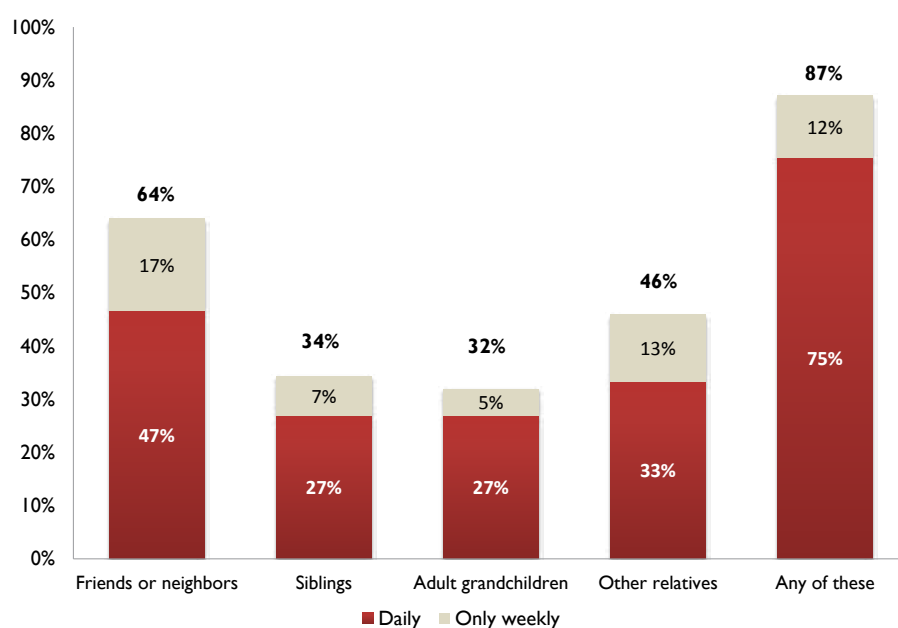
Clearly among those activities shown, participation is most frequent with respect to attending community or religious ceremonies. Almost 80% of respondents indicated they participated at least occasionally in such activities. Persons in their 60s were somewhat more likely to attend than persons 70 and older, but differences with regards to gender and area of residence are quite modest. Attending community meetings is the second most common activity among the four shown; but even so, slightly more than half of respondents indicated they never participated in such an activity. In contrast to the pattern for attending ceremonies, differences in attending community meetings according to both age and gender are quite striking: younger elders and men considerably more likely to attend such meetings.

Participation in political meetings or events as well as doing group physical exercise is quite uncommon, with 90% or more indicating they never did these activities during the past year. This is true regardless of age, gender or area of residence.

The low proportion participating in such activities likely reflects the fact that in a number of communities these activities did not take place. Our data, however, do not permit verifying this.

The extent of informal social contact is shown in Figure 2.6. Almost two-thirds of older persons in Myanmar socialise with friends or neighbours at least weekly and almost half on a daily basis. Less common is socialising with relatives who live nearby. About a third socialise at least weekly with siblings who live nearby as well as with adult grandchildren and somewhat less than half with other relatives who live nearby. At the same time, fully three-fourths of older persons socialise daily with any of these groups – friends, neighbours or nearby relatives. The vast majority of them do so weekly. The lower rates of socialising with relatives compared to friends or neighbours are attributable to the fact that in many cases respondents had none living nearby. For example, with respect to siblings and adult grandchildren, over half of respond-

Figure 2.6 Social contact with friends, neighbours and relatives who live nearby among persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

ents have none living nearby and almost half have no other relatives nearby. If this is taken into account, socialising with each of these types

of relatives, provided they live nearby, is fairly frequent (not shown in Figure 2.6).

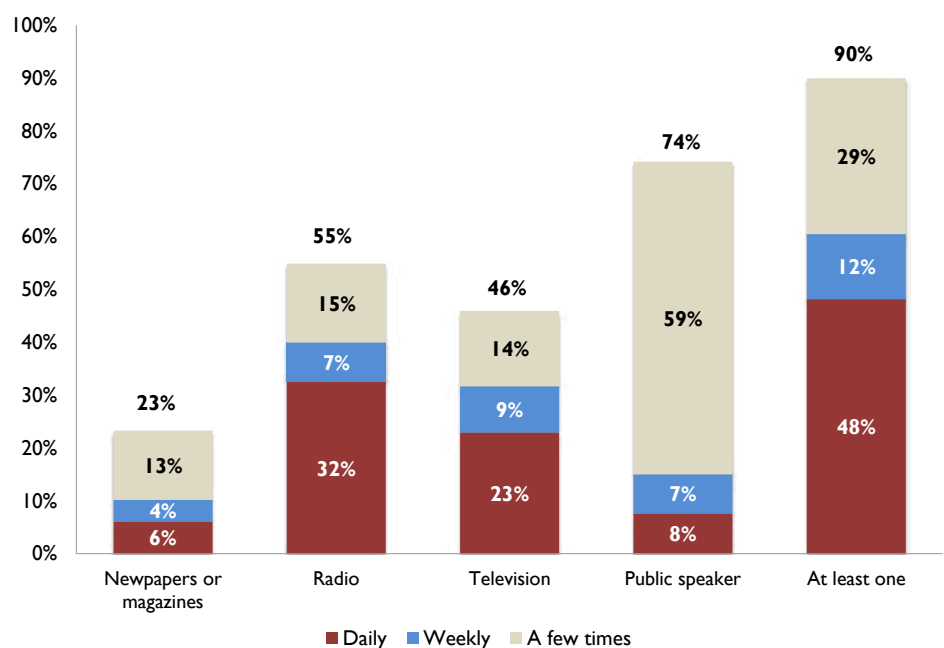
Exposure to mass media

Mass media serve as important sources of information as well as entertainment depending on the type. Figure 2.7 indicates the frequency with which respondents were exposed to four different types of mass media during the past month: newspapers or magazines, radio, television and public speaker announcements. Having at least some exposure is highest with respect to public speaker systems and lowest with respect to newspapers or magazines. Overall, 90% of older persons were exposed to at least one of these sources during the past month, and almost half had daily exposure to at least one of these sources. Daily exposure is far more common with respect to radios and television than for reading newspapers or magazines or listening to announcements on public speakers.

Exposure to mass media depends on their availability and the ability of the older person to have access. Both the inability to read and the lack of access to newspapers or magazines restrict

the share of the older population that is exposed to information through these media. As indicated in Chapter 4, only half of the respondents had a radio in their household and even fewer had a television. In such cases the older person would need to depend on others in the community to provide access. In addition, as indicated in Chapter 7, vision and hearing problems are not uncommon among the older-age population and are likely to impede exposure to radio and television. Thus there are numerous barriers for older persons in Myanmar to keep informed through the mass media. ■

Figure 2.7 Exposure to mass media during the past month among persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar



CHAPTER 3:

Economic activity and income

Chapter highlights

- The vast majority of older men and older women worked during their lifetime. The majority were engaged in agriculture, primarily as farmers, reflecting the predominantly rural nature of Myanmar.
- In contrast to high levels of lifetime work, just under 30% of persons 60 and older were still economically active during the 12 months prior to the interview.
- Among those who worked during the past year, only about half did so throughout the year, whereas others worked on a seasonal basis. Moreover, about half of those who worked indicated that they worked less than they had earlier in their lives.
- Most older persons who did not work in the previous year said they were satisfied that they were no longer economically active. Still, almost a third said that they would like to work.
- Persons who had been employees in the formal sector were distinctly less likely to have worked in the previous year.
- Among those who no longer worked, farmers reported stopping work at the oldest age (62) and formal sector employees reported the youngest age (59).
- Only a small share of older persons (7%), limited to mainly to urban residents, reported that they or their spouse received a pension; less than 3% indicated that a pension was their main source of support.
- Over 80% of older persons reported receiving some material support (income or goods) from adult children, and three-fifths cited children as their main source of support. Work was the second most common main source of support but accounted for only modestly more than one-fifth of older persons.
- The importance of children as the main source of support increases rapidly with age among older persons as the importance of work declines.
- Compared to older persons who have children, the small proportion with no living children are more likely to depend on work as their main source of support, but even more commonly their main support comes from other family members.
- Thus the family, either through filial support or from relatives, is critical for the material support of older persons in Myanmar.

Older age is typically a time when most persons disengage from their own economic activity and need alternative sources of income and material support. In some cases cessation of work is abrupt and associated with a compulsory retirement age. For example, the official retirement age in Myanmar is 60 for the military and government workers (Department of Population and UNFPA 2012). For the majority of the population that is engaged in agriculture or the informal sector of the economy, however, the concept

of a discrete point at which retirement occurs is more ambiguous and often occurs in a progressive reduction of activity. Even among those who must leave their job at some specific age, retirement does not necessarily mean cessation of economic activity, as they can still find alternative work with no compulsory retirement age. Still, for a variety of reasons including changes in physical strength and health, most persons in Myanmar disengage from economic activities as they progress to advanced ages.

Lifetime employment

As Table 3.1 shows, the vast majority of persons 60 and older have been economically active during their lives. This differs little between those in their 60s and those 70 and older. Among men, economic activity was virtually universal, but even among women 90% had worked during

their lifetime, even though the definition of economic activity in the survey did not include housework. Rural residents reported modestly higher levels of economic activities during their lifetime than urban residents.

Table 3.1 Lifetime economic activity, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Among all respondents							
% that ever worked	93.8	93.7	93.9	99.4	89.6	89.8	95.5
Among respondents that ever worked							
Main lifetime occupation (% distribution)							
farmer (incl. livestock)	52.3	49.2	55.5	57.0	48.4	20.8	65.2
laborer in agriculture	6.6	7.2	5.9	5.5	7.5	2.0	8.4
laborer outside agriculture	10.2	11.8	8.6	9.7	10.6	12.1	9.5
own-account worker	18.3	18.1	18.5	8.1	26.9	33.8	12.0
employee (incl. govt.)	9.9	11.0	8.8	16.8	4.2	25.7	3.4
other	2.7	2.6	2.7	2.9	2.4	5.7	1.4
Total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

Notes: Farmers are engaged in agriculture on their own or rented property while agricultural labourers work for wages doing agricultural work for someone else. Own-account workers are self-employed and either have a small business such as being an informal vendor or run a small home-based store or engage independently in a profession or trade and hire no employees.

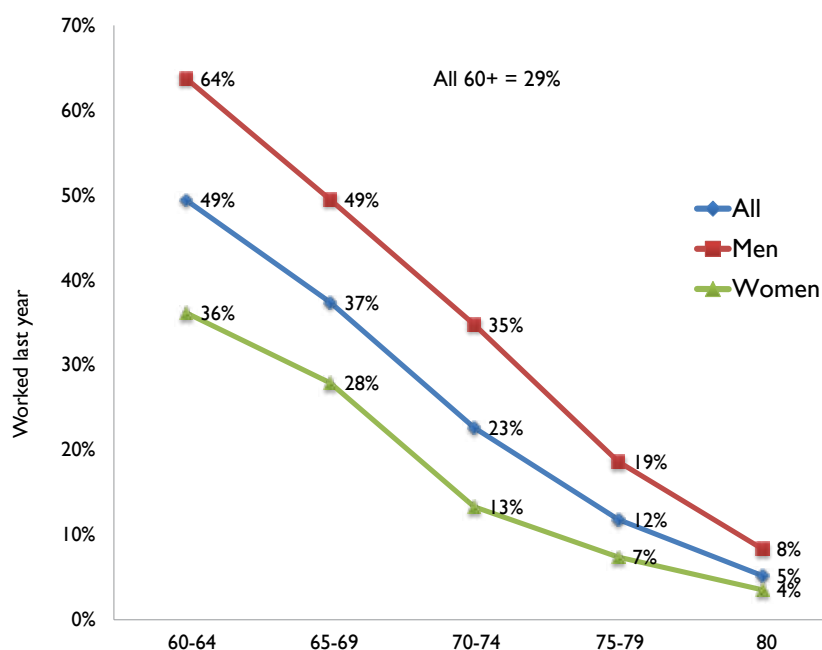
Just over half of all older persons who had been economically active during their lifetime reported that their primary work was as a farmer working their own or rented land.³ Farming as the main lifetime occupation was modestly lower among the younger compared to the older elderly as well as among men compared to women. As would be expected the difference between urban and rural elderly with respect to farming is very pronounced, with almost two-thirds of those residing in rural areas reporting farming as their main lifetime occupation compared to only about one-fifth of urban elderly. If agricultural labourers (i.e. those who work for wages doing agricultural work for others) are combined with farmers, almost 60% of older persons in Myanmar who had been economi-

cally active during their lifetime were primarily engaged in agriculture. As with farming, differences in the percentage who reported agricultural labour as the primary lifetime occupation are most pronounced between rural and urban residents. At the same time, non-agricultural labour was the main occupation of 10% of those who had been economically active. Although this occupation is more common for urban than rural residents, the difference is less pronounced than in the case of agricultural labour. Women were much more likely than men to report they were own-account workers (informal vending and house-based shops), likely reflecting a tendency for women to sell food or other things through such means.

Current employment

In contrast to the very high levels of lifetime economic activity, only 29% of the population 60 and older was economically active during the 12 months prior to the interview. Figure 3.1 shows how the percentages that were active during the past year decline very rapidly with age. While almost half of persons aged 60–64 had worked during the past year, only 5% of those aged 80 and above did so. Sharp declines with age characterise both men

Figure 3.1 Percent that worked during the past year, by age and gender, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

³ A small number of persons who raised livestock as their primary occupation are included with the farmers.

and women, although at every age women are proportionately much less likely than men to have been engaged in work (excluding house-work) in the previous year.

Table 3.2 further examines economic activity during the past year of the older population. Besides the contrasts by age and gender described above, the percentage economically

active during the past year is higher among rural than urban elderly. This reflects the tendency to remain economically active longer into life among persons engaged in agriculture, where retirement is more likely to be a gradual process and not subject to a prescribed retirement age in contrast to many types of formal sector work more common in urban areas.

Table 3.2 Economic activity during past year, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Among all respondents							
% worked in past year	29.1	44.0	13.8	41.7	19.7	21.7	32.3
Among respondents that worked during past year							
Current occupation (% distribution)							
farmer (incl. livestock)	52.4	51.8	54.5	60.0	40.3	23.1	61.0
laborer in agriculture	5.1	5.4	4.0	4.1	6.5	1.1	6.2
laborer outside agriculture	13.6	14.2	11.9	14.0	13.1	12.7	13.9
own-account worker	22.4	22.6	21.7	13.7	36.2	47.8	15.0
employee (incl. govt.)	3.8	3.5	4.7	5.3	1.3	9.0	2.3
other	2.7	2.5	3.2	2.9	2.6	6.3	1.6
total	100	100	100	100	100	100	100
Duration of work (% distribution)							
throughout year	56.5	57.4	53.6	54.9	59.0	71.0	52.2
only seasonally ^(a)	43.5	42.6	46.4	45.1	41.0	29.0	47.8
total	100	100	100	100	100	100	100
Amount of current work compared to when in 50s (% distribution)							
less	51.3	49.1	58.8	52.1	50.2	55.4	50.1
about the same	41.6	43.0	36.8	41.5	41.7	37.5	42.9
more	7.1	7.9	4.3	6.4	8.1	7.1	7.1
total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

Note: (a) includes a small number of who responded they worked only one to two months.

Overall, the distribution of the main occupations among those who worked during the past year differs only modestly from that during the lifetime. The main exception is the percentage for employees, which was much less likely to be mentioned as main occupation during the past year than during the lifetime. This low percentage is likely associated with the fact that compulsory or at least standard retirement ages are associated with formal sector employment. As with lifetime employment, over half of older persons who worked during the previous year were associated with agriculture, mainly as farmers but also to a small extent as agricultural labourers.

Among those who worked in the past year, just over half did so regularly throughout the year.

The remainder worked only on a seasonal basis. Differences in this respect are minor by age or gender but considerably more substantial by area of residence, reflecting the fact that seasonal work is more common in rural areas, where it often corresponds to the agricultural cycle, than in urban areas, where non-agricultural work predominates.

Just over half of older persons who were economically active indicated that the amount they worked during the prior year was less than the amount they worked earlier in their lives, using the reference point of their 50s. While this differed little by gender, those in more advanced ages as well as those in urban areas were more likely to say that their current work amount was less than their previous work.

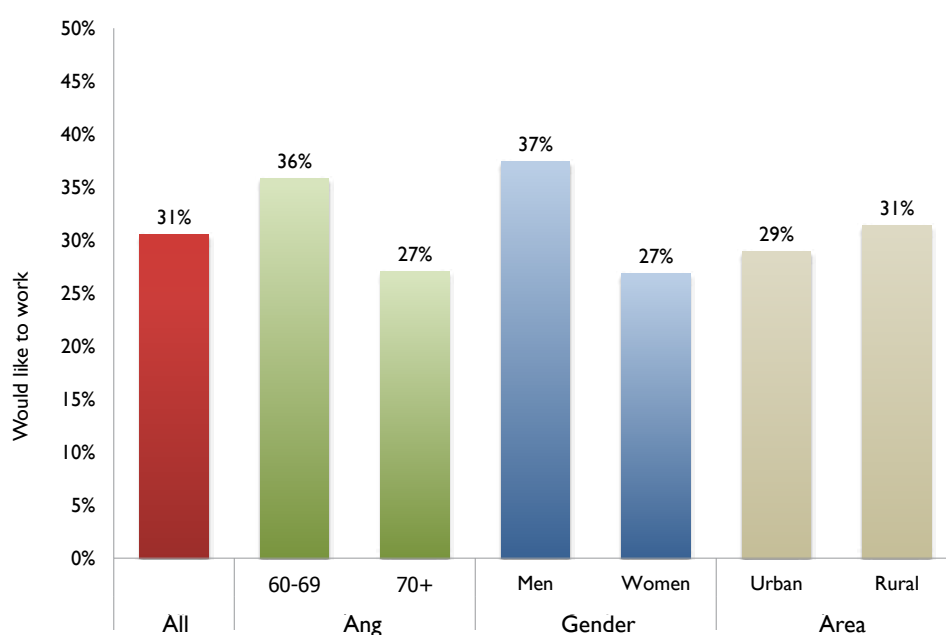
Disengagement from work

Respondents who had not worked during the past year were asked if they were satisfied with not working or whether they would like to work.

As Figure 3.2 shows, just under a third indicated that they would prefer to work. This is higher among the younger elderly and among men but

differs only modestly between urban and rural residents.

Figure 3.2 Percent that would like to work among those who did not work in last year, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

The distribution of ages at which persons who were previously economically active stopped working is provided in Table 3.3. Only a small minority stopped working before age 50. Almost 30% who are no longer working stopped within a few years of age 60. To some extent this likely reflects manda-

tory or conventional retirement ages associated with reaching age 60 among those who were employees in government, the military or business. Most of those who continued working beyond age 62 stopped working before they reached age 70. The mean age at which persons stopped working is higher for men than for women and higher in rural areas than in urban areas, although the differences are fairly modest.

Figure 3.3 examines the association between ceasing work and the main lifetime occupation as well as the mean age at which those who no longer worked had stopped. Clearly persons whose primary lifetime work was as an employee in the formal sector are least likely to have worked during the previous year and most likely to have ceased

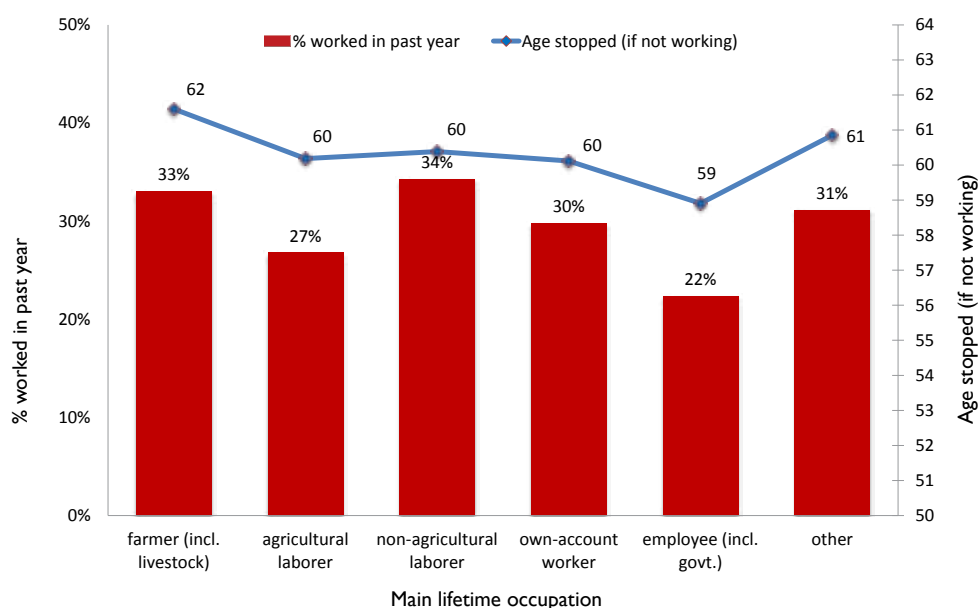
work altogether. They also averaged the earliest age at ceasing work among those who no longer work. Interestingly, almost 40% of such employees reported they stopped work because they had retirement benefits (not shown in figure), something that is virtually unavailable

Table 3.3. Age when stopped working among persons who ever worked, by gender and area of residence, Myanmar 2012

	Total	Gender		Area of residence	
		Men	Women	Urban	Rural
Age stopped (% distribution)					
before 50	7.4	4.7	9.1	9.5	6.5
50-57	22.6	17.7	25.6	25.1	21.4
58-62	29.6	32.3	28.0	33.0	28.0
63-69	26.5	28.7	25.2	21.5	28.8
70+	13.8	16.6	12.1	10.9	15.2
Total	100	100	100	100	100
Mean age stopped	60.8	62.0	60.0	59.7	61.3

Source: 2012 Survey of Older Persons in Myanmar

Figure 3.3 Percent that worked in past year and mean age when stopped working among those no longer working, by main lifetime occupation, persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

for persons in other types of work. In contrast, persons who were farmers reported the oldest average age at stopping work and, except for nonagricultural labourers, were most likely to still be working.

Sources of material support

Although important, work is only one potential source of material support for older persons. As Table 3.4 indicates children are clearly the most common source. Regardless of age, gender or area of residence, over 80% of older persons report receiving some type of material support from children. Among all persons 60 and older, work including that of a spouse is reported as a source of support by about a third of respond-

ents. Not surprisingly, given the decline with increasing age in the share of older persons who work, it is far less common as a source of support among older than younger elderly.⁴ Support from work is also considerably less common among women than men and among urban than rural elderly and corresponds to differences in the proportion who currently work.

Table 3.4 Sources of income and material support, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Any support							
work (own or spouse)	32.2	49.1	14.9	45.1	22.6	25.3	35.2
investments or savings	21.4	17.9	25.0	21.9	21.0	10.8	26.0
pension (own or spouse)	7.3	8.4	6.1	10.0	5.2	18.5	2.4
welfare (govt. or NGO)	0.3	0.3	0.3	0.3	0.3	0.5	0.2
children	84.1	80.3	88.0	82.1	85.6	84.2	84.0
relatives	9.9	7.8	12.1	6.6	12.4	10.8	9.5
non-relatives	1.4	0.9	1.9	0.8	1.9	2.1	1.1
Main source of support (% distribution)							
work (own or spouse)	22.5	35.2	9.6	31.8	15.5	17.4	24.7
investments or savings	8.1	7.3	9.0	8.9	7.5	5.4	9.3
pension (own or spouse)	2.5	2.9	2.0	3.3	1.8	6.2	0.8
welfare (govt. or NGO)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
children	60.7	49.9	71.7	51.9	67.3	63.3	59.5
relatives	5.7	4.5	6.9	3.8	7.1	6.5	5.3
non-relatives	0.5	0.1	0.8	0.2	0.6	0.9	0.3
total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

⁴ Note that spouses' work is combined with respondents' work when considering work as a source of support, and the age shown in the table refers only to the respondent's age. However, this is unlikely to have much effect on the relationship with age as shown, because ages of spouses are closely correlated.

Just over a fifth of respondents reported some income from investments or savings. Interestingly, such a source of support is somewhat more common among the older than younger elderly and considerably more common among rural than urban elderly. Presumably investment income includes rent received for land lent out for agricultural purposes. If so the result may reflect a tendency for some rural people, especially as they become too old to farm the land themselves, to let others in their communities use the land in return for rent or a share of crops.

Pensions are uncommon overall but are proportionately far more common among urban residents, among whom almost one-fifth report income from pensions compared to only 2% of rural residents. Pensions are also much more frequently reported by men than by women. Even though women are asked to report pension income from their husbands as well as themselves, the fact that such a large percentage of women are widowed means that this gender difference very probably reflects a far lower prob-

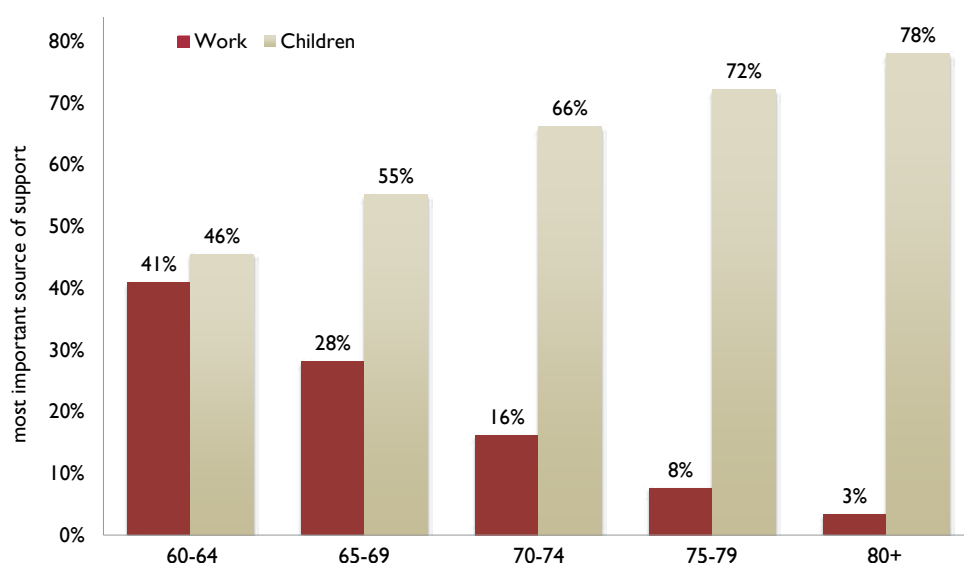
ability for women to be entitled to a pension on their own than men. Other sources of support are relatively uncommon. It is noteworthy that almost none of the respondents reported receiving welfare benefits from either the government or non-governmental organisations, reflecting the absence of any extensive welfare system for indigent elderly in the country.

Receiving material support from any particular source does not necessarily mean that the amount of support is substantial enough to contribute significantly to the material needs of the recipient. For example, support from children is pervasive, but in some cases it may be more of token value than a meaningful component of overall income. Thus, in addition to being asked if they received support from a variety of specific sources, respondents were also asked about the main source of their income. Results presented in the bottom panel of Table 3.4 reveal that overall children are indeed the main source of material support for just over 60% of older persons in Myanmar. In addition, the older

elderly and women are more likely to depend mainly on children than are the younger elderly or men. The clear second source of main support is work. Together, children and work account for the main source of support for over four out of five older persons.

Relying mainly on children or on work is clearly related to the age of the older person but in opposite direc-

Figure 3.4 Work (own of spouse) versus children as most important source of support, by age, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

tions, as Figure 3.4 clearly shows. Almost as many older persons in their early 60s rely on work as on children for their main source of support. But primary reliance on work declines rapidly with age and is made up for by children increasingly serving as the main support source. Thus for each of the age groups shown, work and children together account for the main support of at least 80% of Myanmar elders.

Given the importance of children as a main source of support for older persons raises the question about how the small share (6% as shown in Figure 2.2A) with no living children are supported. Table 3.5 compares the main sources of income and material support between those older persons who are childless and those who have living children. Regardless of age or gender, those who are childless are substantially more

likely to depend on work and particularly on relatives as their main source of support compared to those who have children. Among elderly in their 60s and among men, work is most common as their main source of support; but for elderly who are 70 or over or are women, relatives are the most common main source of support. It appears that support from relatives does not entirely compensate for the lack of children among the childless, but still relatives are the main source of material support for 45% of childless elderly. This underscores the strong dependence on family members for old age support. While filial support predominates among elders who have children, in the absence of children it appears that other family members serve as a “safety valve” and play a crucial role in providing the main material support. ■

Table 3.5 Main sources of income and material support, by childless status, age and gender, Myanmar 2012

	Work (own or spouse)	Investments or savings	Pension (own or spouse)	Children	Relatives	Non-relatives	Total
Total							
childless	38.3	11.9	1.9	0.0	45.2	2.7	100
has child	21.5	7.9	2.5	64.8	3.0	0.3	100
60-69							
childless	50.6	10.4	3.0	0.0	36.0		100
has child	33.8	7.0	2.9	54.2	1.9	.02	100
70+							
childless	17.3	14.3	0.0	0.0	61.2	7.1	100
has child	9.1	8.7	2.1	75.4	4.2	0.5	100
Men							
childless	50.0	12.5	1.2	0.0	35	1.2	100
has child	31.0	8.8	3.4	54.4	2.3	0.2	100
Women							
childless	33.1	11.6	2.2	0.0	49.7	3.3	100
has child	14.0	7.2	1.8	72.9	3.6	0.5	100

Source: 2012 Survey of Older Persons in Myanmar



CHAPTER 4: Material Well-being

Chapter highlights

- Substantial proportions of older persons live in poor quality housing with earth or bamboo floors and roofs and walls of non-permanent materials, especially in rural areas. Still the percentage that lives in households with roofs of permanent material is higher than a decade ago.
- The houses of over one-third of older persons lack electricity, including almost half of those living in rural areas.
- Most houses of older persons have no running water, especially in rural areas.
- Differences in the quality of housing and access to electricity and running water in the house are minimal between younger and older elders and men and women.
- Almost one-fifth of older persons either lack any toilet facility or use a primitive pit toilet with no pan. Squat or flush toilets are used only by 21%. The rest use a pit toilet with a pan, the most common type.
- Drinking water for over one-third of older persons comes from unprotected sources including ponds, rivers and streams. Depending on the water source, about a third to a half do not normally boil water before drinking.
- The elderly typically live in households with few possessions and that lack modern appliances. Only a fourth of the households have a motorised means of transport, and a third have neither a radio nor a television. Nevertheless, compared to a decade ago the percentage with radios, televisions and motorcycles has increased.
- Less than 10% of older persons live in households with a telephone, but most know of a phone nearby that they can access if necessary.
- Household income is typically very low, with 40% of older persons living in households with self-reported incomes of no more than US\$ 2 a day.
- A large majority of older persons or their spouses own their house. More than half (56%) of rural elders own land, but less than 17% of urban elders do.
- Only 17% of older persons have any savings (money or gold). Most who do indicate their savings are for emergencies rather than retirement.
- Almost 40% of older persons have debt, but most do not consider it very serious.
- Only 55% of older persons report they have incomes adequate to regularly meet their daily expenses. The percentages do not differ greatly by age, gender or area of residence.
- Great deprivation as indicated by a lack of adequate income together with either poor housing, few possessions, or very low income is found among 21% to 27% of all older people. Such situations are equally common by age or gender but are considerably more common in rural than urban areas.

Poverty reduction and income security, together with access to health care, are the top issues confronting national governments in developing countries in relation to population ageing and are also prominent in the 2002 Madrid International Plan of Action on Ageing (UN 2002; UN 2007). Social protection measures for the elderly in Myanmar are still in an early stage of planning and development. Thus, coverage of the current generation of older persons is very limited. As discussed in the previous chapter, elders who cannot support themselves overwhelmingly rely on the family and in particular on adult children. Assessing the current material well-being of older persons provides crucial information for judging how adequately the familial system of support, combined with minimal formal support, is fulfilling their material needs.

To assess the material well-being of older persons, the survey gathered information on their housing quality, access to electricity, toilet facilities, household possessions, telephone access, income and assets, savings and debt, and self-assessed economic situation. Each of these dimensions has limitations that require care when interpreting results. This is especially so in the case of older persons who live in households shared with younger members, who may be the main source of household support. Interpreting gender differences for the married elderly is further complicated by the likelihood that couples share incomes with each other. Likewise with ownership of assets, both partners in a married couple may benefit from the asset, regardless of which spouse owns them.

Housing quality

The quality of one's dwelling unit is an important reflection of wealth and hence economic well-being and has major implications for the

quality of daily life. The types of dwelling unit in which older persons live are shown in Table 4.1 and listed in the presumed order of their overall

Table 4.1 Type of dwelling unit, by age, gender and area of residence, Myanmar 2012

Type of dwelling unit (% distribution)	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
hut or shack	5.9	5.5	6.4	5.4	6.4	4.1	6.7
single story wooden or bamboo house	40.1	41.3	38.9	39.1	40.9	33.5	43.0
wooden house on posts, open lower level	27.1	26.6	27.6	27.9	26.4	21.5	29.5
wooden house on posts, walled-in lower level ^(a)	15.2	15.0	15.4	15.8	14.7	19.2	13.4
single story cement/stucco house	4.0	4.2	3.9	4.2	3.9	6.9	2.8
two or more story cement/stucco house ^(b)	7.6	7.3	7.9	7.6	7.6	14.9	4.5
Total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

Notes: (a) includes wooden shop houses; (b) includes cement shop houses

quality. Only a small minority of Myanmar elders live in a hut or shack. The most common dwelling unit is a single-storey wooden or bamboo house, followed by wooden houses built on posts raised above the ground with an open lower level. Some wooden houses on posts have lower levels enclosed by walls, and these represent the third most common type of dwelling unit for the older population. All of these four types are more commonly found among rural than urban residents. In contrast, both single-storey and multiple-storey houses made of cement or stucco are considerably less common overall but are found much more frequently in urban than rural areas. In general, the distributions of dwelling units among older persons differ only modestly between younger and older elders as well as between men and women.

Information about the materials used in the construction of a house provides additional insight into housing quality. Table 4.2 shows the types of material used for the floor, roof and walls. Each set is listed in the presumed order of quality. Almost two-thirds (64%) of older people live in houses with wooden floors, but at the same time over a fourth (26%) live in houses with earthen or bamboo floors. Only 10% live in houses in which the floor is made of stone, brick, concrete or tile. Over half (56%) live in houses with roofs made of galvanised iron. This represents some improvement compared to 2001, when only 43% lived in houses with such roofs (Department of Population and UNFPA 2005). Also relatively common are roofs made of natural materials (42% overall and 50% in rural areas are primarily thatch or bamboo).

Table 4.2 Dwelling unit materials, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Floor material (% distribution)							
earth or bamboo	26.1	27.3	24.8	26.0	26.1	18.7	29.3
wood	63.8	62.3	65.3	63.7	63.9	61.3	64.8
stone, brick, concrete or tile	10.1	10.4	9.9	10.3	10.0	20.0	5.8
total	100	100	100	100	100	100	100
Roof material (% distribution)							
natural materials ^(a)	42.3	42.3	42.2	41.2	43.1	25.4	49.6
galvanised iron	56.3	56.2	56.4	57.2	55.6	70.8	49.9
concrete, tiles, slate	1.4	1.4	1.4	1.6	1.3	3.8	0.4
total	100	100	100	100	100	100	100
Wall material (% distribution)							
natural material ^(b)	60.2	61.4	58.9	60.1	60.2	50.4	64.4
wood, limestone, iron	29.7	28.7	30.6	29.5	29.8	29.9	29.6
brick or concrete	10.2	9.9	10.5	10.5	10.0	19.7	6.1
total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

Notes: (a) includes a small number of wooden roofs; (b) includes a small number of walls made of tarpaulin

Only a very small percentage has housing with a roof made of concrete, tiles or slate. Fully 60% have walls made out of natural material, primarily bamboo but also thatch. The next most common set of materials used for walls is wood, limestone or iron. Only 10% are made of brick or concrete.

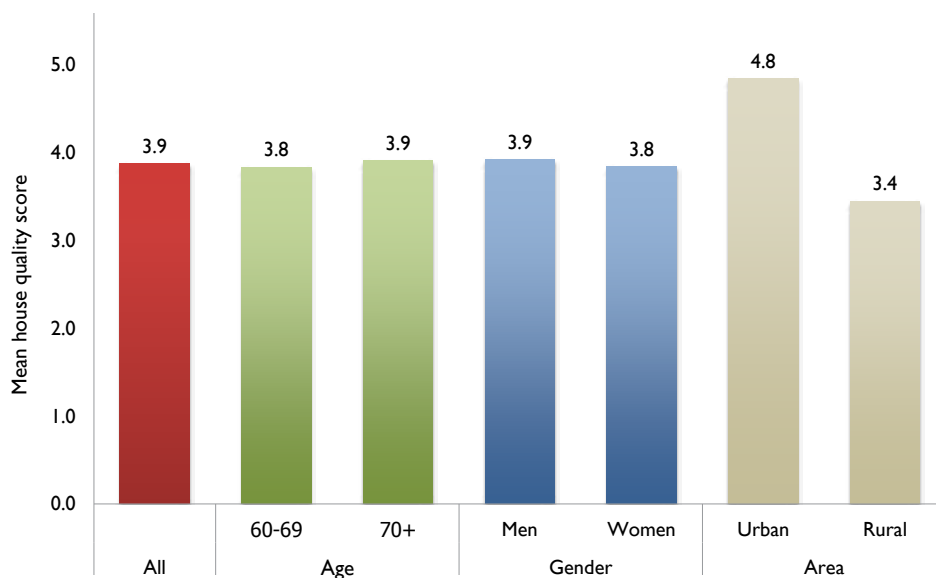
As in the case of types of houses, differences between younger and older elders as well as between men and women are relatively minor with respect to the materials used to make their house. However, older people in rural areas are considerably more likely than those in urban areas to live in a house with an earthen or bamboo floor and with a roof and walls made out of natural material. In contrast, urban dwellers are far more likely than those in rural areas to have their floor made out of stone, brick or concrete as well as have walls made of brick or concrete.

A summary indicator of overall house quality based on the type of house and the floor, roof and wall materials is shown in Figure 4.1. The house quality score can range from 0 to 11, with higher values signifying better house quality.⁵ Very little difference in the average house quality score is apparent between younger and older elders and between men and women. However, a substantial difference is evident according to area of residence, with urban older people averaging considerably better scores than their rural counterparts.

Besides the quality of the structure of the house itself, access to electricity, water and toilet facilities is important for material comfort and thus these represent critical aspects of housing quality. Being connected to a source of electricity is essential for the use of a variety of helpful household appliances. The most convenient situation

regarding electricity presumably would be access to the general power grid. If no access is available, private or community generators can also provide alternative power sources. Figure 4.2 indicates the percentage of houses of older persons who have access to electricity either through the power grid or through some alternative source. Overall, more than one-third (36%) of older persons in My-

Figure 4.1 House quality score, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: House quality score could range from 0 to 11 and is based on the type of house and materials of the house floor, roof and walls as shown in Table 4.1 and 4.2. The score is equal to the sum of these four items when 0 points assigned to the lowest category and each successive category is 1 point higher.

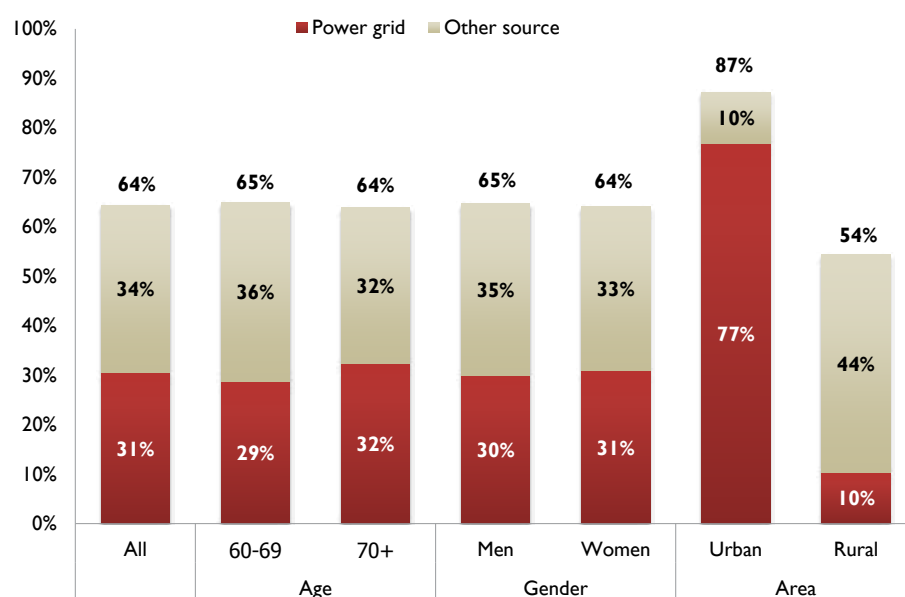
⁵ Zero points are assigned to the lowest category with respect to each of these four items as listed in Tables 4.1 and 4.2. Each successive category above the lowest is scored one point higher than the previous category. For example, a person who lived in a wooden house on posts with an open lower level and that had a floor of wood, a roof of galvanised iron and walls of natural material would receive 2 points for the type of house, 1 point for the floor, 1 point for the roof and 0 points for the wall. Thus, the house quality score would equal 4.

anmar live in houses without electricity. Of those with access to electricity, less than half receive it through the power grid and the remainder must rely on other sources, mainly private or community generators.

There is very little difference between younger and older elders either in terms of the overall percentage that lives in houses with electricity or in the percentage that receives electricity through the power grid versus other sources. Likewise, men and women differ little in these respects. However, sharp differences are evident between older people who live in urban compared to rural areas. The vast majority (87%) of older persons in urban areas live in homes with electricity. In their case the power grid is by far the main source. In contrast, only modestly over half (54%) of rural elders live in houses with access to electricity, and the large majority rely on private or community sources.

Having running water inside the house is also

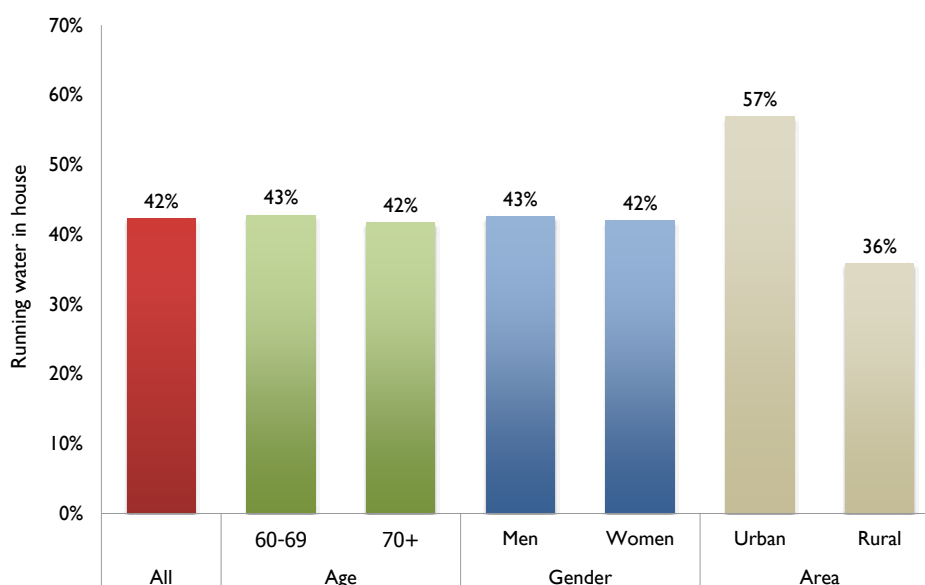
Figure 4.2 Access to electricity in house and source, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Other sources include private and local community sources (primarily generators and batteries).

Figure 4.3 Percentage that have running water in house, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

important. As Figure 4.3 shows most older people in Myanmar lack this convenience. Overall only 42% live in homes with running water. This differs little by the age or gender of the respondent. However, as with electricity, there is

a substantial urban–rural difference. The majority (57%) of urban elderly live in houses with running water compared to just over a third (36%) of rural elderly.

Another important feature related to the quality of housing is the type of toilet available. As evident in Figure 4.4, overall 14% of older persons have no toilet facility available at all and thus must make do with using rivers or fields or other areas near their house. In addition, another 4% rely on a basic pit with no pan to collect waste. By far the most common type of toilet is a pit toilet with a pan, which is used by a substantial majority (61%) of older persons in Myanmar. Also evident in Figure 4.4 is the substantial difference in the types of toilets used by rural and urban elders. Only 6% of urban older persons either have no toilet or only a pit without a pan compared to 23% of rural elders. Urban elders are also much more likely to have a squat or flush toilet compared to those in rural

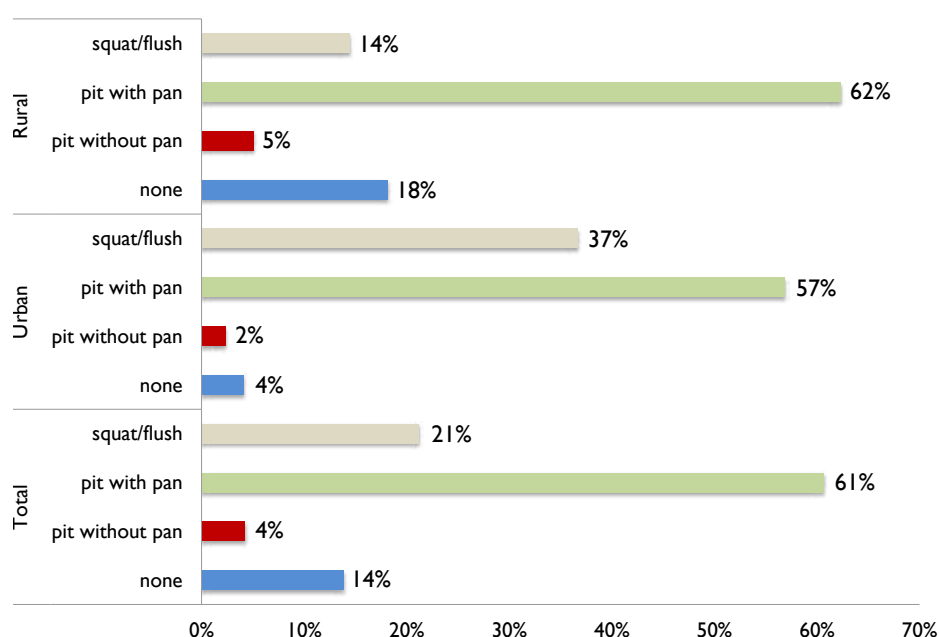
elders, further contributing to the better housing situation of older persons in urban than in rural areas.

While not an aspect of housing quality, the source of drinking water available indirectly contributes to the material well-being of older persons and has health implications as well. Figure 4.5 both shows the main drinking water source and whether or not the water is normally boiled. About one-fourth (26%) of older persons rely on water from a pond, river or stream, while another 10% rely on water from an unprotected spring or well. These are typically the least safe sources of drinking water. Just over half of older persons obtain their drinking water from either a protected spring or well or from a tube well. Only a small minority rely on tap water and even fewer on bottled water.

Presumably, those who rely on bottled water as their main source of drinking water do need not

boil it before drinking, but since water from all the other sources cannot be assumed to be safe, boiling before drinking would be an appropriate action for protecting health. Although a majority of older persons normally boil water from all of these sources, substantial proportions do not. For each of these sources over a third normally do not boil their drinking water, and in the case of a protected spring or well almost a half do not follow this practice.

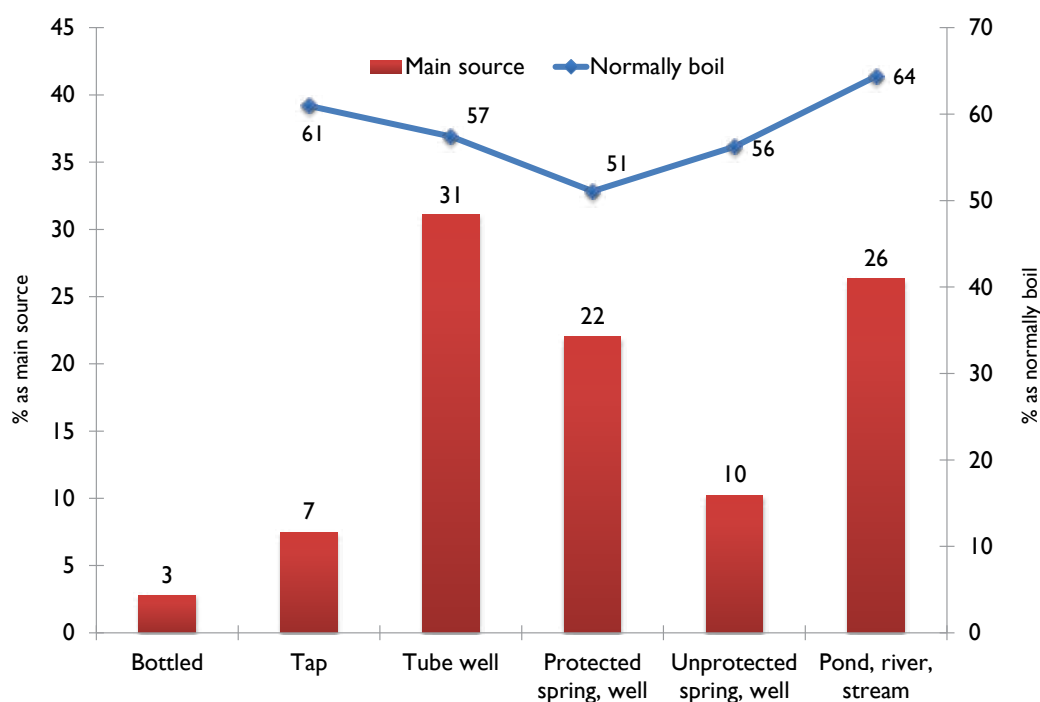
Figure 4.4 Type of toilet facilities among persons 60 and older, by area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: The small number of cases with more than one type is grouped with the higher level category.

Figure 4.5 Main drinking water source and % that normally boil water by source, persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Bottled water is assumed safe to drink without boiling.

Household possessions

In cases where older persons co-reside, specific possessions often belong to other household members or to the overall household rather than to the elderly themselves. Nevertheless, material possessions are an important reflection of the overall wealth status of the household, and

in many cases the older members benefit from their use. Table 4.3 shows the percentage of households of older persons that have specific household possessions. Virtually all the items shown can make daily living of household members more convenient or enjoyable.



Table 4.3 Percent of households with specific possessions, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Electronics							
radio	50	52	47	58	43	48	50
TV (color or B&W)	39	39	38	39	38	66	27
video/DVD player	36	37	35	37	35	64	23
telephone	9	8	9	9	9	19	4
music player	7	6	8	8	6	12	5
computer	1	<1	1	1	1	3	<1
Appliances							
electric cooker or rice cooker	13	12	13	12	14	34	4
electric fan	13	12	13	13	13	32	4
refrigerator	6	6	6	6	6	17	1
washing machine	1	1	1	1	1	4	<1
gas cooker	1	1	1	1	1	4	<1
air conditioner	<1	<1	<1	<1	<1	2	<1
microwave oven	<1	<1	<1	<1	<1	1	<1
Transport means							
bicycle	34	35	33	37	32	48	28
motorcycle	26	26	25	27	25	29	24
car/truck	1	1	1	1	1	1	<1
Other							
store bought furniture	32	33	32	33	32	46	27
Summary measures							
% with none of above possessions	22	20	24	17	25	11	26
Mean number of possessions	2.7	2.7	2.7	2.8	2.6	4.3	2.0

Source: 2012 Survey of Older Persons in Myanmar

Note: <1 = less than 0.5%

The two most common possessions found in the households of older persons are radios and televisions. These are sources for attaining information as well as entertainment. Radios are present in about half the households surveyed in both urban and rural areas, but televisions are much more common in urban than rural areas. Analysis not shown in the table indicates

that one-third of older persons live in households that have neither a radio nor a television. Although some may have access to these key means of mass communication and information from neighbours, this obviously is less convenient than if they are available in house. About a third of households have some store-bought furniture but few have any of the appli-

ances shown. The most common appliances are electric cookers and electric fans, but even these are present only in 13% of the households overall. Major appliances are quite rare, with only 6% having a refrigerator and far fewer having any of the other items.

The fact that about a third of Myanmar older persons live in houses that lack a source of electricity undoubtedly contributes to the paucity of household possessions that require it. Radios are a notable exception, since inexpensive batteries can be used. Some televisions may run off batteries as well, but this would involve greater expense.⁶ Given that two-thirds of older persons live in households with electricity, however, extensive poverty is probably the major contributor to the very low availability of appliances and other items that require electricity among households where older people live.

Having access to means of transport can be important for older persons for a number of reasons. A third of households of older persons have bicycles and over a fourth have a motorcycle. Less than 1% of have a car or truck. The lack of motorised vehicles could present problems for older persons if they experience a medical emergency that requires reaching a health facility quickly.

Two summary measures of household possessions are included in Table 4.3. The first is the percentage of respondents who live in a household that have none of the possessions shown in the table. Over one-fifth of elders are in such a situation. This is somewhat more common among older elders and among women, but the most striking difference is the much higher percentage that have no such possessions among rural compared to urban older persons. The second measure is the mean number of possessions in the household. Overall, the average household has fewer than 3 of the 17 items shown in the table. Only minor differences exist according to age and gender, but urban elders have more than twice the number on average than do their rural counterparts.

Despite the paucity of possessions in households in which older persons live in Myanmar, there is some evidence that the situation has been improving. Data from 2001 reveal that only 32% of persons 60 and older were in households with a radio; 22% in households with a television, and 4% in households with a motorcycle (Department of Population and UNFPA 2005). Thus the comparable percentages indicated by the current survey are noticeably higher.

⁶ Not having access to electricity only modestly reduces the chance of having a radio (40% vs. 55%) but strongly reduces the probability of having a television (9% vs. 55%). In addition, an association between the availability of television reception and access to the power grid for electricity may contribute to the low percentage of households with television among those without electricity.

Telephone access

Of the many types of possessions that households might have, one of particular importance for older persons is a telephone. Not only does this permit social contact with children who live at some distance, but it is also extremely useful in cases of health or other crises that might arise for which quick means of communications can be crucial. The advent of cellular phones

is increasing the availability of telephones in many countries where not many years ago telephones in private households were very rare. Table 4.4 provides information concerning the extent to which older persons in Myanmar live in households in which a telephone is available or otherwise have access to telephones that are nearby.

Table 4.4 Access to telephones, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
<i>Among all respondents</i>							
Availability of telephones (% distribution)							
has phone in household	8.8	8.2	9.3	8.9	8.7	18.7	4.4
no phone in household but phone available nearby (%)	73.9	74.0	73.8	72.9	74.7	74.1	73.9
no access to any phone	17.3	17.8	16.8	18.2	16.7	7.2	21.7
total	100	100	100	100	100	100	100
<i>Among respondents with a phone in household</i>							
Type of phone in household (% distribution)							
landline only	45.1	45.9	44.4	46.8	43.8	43.3	48.4
mobile only	44.0	43.5	44.4	41.7	45.8	43.3	45.2
both landline and mobile	10.9	10.6	11.2	11.5	10.3	13.3	6.3
total	100	100	100	100	100	100	100
<i>Among respondents with only access to a nearby phone</i>							
% ever used	47.3	57.7	36.7	51.9	44.0	56.4	43.4
% ever received a call	46.4	56.4	36.0	51.1	42.9	55.4	42.4
% ever made a call	30.4	39.9	20.6	38.2	24.7	38.8	26.7

Source: 2012 Survey of Older Persons in Myanmar

Overall, less than 10% of respondents indicated that there was a telephone in their household. This is far lower than in a number of countries in the region. For example, in Thailand even five years earlier in 2007, the vast majority of older people including those in rural areas lived in households where someone had a telephone, typically a mobile phone (Knodel and Chayovan 2008). Also quite different than in Thailand, in Myanmar those with a phone in the household are as likely to have a landline phone as a mobile one. At the same time an additional 74% of older persons in Myanmar indicate that there is a phone nearby that is available to them. In many localities, local business persons or administrators have a phone that can be used for a fee. Thus, less than one-fifth of older persons have no access to any phone. Moreover, almost half of those without phones in their household

but with access to a nearby one have actually used the nearby phone. In these cases it was more common to receive than to make calls.

There are only modest differences between younger and older elders and between men and women with respect to availability of telephones. However, the urban elderly are considerably more likely to have a telephone in their household and considerably less likely to have no access to any phone. Among those with phones in the household, the likelihood that the phone is landline or cellular is relatively similar regardless of age, gender or area of residence. Among older persons without a phone in the household but access to one nearby, younger elders, men and those in urban areas are more likely to have ever used the nearby phone.

Income and assets

Probably the most commonly used measures of material well-being are income and assets. Given that many older persons in Myanmar live in households with other adults and are

themselves no longer economically active, it is appropriate to consider the household income rather than the individual income of the older person. This is underscored by the fact that ap-

Table 4.5 Self-reported household income, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Normal monthly household income (% distribution)							
less than 25,000 kyat	9.9	8.8	11.1	7.2	12.0	6.5	11.5
25,001-50,000 kyat	29.4	28.9	30.0	30.6	28.5	22.2	32.5
50,001-75,000 kyat	22.8	24.2	21.4	24.5	21.5	20.4	23.8
75,001-100,000 kyat	14.1	15.2	12.9	15.0	13.4	14.4	13.9
over 100,000 kyat	20.5	20.5	20.5	20.4	20.6	33.8	14.7
unknown	3.3	2.5	4.1	2.3	4.0	2.7	3.6
total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

proximately half of the respondents indicated that they do not contribute to the material support of their household and thus likely need to depend on others for such support.

Table 4.5 shows the distribution of normal monthly household income as reported by survey respondents. To interpret the table it is useful to consider that at the current rate of exchange, the first category of less than 25,000 Myanmar kyat indicates that the household had a normal income averaging slightly less than US\$ 1 a day while the second category consists of households that have incomes of between US\$ 1 and 2 per day. Thus almost 40% of older persons in Myanmar live in households with a daily income of no more than US\$ 2. When the third category is taken into account, it is evident

that 60% live in households with a normal daily income of no more than US\$ 3. These levels of income are quite low and suggest widespread poverty among the households. Interpretation of these results, however, is somewhat uncertain given that much of the material support in agricultural households is likely in the form of their own produce rather than in terms of cash and it is unclear how respondents take this into account.

Household incomes do not appear to differ greatly between younger and older elders and are only modestly lower for women than men. A very striking difference, however, is apparent between older persons in urban and rural households. Household incomes equivalent to no more than US\$ 2 a day are almost twice

Table 4.6 House, land and livestock ownership by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
House ownership (% distribution)							
self and/or spouse	86.5	89.4	83.5	91.0	83.0	81.0	88.8
child/child-in-law	7.8	4.1	11.6	4.3	10.5	8.2	7.7
parent/parent-in-law	1.5	2.2	.8	1.2	1.8	2.6	1.1
other	4.2	4.3	4.0	3.5	4.7	8.2	2.4
total	100	100	100	100	100	100	100
Land ownership (self or spouse)							
% that own land	43.8	45.8	41.8	50.3	39.0	16.7	55.6
number of acres owned among landowners (mean)	5.8	5.8	5.9	6.4	5.3	4.9	6.0
Livestock ownership							
% that own any livestock	40.4	44.7	36.0	46.2	36.1	13.9	51.9
% that own pigs	10.5	12.4	8.5	12.8	8.7	5.3	12.7
% that own cattle	26.4	28.6	24.2	31.0	23.0	6.3	35.2
% that own goats	1.4	1.8	1.0	1.9	1.1	0.1	2.0
% that own ducks or chickens	21.4	24.7	18.0	24.1	19.4	5.6	28.3

Source: 2012 Survey of Older Persons in Myanmar

as common among rural than urban elderly, and 44% of older persons in rural areas live in households with daily incomes not exceeding US\$ 3 compared to less than 30% of those in urban households.

Among the key assets that older persons in Myanmar may have are their houses, land and livestock. As Table 4.6 indicates, for the large majority of older persons, their houses belong either to themselves or their spouses. In most of the remainder of the cases, the house belongs either to their child or child-in-law or to their parents or parents-in-law. For only 4% does house ownership fall outside these categories.

There are only moderate differences associated with age, gender or area of residence. Although older elderly and women are less likely to be in houses that belong to themselves or their spouse, the difference is due to being in houses owned by their children or children-in-law. In the case of urban elderly, the lower ownership rate is due largely to the houses being owned by someone outside their immediate family, which accounts for 8% versus only 2% among rural elderly.

Savings and debt

The ability to accumulate savings and to avoid debts provides additional information on material well-being. As Figure 4.6 shows, only 17% of older persons in Myanmar have some savings in the form of either money or gold. Moreover, the share with savings does not reach 20% regardless of age, gender or area of residence. Still, persons in their 60s are somewhat more likely than those older to have some savings, as are women compared to men and urban compared

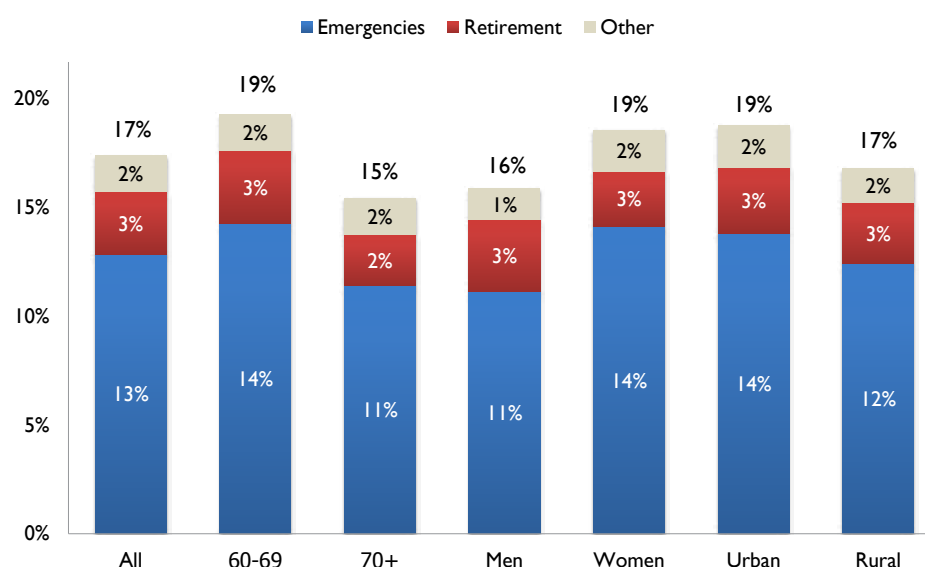
Over 40% of older persons report that either they or their spouse owns some land (not counting land on which their house is built). Land ownership is fairly similar between younger and older elderly but is lower among women than men. Most striking of all is the much lower percentage of land ownership among urban than rural older persons. This undoubtedly reflects the much greater need for land for a livelihood in rural areas and the much scarcer availability and higher cost of land in urban settings. The amount of land owned by those who own land differs little by age of the older person but is somewhat larger among men than women and among rural than urban landowners.

Livestock ownership is almost as common as land ownership. Most common is ownership of cattle (26%) followed by ducks and chickens (21%). Differences associated with age, gender and area of residence for livestock ownership are relatively similar to those associated with land ownership. The largest difference is found between urban and rural elderly, again reflecting the far greater agricultural nature of livelihoods in rural areas.

to rural elderly. The higher percentage of women with savings may reflect a greater likelihood than for men that they have gold jewelry that they consider as a form of savings. Of those who have savings, the main purpose stated is for use in cases of emergencies. This is true regardless of age, gender or area of residence. Few older persons report that their savings are intended for retirement purposes and this differs little across age, gender or area of residence.

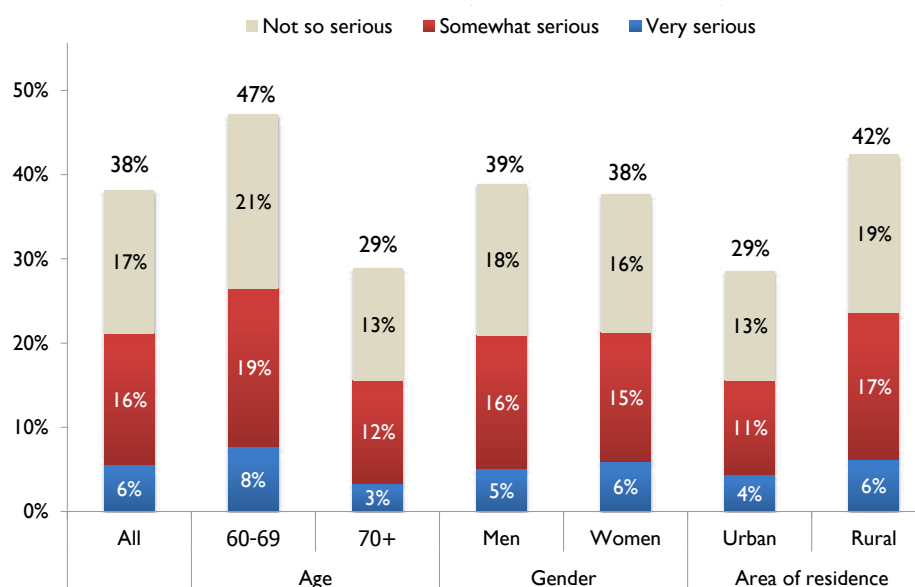
Having debts is more than twice as common as having savings. As Figure 4.7 indicates, almost two-fifths (38%) of older persons reported that they had some debt. This is considerably more likely among persons in their 60s than those older and among rural compared to urban elderly. The difference between the two age groups likely reflects the fact that those in their 60s are more likely to be economically active and need to borrow to cover expenses associated with their work. However, there is little difference in the percentage of men and women who report debt, although rural elderly are considerably more likely to be in debt than their urban counterparts. Despite the substantial number of older persons who are in debt, the proportion of people who say that their debt is very serious is relatively small (6%). The remainder is almost equally divided between those who indicate that their debt is somewhat serious and those who say it is not serious. This pattern differs little across the age, gender and area

Figure 4.6 Percentage that have savings (money or gold) and purpose for savings, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Figure 4.7 Percentage with debt and seriousness of debt, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

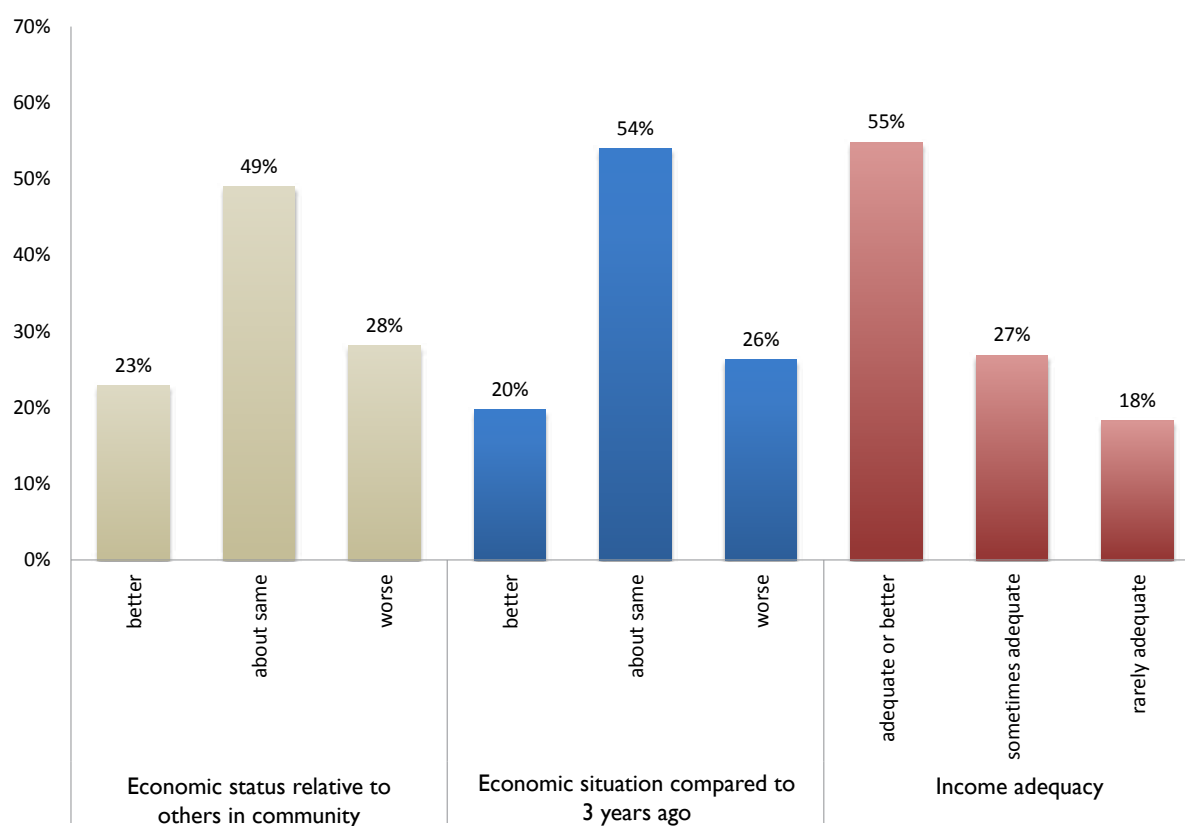
of residence groups shown. Thus while debt is widespread, it does not seem to be a crippling feature in the lives of most older people in Myanmar.

Overall economic status

Given the many different dimensions that contribute to economic status, it is useful to have a measure that summarises a person's overall situation. One common approach is to ask persons to assess their own situation relative to others in their community as well as ask to what extent their income is sufficient to meet their daily expenses. Also of interest is whether they believe their situation changed over recent years. Figure 4.8 summarises the responses to these questions in the survey. About half of older persons indicated that their economic status was about the same as others in the community, while among the remainder modestly more indicated their economic status was worse than

others in the community than better. Similar results emerged from a question asking how their current economic situation compared to three years earlier. Slightly more than half indicated that it was about the same, and among the remainder somewhat more indicated it had worsened as opposed to having improved. With respect to whether their income was adequate to meet daily needs, 55% responded it was adequate, including a few who said it was more than adequate. The remainder were divided between those who reported their income was only sometimes adequate (27%) and almost a fifth (18%) who indicated it was rarely if ever adequate.

Figure 4.8 Self-assessed economic status and income adequacy, persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

The same measures are shown in Table 4.7 according to age, gender and area of residence. None of the three measures differs greatly across these dimensions. Interestingly, rural persons do not give more negative assessments than their urban counterparts, despite the find-

ings that they are clearly worse off on many of the measures examined previously. Apparently this is due to their using other rural persons as their reference group even when such a comparison was not specified in the question.

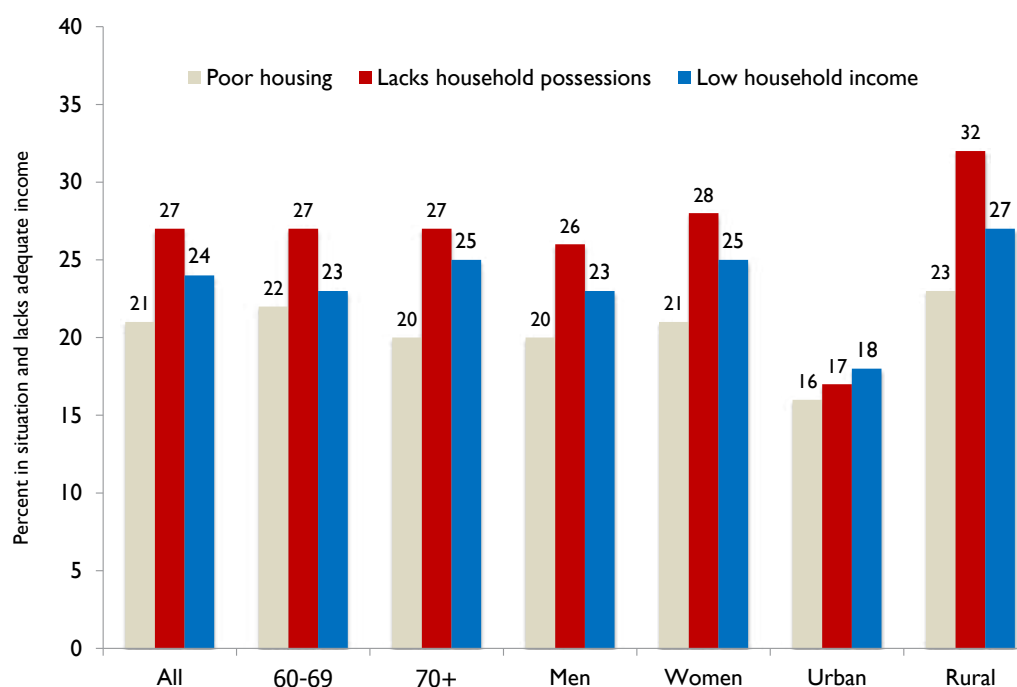
Table 4.7 Self-assessed economic status and income adequacy, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
<i>Relative economic status</i>							
better	22.9	22.6	23.2	23.4	22.5	25.3	21.9
about same	49.0	49.4	48.6	50.0	48.3	48.8	49.1
worse	28.1	28.1	28.1	26.6	29.2	25.9	29.0
total	100	100	100	100	100	100	100
<i>Economic situation vs. 3 yrs ago</i>							
better	19.7	21.9	17.3	21.6	18.2	23.1	18.2
about same	54.0	52.5	55.6	52.3	55.2	53.0	54.4
worse	26.3	25.6	27.1	26.1	26.6	23.9	27.4
total	100	100	100	100	100	100	100
<i>Income adequacy</i>							
adequate or better	54.8	54.5	55.0	55.2	54.5	55.8	54.3
sometimes adequate	26.9	26.3	27.5	26.7	27.0	24.9	27.8
rarely adequate	18.3	19.1	17.5	18.1	18.5	19.3	17.9
total	100	100	100	100	100	100	100

In order to indicate the share of older people who have particularly poor material well-being and hence might be considered to be in in great deprivation, three indicators have been calculated and are shown in Figure 4.9. Each measure shows the percentage of persons that indicated that their income is only sometimes or virtually never adequate plus are characterised by the additional measure of poor material well-being specified. Thus the first measure

indicates the percentage that lack an adequate income and that also live in poor housing conditions. The second refers to those who lack adequate income and have no more than one of the 17 household possessions listed in Table 4.3. The third is the percentage that lack adequate income and also report a monthly household income of not more than 50,000 kyat (i.e. approximately US\$ 2 a day).

Figure 4.9 Percent lacking adequate income in combination with other indicators of poor material well-being (poor housing, lack of household possessions, low household income), by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Notes: Insufficient income includes those who never, rarely or only sometimes have adequate income to meet daily needs.

Poor housing is defined as a hut or shack or a one-story wood or bamboo house made of primarily of natural material.

Lack of household possessions is defined as residing in a household with none or only one of 17 possessions shown in Table 4.4.

Low household income is defined 50,000 kyat per month (about US\$ 2 a day). A small share of respondents who were unable or unwilling to answer is excluded.

Among the total sample of persons 60 and older, all three indicators suggest that more than 20% can be considered in in great deprivation by those measurements. The estimates range from 21% based on inadequate income and poor housing to 27% based on inadequate income and having at most only one of the household possessions. The situation of older and younger elders as well as men and women differ very little. However, all three of these measures indi-

cate that older people in rural areas fare considerably worse than those in urban areas. For example, the proportion of rural elderly who lack an adequate income and also have no more than one of the household possessions listed is almost double that of urban elderly. These findings, together with many other results presented in this chapter, point to considerable vulnerability among rural older persons in the country. ■



CHAPTER 5:

Living arrangements

Chapter highlights

- The average household size of older persons is 4.6. Only 7% live in single person households and 10% in households with eight or more members.
- The large majority of older persons (78%) live with at least one child while only 13% are in independent households, in which they live alone or only with their spouse.
- Over half of older persons who have married children live with one, most commonly with a married daughter. Also it is rare to live with more than one married child.
- It is relatively uncommon for older persons to live with relatives other than children or grandchildren; non-relatives are almost entirely absent in their households.
- Overall 86% of older persons live in multi-generational households: 46% in households with at least three generations and 40% in two generation households.
- ‘Skip generation’ households, in which grandparents and grandchildren live in the absence of the grandchildren’s parents, are not very common. Depending on the definition, skip generation households constitute from 2% to 10% of elderly households.
- It is rare for older age parents to live far from their children; 95% have at least one child who either lives with them, next door or in same community. Only 3% have all their children living outside their township.
- Only 20% of the children of older age parents live outside their parents’ township, suggesting relatively low rates of migration.
- Older people usually have close relatives other than children who live nearby and have frequent contact with them, thus testifying to the social integration of older persons with their kin.

In Myanmar, as in Southeast Asia generally, informal systems of exchange within the family in the form of services, material support and social contact play a crucial role in determining the well-being of the older population (World Bank 1994). The extent and nature of such exchanges, examined in detail in the following chapter, are inextricably entwined with living arrangements, the topic of the present chapter.

Research in a number of countries in the region underscores the importance to older age parents of living with their children (Asis et al. 1995). Household composition is an important aspect

of living arrangements, but it covers only one part of the relevant situation. Family and community members who live in close proximity can serve some of the same functions as those who co-reside (reside in the same household). In addition, others at greater distances, especially adult children, can also significantly contribute to an elderly person's well-being (Knodel & Saengtienchai 1999). Given the central role of filial support, particular attention is given to co-residence with children and the location of children not in the household.

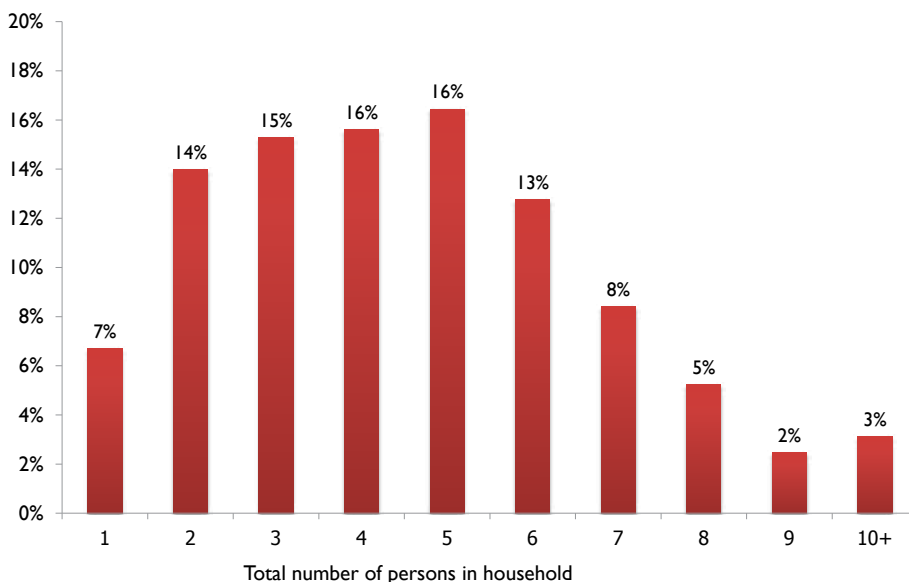
Household size and composition

Almost all persons aged 60 and above in Myanmar live in households with multiple persons. As Figure 5.1A indicates, close to 80% live in households with three or more members while only 7% live in single person households and another 14% in two person households. At the same time large households are not very common, with only 10% living in households with eight or more persons. The overall average household size of older persons is 4.6 members.

As Figure 5.1B indicates, there is little difference in the mean household size between younger and older elders or between those in urban and rural settings. However, men tend to live in somewhat larger households than women, reflecting the much greater likelihood of men having a living spouse with whom they can reside compared to women, who are much more often widowed and thus without a co-resident spouse.

Figure 5.1 Household size of persons 60 and older, Myanmar 2012

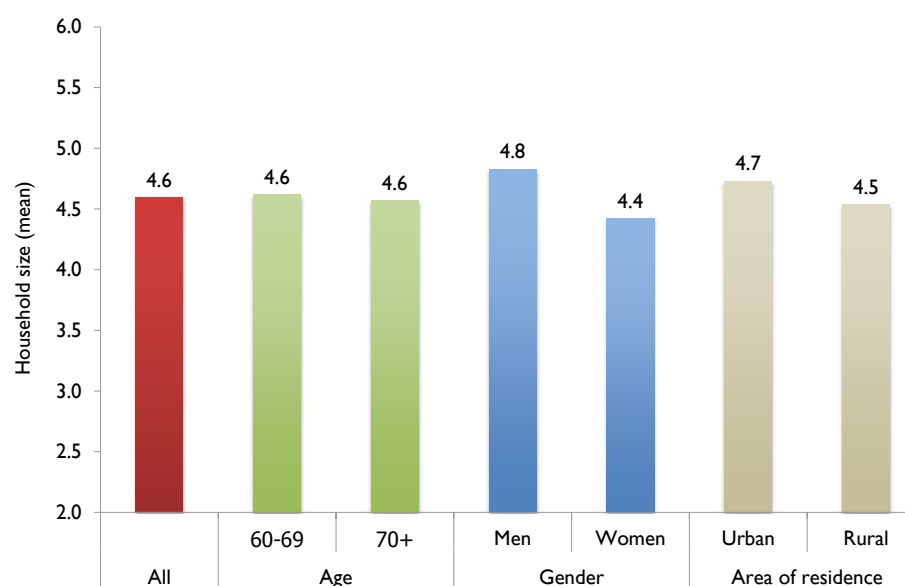
A. Percent distribution of numbers of household members including respondent



Co-residence is an aspect of living arrangements that receives considerable attention as it can benefit both generations with bi-directional exchanges of services and material support. Another central concern is the extent to which older persons live alone. Solitary living is often viewed as a disadvantage associated with

less frequent interpersonal interactions and a greater chance that urgent needs for assistance in case of an acute health crisis or accident will take longer to notice than if others are present in the household. Living with only a spouse and no children or other family members is also of interest, although it generally is viewed as less problematic than living alone since a spouse can be a principal source of emotional and material support and personal care during illness or frailty. When interpreting measures of household composition, however, it is important to recognise that measures of literal co-residence or its absence ignore situations in

B. Mean number of household members by age, gender and area of residence



Source: 2012 Survey of Older Persons in Myanmar

which elderly parents and their children live very near each other in separate dwellings. Such an arrangement can meet many of the same needs of older people as co-residence and is addressed later in this chapter.

Table 5.1 Selected measures of living arrangements, by age, gender and area of residence, Myanmar 2012

	% co-resident with a child	% live alone	% live only with spouse	% live alone or with spouse only
<i>Total</i>	77.5	6.7	6.0	12.7
<i>Age</i>				
60-64	75.3	5.5	8.1	13.6
65-69	77.4	5.6	7.3	13.0
70-74	80.0	6.8	5.4	12.2
75-79	79.1	7.0	3.7	10.8
80+	77.4	10.1	2.9	13.0
<i>Gender</i>				
men	80.0	3.7	9.3	13.0
women	75.7	8.9	3.4	12.4
<i>Area of residence</i>				
Yangon & Mandalay cities	81.1	4.0	5.4	9.4
other urban	77.1	5.6	5.2	10.8
rural	77.0	7.5	6.3	13.7

Source: 2012 Survey of Older Persons in Myanmar

Table 5.1 shows percentages of older persons who co-reside with at least one child, live alone or only with a spouse. Overall more than three-fourths of persons aged 60 and older live with at least one child. This is quite high, especially considering that 6% have no living children (see Figure 2.2A). The percentage that is co-resident with a child varies only modestly with age, gender and area of residence of the older person. Those aged 60–64 are somewhat less likely than those who are older to co-reside with a child, perhaps owing to their modestly smaller family sizes, which reflect the decline in fertility during recent decades as discussed in Chapters 1 and 2. Women are also modestly less likely than men to live with children.⁷ Older persons living in the two largest cities, Yangon and Mandalay, are somewhat more likely to co-reside than those living elsewhere, perhaps reflecting the higher expenses of living separately in an urban setting.

As noted above, relatively few older persons live in single member households. The percentage living alone increases with age, particularly at the more advanced ages. This very likely reflects the increasing chance of losing a spouse and being widowed as a person ages. Given substantially higher widowhood among women, and because their chances to remarry if they are widowed are likely lower than for men, it is not surprising then that they are considerably more likely than men to live alone. Older persons in Myanmar also relatively seldom live only with a spouse. The probability of being in this situation declines steadily with age, again reflecting the increased chances of being widowed as one ages. Men are considerably more likely to be in a

couple only household than women, again reflecting gender differences in widowhood.

Taken together, only 13% of persons 60 and older live in independent households either alone or only with a spouse. This varies little with age or gender, as the opposing differences in relation to age and gender associated with living alone and living only with a spouse compensate for each other. Living independently is most common among rural elders and least frequent among those in the two largest cities, likely reflecting differences in the cost and availability of land compared to elsewhere, a situation that could delay the ability of adult children to live separately in such settings. Also likely contributing to this difference is the modestly later age at marriage among marriageable adults in urban areas (Department of Population 2009).

More detailed information about household composition is provided in Table 5.2. Among the total population of persons 60 and older, shown in the top panel, 50% live in households with at least one grandchild, including a third who live in households with grandchildren aged 10 or less. Also, about a third of older people live in a household that includes a child-in-law. It is uncommon for older people to live with other relatives, be they nieces or nephews, siblings or of any other relation. Moreover, it is extremely rare for an older person to live in a household with a non-relative as a member. There is little difference in urban and rural households of older persons in these respects. However, compared to those in their 60s, persons aged 70 and above

⁷ The main reason for the difference is that the children of male respondents are on average 5.3 years younger than those of female respondents and thus less likely to have left their parental home. This in turn is due to the fact that some wives of male respondents are under age 60 and thus younger on average than the female respondents, all of whom are aged 60 or older.

are more likely to live with a child-in-law or with a grandchild, although the percentages that live with young grandchildren are almost identical among both groups of older people.⁸ To some extent the gender differences show a greater

likelihood of women than men to live with grandchildren or children-in-law. This may be because in general among persons aged 60 and above, women are somewhat older than the men, reflecting their longer life expectancies.

Table 5.2 Selected measures of household composition, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Among all persons 60 and older, % living with any							
grandchild, any age	49.9	43.3	56.7	45.5	53.2	51.8	49.0
grandchild, age 10 or less	32.8	33.3	32.3	31.5	33.8	32.3	33.1
child-in-law	34.1	29.4	38.9	30.6	36.7	33.5	34.3
niece or nephew	4.1	4.8	3.4	3.3	4.8	5.2	3.6
sibling	5.1	6.9	3.3	3.7	6.1	6.2	4.6
other relative	3.4	4.2	2.5	3.4	3.4	4.2	3.0
non-relative	0.4	0.3	0.4	0.2	0.5	0.6	0.2
Among persons 60 and older who have children, % living with any							
child	82.9	82.8	82.9	83.9	82.1	84.7	82.1
child age 18+	81.5	80.4	82.5	81.0	81.8	83.9	80.4
single child	49.7	58.1	41.2	55.5	45.1	53.0	48.2
single son	29.0	37.6	20.4	34.2	25.0	29.2	28.9
single daughter	35.0	39.2	30.9	39.5	31.5	38.1	33.7
married child	50.5	44.2	56.8	45.7	54.3	51.7	50.0
married son	22.0	20.7	23.3	21.7	22.2	22.1	21.9
married daughter	31.3	26.7	35.9	26.4	35.2	34.1	30.1
Ratio of % living with							
single daughter/single son	1.21	1.04	1.51	1.16	1.26	1.30	1.16
married daughter/married son	1.43	1.29	1.55	1.22	1.59	1.54	1.38
Among persons 60 and older who have married children, % living with							
any married child	53.3	47.6	58.7	49.2	56.4	55.3	52.4
more than one married child	6.3	7.5	5.1	5.8	6.6	9.7	4.8

Source: 2012 Survey of Older Persons in Myanmar

Note: Single children refers to those who never married, while married children refers to those who had ever married and includes those currently married as well as those widowed, divorced or separated.

⁸ Note that the children of persons aged 70 and above are older than those of persons in their 60s. As a result, the children of persons aged 70 and above will be more likely to have married and to have had children of their own. This likely is the reason why older elders are more likely to have a child-in-law or a grandchild in their household.

The second panel of figures in Table 5.2 refers to older persons who are parents, i.e. who have at least one living child, and focuses on living with children of different types. Among them over 80% live together with at least one child, and in virtually all these cases at least one is an adult aged 18 or older. The chances of living with a single child or with one who is married are virtually identical at 50%. Both in the case of single and married children, older age parents are more likely to live with a daughter than with a son. The imbalance, however, as reflected in the ratio of daughters to sons, is greater for married than single co-resident children. In most of these various respects there is little difference in association with the age, gender or area of residence of the older person. Most striking is that older people aged 70 or above compared to those in their 60s, and women compared to men, are less likely to live with a single child and are more likely to live with a married child. Again this is likely owing to the correspondence between life-cycle changes among the children of older persons over time as their parents age. Moreover, the higher ratio of living with a married daughter than a married son is common across

age, gender and area of residence of the older persons.

The lowest panel in Table 5.2 refers to older persons who have at least one married child. Among them, over half (53%) live with at least one married child, including 6% who live with more than one. Thus while living with a married child is quite common, living with multiple married children is not and testifies to the prevalence of a stem family system in Myanmar. Moreover, the greater tendency to live with a married daughter than a married son likely reflects a preference for matrilocal residence. This is further confirmed by responses to an attitudinal question that asked respondents about whether it is better to live with a son or a daughter. Although almost 40% expressed no preference, among the majority that did, living with a daughter was preferred four times more than living with a son. Both in terms of the commonality of a stem family structure and in the preference for matrilocal residence, Myanmar resembles Thailand and Cambodia (and probably Laos, although equivalent survey results are not available for Laos), all countries in which Theravada Buddhism is the dominant religion.

Multi-generation and skip generation households

The generational composition of households is displayed in Figure 5.2. In the vast majority of cases, the survey respondent represents the oldest generation in the household; their children and children-in-law as well as their nephews and nieces represent the second generation; and grandchildren the third generation. Siblings count as being in the same generation

as the respondent. In a small number of cases, a parent or parent-in-law of the respondent is present and hence represents the oldest generation and makes possible a small number of four generation households, as could the presence of great-grandchildren.⁹ For presentation purposes, these few cases are combined with the three generation households.

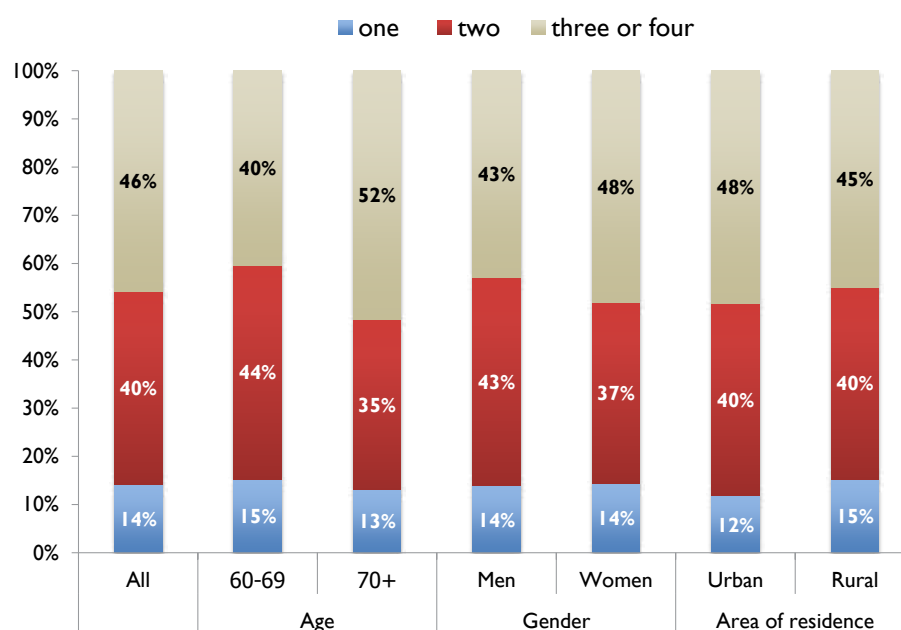
⁹ Although some respondents may have had great-grandchildren in the household, they are not distinguishable from grandchildren in the survey data.

Overall, households of at least three generations are most common, although only modestly more so than two generation households. One generation households are relatively rare and largely correspond to persons living alone or households of a married couple only. The generational composition is very similar between households of urban and rural elderly. However, households of three or more generations are more common among persons aged 70 and older compared to those in their 60s and also modestly more common among women than men.

As just noted above, as older persons age so do their children, and children of persons aged 70 and older are therefore more likely to be married and have children of their own than are children of persons in their 60s. This results in more three generation households of persons 70 and older compared to those in their 60s. The gender difference is likewise attributable to fact that the children of women respondents are older on average than those of male respondents (40.6 vs. 35.3) and as a result are more likely to have children of their own. Thus households of women respondents are more likely to include grandchildren.

As noted above, 50% of the households of older persons include grandchildren, and in one-third there is a young grandchild no older than age 10.

Figure 5.2 Number of generations living in the household of persons aged 60 and above, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Household members who are not relatives are not counted. Also, a small number of two generation households consist of the respondent and an older generation member; a small number of three generation households consist of the respondent, an older generation member plus a second generation member.

The role that older persons play as grandparents in providing grandchild care will be explored in some detail in the following chapter. However, with respect to household structure and living arrangements, a particularly interesting situation involves what is often labeled 'skip generation' households. The term refers to situations in which grandparents live together with dependent grandchildren but with no middle generation adults to take responsibility for child care. Such situations arise when adult children migrate, typically to find employment, and leave behind their own young children in the care of grandparents (i.e. the migrant child's own parents). Skip generation families can also arise if a grandchild's parents die, although this is usually a less common source.

There is no standard definition to identify skip generation households. In constructing appropriate measures, it is important to recognise that

older grandchildren may not need the same attention as young ones and may even provide various forms of assistance to grandparents. In addition, if adults other than the grandchild's parents are present in the household, they can contribute to the care of the grandchildren or even take major responsibility for that care. For the purpose of this report, four alternative measures are used, which vary with respect to whether all grandchildren or only young grandchildren are considered and whether the presence of additional household members other than married children or children-in-law (i.e. persons who could potentially be the parents of the grandchildren) are taken into account.

The strictest definition of a skip generation household would be one in which only grandparents and grandchildren are present and at least

one co-resident grandchild is no older than age 10. As Table 5.3 shows, based on this definition, only 2% of older person households can be designated as skip generation households. If the definition is relaxed to include households in which all the co-resident grandchildren are above age 10, the percentage increases to 4% of elderly households. If a still more lenient definition is used that allows for other household members to be present, excluding married children or children-in-law, close to 5% of households could qualify as being skip generation with young grandchildren, and 10% if any grandchild regardless of age is counted. These percentages are lower than in Thailand (Knodel and Chayovan 2008) and likely reflect substantially lower migration rates of adult children in Myanmar than in Thailand (to be discussed below).

Table 5.3 Percent of older persons in skip generation households, by age, gender and area of residence, Myanmar 2012

Percent of older persons in households with	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Only grandchildren and at least one is aged 10 or younger	1.9	1.9	1.9	1.6	2.2	2.6	1.7
Only grandchildren of any age	4.1	3.6	4.7	3.3	4.8	4.1	4.2
With at least one grandchild aged 10 or younger and no married children or children-in-law	4.6	5.3	3.9	4.3	4.8	5.5	4.3
With grandchildren of any age and no married children or children-in-law	9.9	9.6	10.2	9.2	10.5	10.7	9.6

Source: 2012 Survey of Older Persons in Myanmar

Location of children

Different forms of filial support and services vary depending on how close older people live to their children (Litwak and Kulis 1987). The key influences include the extent to which face-to-face contact is required and the frequencies and durations of contacts needed to make assistance effective. Services dependent on frequent face-to-face contact over long durations, such as long-term care for the frail elderly, clearly require residential proximity and are most at risk from the dispersion of adult children. At the same time, monetary transfers can be readily implemented over any distance including even from abroad, while social contacts and emotional support in the absence of face-to-face interaction can be sustained over the phone, by email or text messaging. At present these more advanced means of communication are only in an early stage of availability in Myanmar, but the situation could change rapidly in the future as is evident from the experience of other countries in the region. Also, some services require physical presence only for short durations, such as care during acute illness. Thus, short visits of children who live at a distance and take temporary leave from work can suffice and are increasingly enabled by modern, faster means of transport.

Figure 5.3A shows the percentage of elderly parents who have at least one child no farther away than several alternative locations. Results are shown both for all elderly parents and the minority who do not co-reside with one of their children. As noted earlier, 83% of all elderly parents have at least one child living in their household. Moreover, 91% have a child either in the household or living next door, 95% have a child living within their locality (defined as

in the same village or ward), and 97% have at least one child living in the same township. The results make clear, as also noted earlier, that not having a child in the household does not mean that there is no child nearby. Of the non co-resident parents, virtually half have a child living next door, three-fourths have a child at least in the same village or ward, and 83% have a child at least in the same township. Thus even non co-resident elderly parents typically have a child within a distance that presumably would not prevent calling on them for assistance in an emergency or crisis. Moreover, although not shown in the figure, among older persons who live alone and have at least one living child, 56% have a child living adjacent and 80% have a child at least within the same village or ward. Thus living alone does not usually mean parents are isolated from their children.



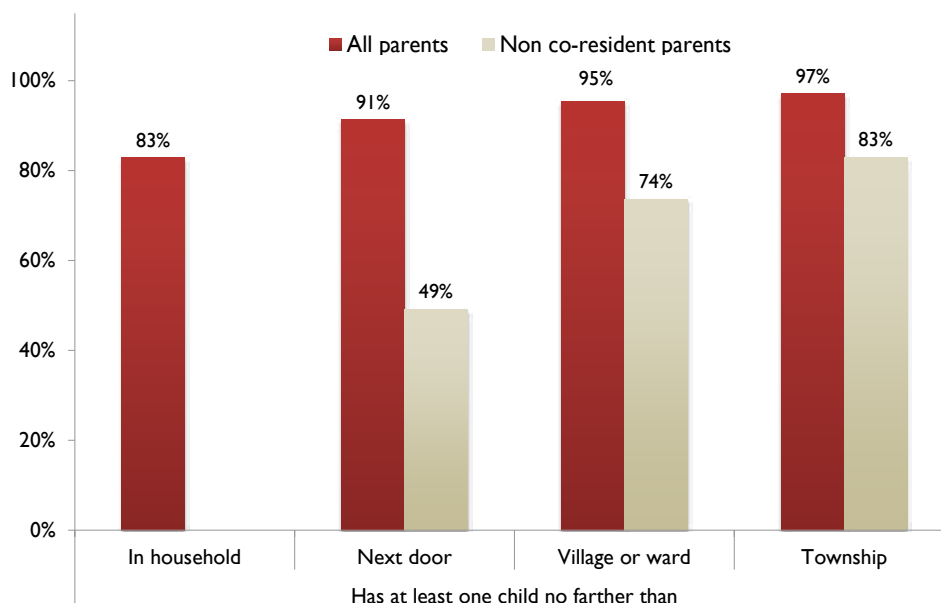
Figure 5.3B indicates the percentage of elderly parents with at least one child in specific locations. The large majority have at least one child living outside their household. This is somewhat higher for rural than urban parents. A substantial share of all parents, almost 40%, has at least one child living next door. Again this is more common for rural than for urban parents and likely reflects the higher cost and lower availability of land in urban than rural areas, thus making it more difficult to build separate housing in which adult children live nearby the parental home. Likewise 40% of elderly parents have at least one child living in the same village or ward, not counting those who are co-resident or living next door. Again this is substantially higher for rural than urban parents.

Approximately a third of elderly parents have at least one child living within the township but outside their village or ward. This differs little between rural and urban parents. Finally, the frequency of elderly parents with children living

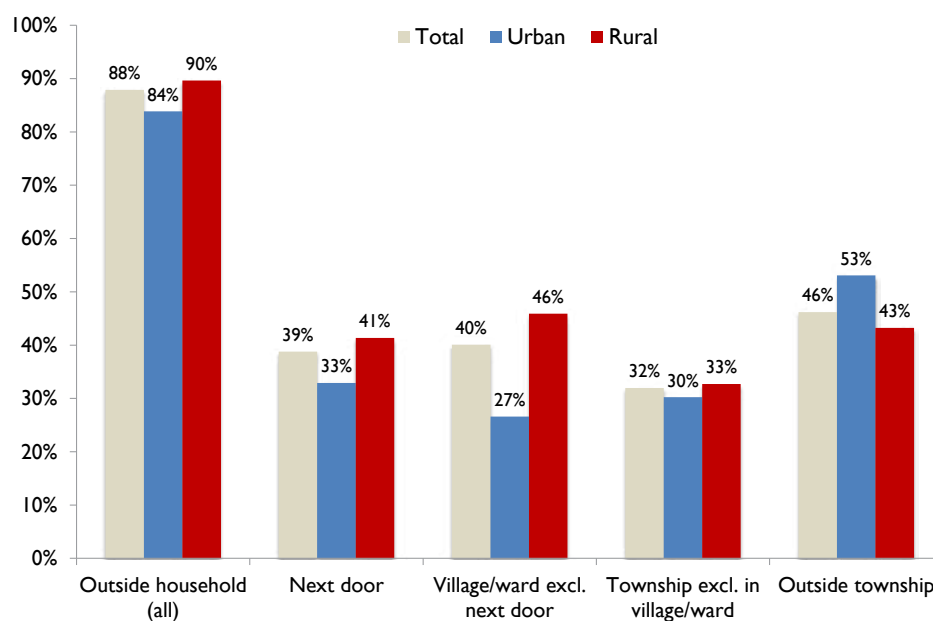
outside the township approaches 50% overall. That situation is more common for urban than rural parents, perhaps reflecting better access to employment opportunities at a distance for urban adults, as discussed below.

Figure 5.3 Location of children among persons 60 and older who have at least one child, Myanmar 2012

A. Percent with a child living no farther away than the specified location



B. Percent who have at least one child in specified locations, by area of parents' residence



Source: 2012 Survey of Older Persons in Myanmar

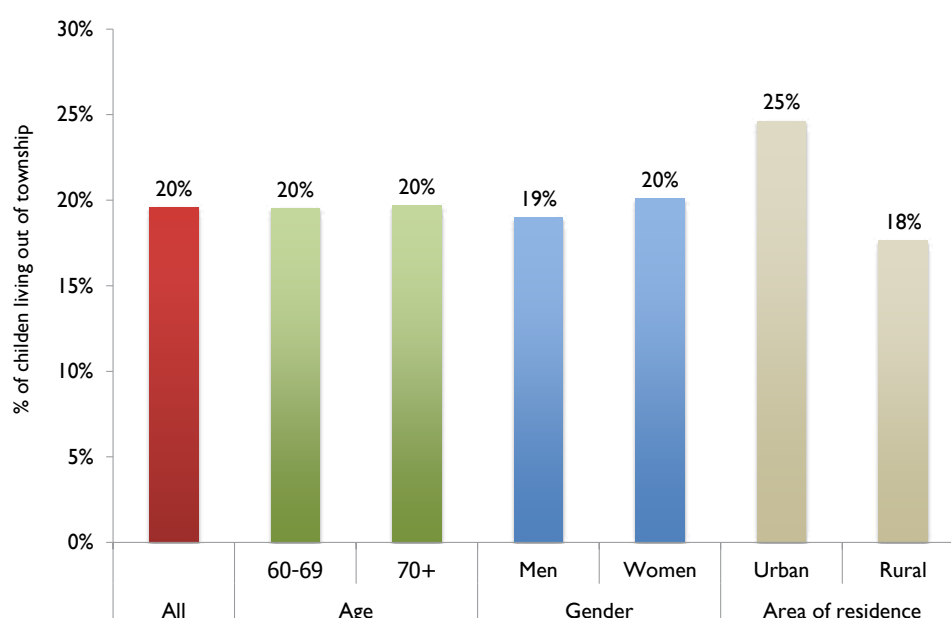
Figure 5.4 examines the percentage of children who live outside the township of their older age parents. Many of these children likely migrated away to a location at some distance from the parents. Overall, only 20% live beyond their parents' township. This differs little by age or gender of the parent but is noticeably higher among the children of urban than rural parents. Although the reason why these children live at a distance is not known from the survey, it seems likely that in many cases this involves migration for employment opportunities. Assuming employment opportunities are related to the migrant's education, the fact that children of urban parents are considerably more educated than those of rural parents may underlie this difference. For example, almost 70% of the children of urban parents have more than a primary education, compared to only just over 30% of children of rural parents.

It is interesting to note children are less widely dispersed from their older age parents in Myanmar than in Thailand. In 2007, for example, 36% of the children of Thais aged 60 and older lived outside their parents' province. Even as early as 1995, 28% of children of older Thais lived outside their parents' province (Knodel and Chayovan 2008). The difference with Myanmar is particularly striking since living in a different province in Thailand implies further distance away from parents than living in a different township would in Myanmar. Moreover, in Thailand the percentage of children living outside the parents' province is higher for those of rural than urban elderly, suggesting an opposite pattern from Myanmar. These differences likely reflect the more advanced stage of economic development in Thailand compared to Myanmar. Apparently in Thailand, compared to Myanmar, the rapidly transforming economy

in which agriculture is playing a declining role and non-agricultural employment is expanding has generated greater employment opportunity at all levels in urban areas.

While the location of children is likely to have significant implications for older persons, the location of other family members can also be important for their well-being especially,

Figure 5.4 Percent of children of parents 60 and older who live outside the township of the parents, by age, gender and place of residence, Myanmar 2012



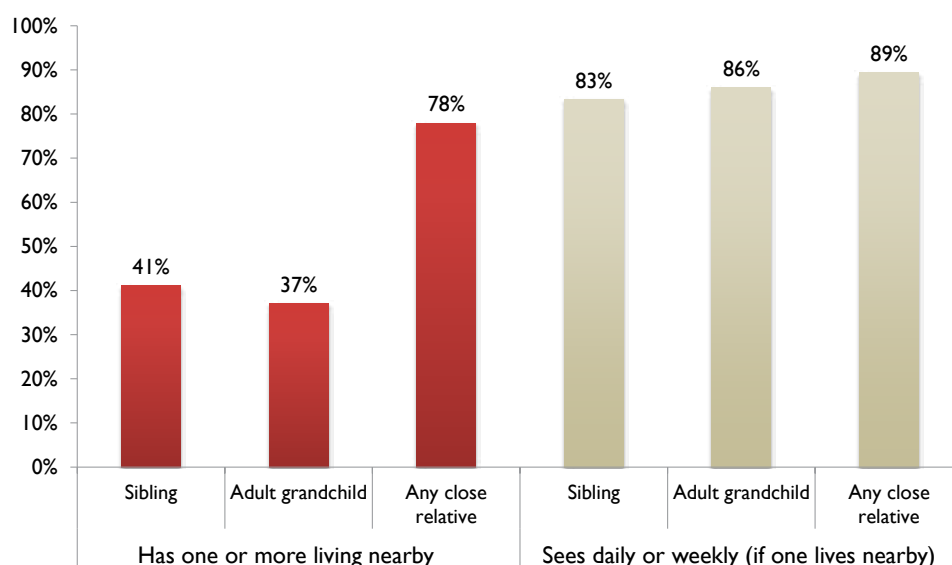
Source: 2012 Survey of Older Persons in Myanmar

although not exclusively, with respect to social support. Figure 5.5 summarises the extent to which older persons in Myanmar live nearby relatives and the frequency of contact that they have with them. Over 40% of older persons have a sibling living nearby and almost as many have an adult grandchild nearby. If close relatives of any type are considered, almost four-fifths (78%) of older persons have

at least one living nearby. Moreover as Figure 5.5 also shows, among those who have relatives nearby, frequent contact with them appears to be routine, with almost 90% seeing a close relative at least weekly.

These results make clear that most older persons are not isolated from family members. Moreover, this also holds for the minority that has no children living nearby. Although not shown in Figure 5.5, almost 80% of older persons who have no children living in their township, including those who are childless, have a close relative living nearby. Among those who

Figure 5.5 Percent with nearby close relatives and frequent contact with them, among persons 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

do, 75% see at least one of these relatives daily and almost 90% at least weekly. In addition, among the very few older persons who both live alone and also have no child living within their township, the results are similar. Over 80% have a close relative living nearby; among those who do, over 80% see at least one daily and almost 90% at least weekly. This further testifies that even in the absence of children nearby and even if the older person lives alone, the large majority of older people in Myanmar are socially integrated with their families. ■



CHAPTER 6:

Family support and intergenerational exchanges

Chapter highlights

- Exchanges of material support and important services between adult children and their older age parents are extensive in Myanmar.
- Two-thirds of adult children provided parents with some material support during the prior year, although the amount differed according to children's location.
- Adult children who live with their parents are most likely to provide material support, although it may be for general household use rather than for the use of the parents specifically.
- Among children who do not reside with their parents, those in the largest cities in Myanmar or abroad are most likely to contribute substantial amounts.
- Over three-fourths of economically active older age parents receive assistance with their work from adult children, mainly from those they live with.
- Adult children and particularly daughters play a prominent role in helping with daily living activities and care while ill.
- Among currently married older persons, wives are often the main care provider for husbands. Husbands are less likely to be the main care provider for wives, although they often assist to some extent.
- Expectations of filial (i.e. from children) financial support and personal care are very widespread among older persons. This is true regardless of age, gender or area of residence.
- Children who do not live with their parents but live nearby provide social support through frequent visits to parents; those at greater distances maintain some contact through telephone calls, but the lack of telephones keeps it very modest.
- Older people only infrequently give money to their adult children, especially to those not in their household. However, over half who live with children contribute to household support.
- Older people who live with their children make significant contributions to housework and house maintenance, thereby benefitting the co-resident children.
- Over half of grandparents provided grandchild care, including 15% who did for grandchildren whose parents were absent.
- In most cases of grandchild care, the grandchildren's parents provide the main support costs for the grandchild. Still, it is not unusual for grandparents to contribute to or even take major responsibility for the grandchild's support.
- Three-fourths of older persons who provided grandchild care considered it to be mainly an enjoyable experience; most of the rest considered it to be a combination of enjoyable and burdensome. Very few found it only burdensome.

This chapter examines the nature and extent of the familial support system for older persons as well as the contributions that older persons make to the younger generation. The results of the 2012 Survey of Older Persons provide the first extensive source of information concerning these topics in Myanmar. The chapter deals primarily with exchanges of material support and services between older people and their adult children and explicitly recognises that such exchanges go in both directions. Thus the chapter is divided into two major sections, one focusing on support from children to parents and the other on support from parents to

children. The first section deals with filial material support (money or material items) to parents, assistance with parents' work, care for parents when they have difficulties with daily living activities or are ill, and social contact between parents and non co-resident children (children who do not reside with their parents). The second section deals with material support provided by parents to their children, parents' contribution to housework and house maintenance in households in which children are co-resident (reside with their parents), and provision of grandchild care.

Support from children to parents

Material support

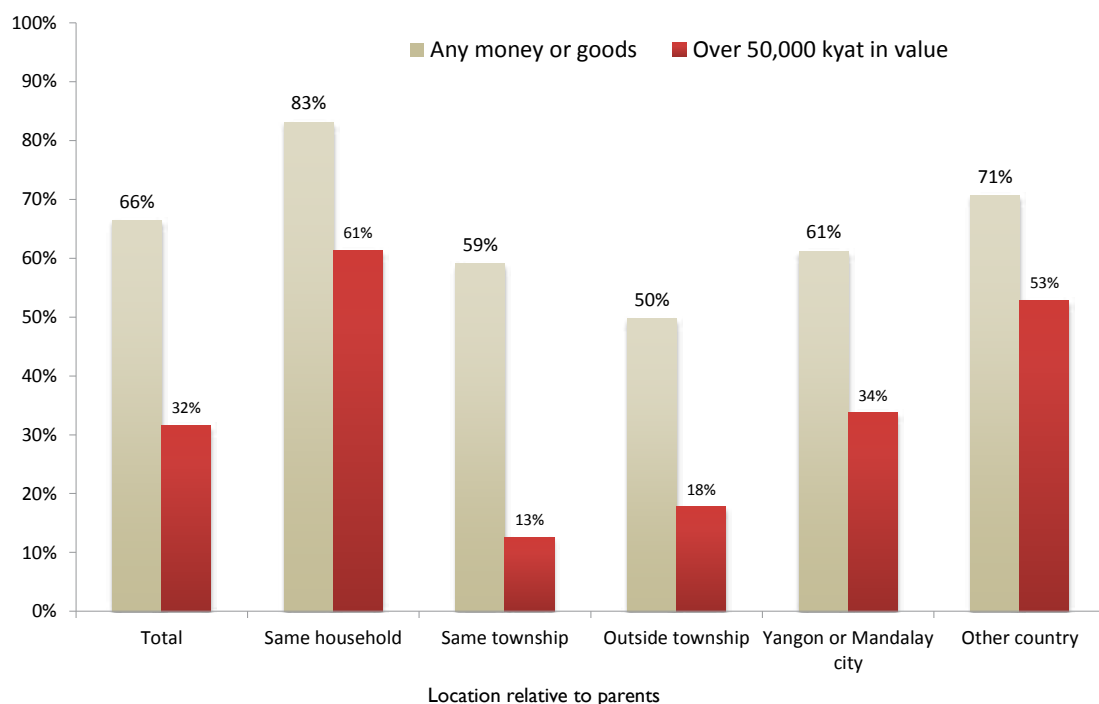
Adult children can be important sources of material support to parents by providing money, food and goods. As already indicated in Chapter 3, the large majority of older persons in Myanmar cite children as a source of income and support and just over 60% indicate that children are their main source of support with this rising to over 70% among those who are age 70 and over.

Figure 6.1 is based on information obtained in the survey about the contributions of material support in the form of either money or material goods from each individual child aged 16 and older. It shows the percentage of children that provided such support to their parents during the past year according to the location of the child relative to the parents. In addition, Figure 6.1 shows both the percentage of children who provided any material support and those who provided a reasonably significant amount, defined as being more than 50,000 kyat (approximately US\$60). Overall, two-thirds of children provided at least some money or

material goods to their parents, while almost one-third provided over 50,000 kyat. The difference between these two measures reflects that some children provide only very modest amounts, either because they do so merely as a symbolic gesture or because their own limited financial circumstances prevent them from providing more.



Figure 6.1 Percent of children aged 16 and older who gave material support to parents in the past year, by location of children relative to parents, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Material support consists of money or material goods

Over 80% of children living in the same household contributed some material support and just over 60% provided over 50,000 kyat. When this is compared to the corresponding percentages for non co-resident children, it is clear that material support from children residing in the household is more common than from children residing elsewhere, particularly with respect to the provision of a significant amount. Interpreting this difference, however, needs to take into account that the meaning of contributions from co-resident and non co-resident children is likely to differ. Since many households may share a common budget, contributions of co-resident children to parents may be used to benefit all members including the co-resident children themselves. For example, the money might be for buying food that is then eaten by all household members. In contrast, contributions from non co-resident children are more likely for the

parents' own benefit. Even in some of these cases, however, the support provided by non co-resident children may be intended for the support of their own young children if any are under the care of the grandparents (see discussion later in the chapter).

The contributions made by non co-resident children vary by their location. Those living outside their parents' township, but not in the two largest cities or abroad, are somewhat less likely to provide some support. Much more striking, however, is the clear relationship between the location of non co-resident children and the percentage that provided a significant amount of material support. Only 13% of those who live within the same township as their parents provided more than 50,000 kyat, compared to 18% of those who lived outside the township excluding those in the two largest cities

(Yangon and Mandalay) and abroad. One-third of those in the two largest cities and over half (53%) of those living abroad provided this amount of material support. The substantial contributions by these two groups of children likely reflect the greater availability of higher-paying employment in these locations. Thus it would appear that older parents may benefit materially from the dispersion of at least some of their children, particularly if they move to urban centers or other countries.

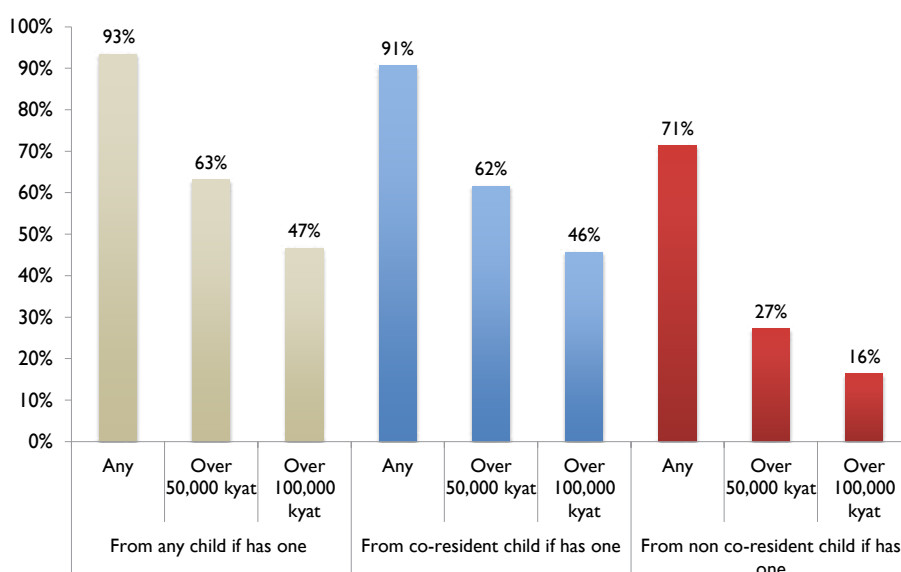
In contrast to Figure 6.1, which is based on children as the unit of analysis, Figure 6.2 is based on parents and shows the percentage that received several different amounts of material support in the past year from at least one child. In addition to showing the percentage that received any support and that received over 50,000 kyat, the percentage that received over 100,000 kyat (approximately US\$120) is also shown. Among all older parents, over 90% received at least some support from at least one

of their children. Moreover, more than 60% received at least 50,000 kyat from at least one child and almost half received over 100,000 kyat.

Overall, 93% of parents receive at least some material support from a child and only 7% do not. Moreover, most parents receive at least a moderate amount, with 60% receiving over 50,000 kyat and almost half receiving over 100,000 kyat. The percentages of parents that receive money in the three amounts from any child and from a co-resident child are very similar. In contrast, parents with at least one non co-resident child are less likely to report receiving each of the three amounts from a non co-resident child. This reflects the fact that a large majority of parents live with at least one child and that co-resident children are more likely to provide money than are non co-resident children. Nevertheless, over 70% received at least some material support from a non co-resident child, over one-fourth received more

than 50,000 kyat, and 16% received over 100,000 kyat. Again, as with the previous figure, when interpreting these results it is important to consider that the meaning of receiving money from a co-resident and a non co-resident child is likely to differ. Overall, the results confirm that children in Myanmar are an important source of material support for their parents in older age, including not only ones who live with the

Figure 6.2 Percent of parents 60 or older who received material support in the past year from at least one child, by co-residence status of child and value of support, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Material support consists of money or material goods

parents but to some extent also those who live outside the household.

Table 6.1 explores the extent to which the amount of material support from children differs by the characteristics of the older person. An additional level of support is also included:

namely, receiving over 10,000 kyat (approximately US\$12). This modest limit is included because parents who received less than this, even if they are quite poor, are unlikely to experience significant material benefit from such support.

Table 6.1 Material support (money or material items) received from children in the past year among persons with at least one child aged 16 or older, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
% that received material support from at least one child valued at:							
any amount	93.4	92.1	94.7	91.9	94.6	93.2	93.5
over 10,000 kyat	80.4	78.3	82.4	79.5	81.1	76.5	82.0
over 50,000 kyat	63.2	60.0	66.4	63.6	62.9	61.3	64.1
over 100,000 kyat	46.7	43.8	49.5	47.3	46.2	45.9	47.0
Mean number of children providing material support valued at:							
any amount	2.8	2.6	2.9	2.8	2.8	2.6	2.9
over 10,000 kyat	1.8	1.8	1.9	1.9	1.8	1.7	1.9
over 50,000 kyat	1.1	1.1	1.1	1.1	1.1	1.1	1.1
over 100,000 kyat	0.7	0.7	0.7	0.7	0.7	0.8	0.7

Source: 2012 Survey of Older Persons in Myanmar

Note: Material support consists of money or material goods

In general, regardless of the amount of support being considered, differences by age, gender or area of residence are quite modest. The percentage that received any material support from at least one child exceeds 90% for all categories shown. Likewise, the percentages that received over 10,000 kyat hovers around 80% for all categories, over 50,000 kyat is close to 60%, and over 100,000 kyat is only slightly below 50% regardless of category. It is interesting to note that besides the 7% of parents who receive no

material support from any child, another 13% receive no more than 10,000 kyat from any.¹⁰ This is a reflection of the share of parents that received material support from their children but in an insufficient amount to contribute to their material well-being in a meaningful way.

Table 6.1 also shows the mean number of children who provided material support valued at these various amounts. Among all parents, on average almost three children provided at least

¹⁰ i.e. the difference between the percentages that received any material support (93.4%) and that received material support valued over 10,000 kyat (80.4%).

some material support and almost two provided over 10,000 kyat or more. Given that on average parents 60 and older have about 4.5 living children, this represents a substantial share of all children. However, fewer children on average provided the larger amounts. Only slightly over

one child on average provided more than 50,000 kyat and less than one child on average provided over 100,000 kyat. These amounts differ only modestly across the categories of parents shown in the table.

Assistance with work

In addition to providing money or goods, the children of older people can also contribute to their material well-being by assisting parents in their business or work if the parents are economically active. Such assistance could be on a regular or only intermittent basis: for example, assisting at specific stages of the agricultural cycle such as with planting or harvesting. Figure 6.3, which is based on information about each individual child, shows the percentage of children aged 16 and above that assisted economically active parents with their business or work either frequently or only occasionally by the location of the child. In total over one-fourth

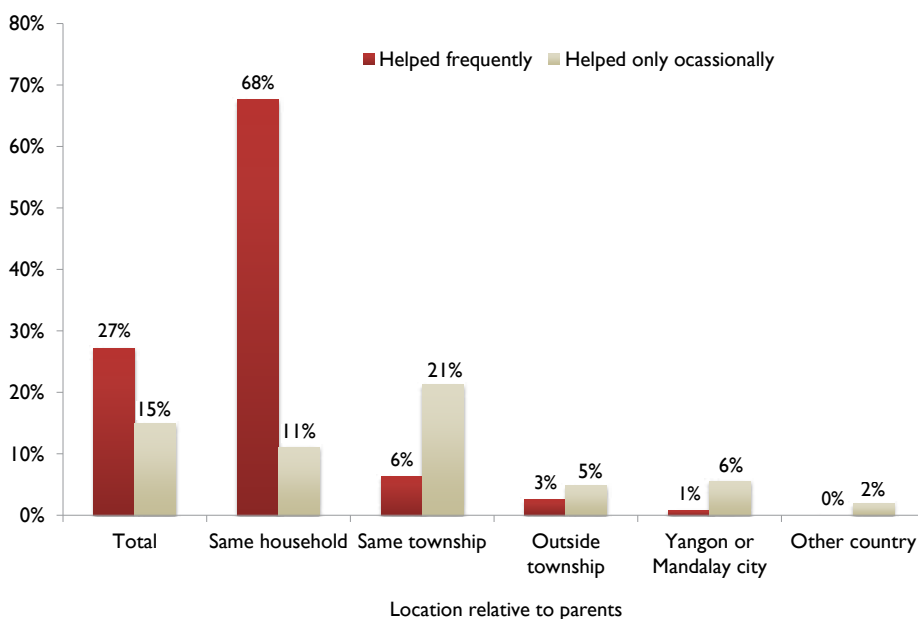
(27%) helped frequently and another 15% helped occasionally. Taken together, over 40% of children helped economically active parents with their work.

Not surprisingly, such assistance is clearly associated with the location of the child. Frequent help is feasible only if the child either lives with or relatively near the parent. Thus while over two-thirds (68%) of children who were co-resident with an economically active parent helped frequently, only 6% who lived elsewhere in the same township did so and only a very small proportion who lived farther away did so.

It was more common for non co-resident children to assist occasionally, although even among those who lived in the same township, only 21% who had economically active parents provided such help. The percentage falls to much lower levels for those at farther distances.

In contrast to Figure 6.3, for which children are the unit of analysis, Figure 6.4 is based on economically active parents and shows the

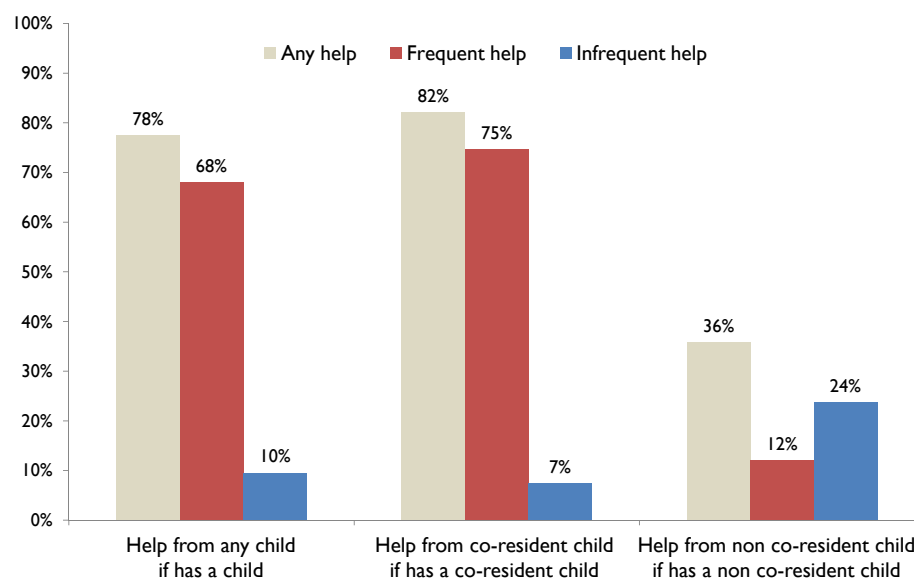
Figure 6.3 Percent of children aged 16 and older that assisted economically active parents with their work, by location of children relative to parents, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

percentage that received help in their work from at least one child aged 16 and older, by co-resident status. Overall, almost 80% of economically active parents received at least some help, and most who did received frequent help. Among economically active parents who co-reside with a child aged 16 or older, 82% received at least some help from at least one child and 75% received frequent help.

Figure 6.4 Percent of economically active parents aged 60 and older who received help in their work from children aged 16 and older in the past year, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Among economically active parents who have at least one non co-resident child, just over a third received at least some help in their work from a

non co-resident child, but the type of help was twice as likely to be only occasional than to be frequent.

Assistance with care

Among the most important services that adult children and other family members can provide older persons is personal care, either when it is routinely needed to help carry out activities of daily living or in case of illness or injury. Respondents in the survey were asked if they received assistance in either situation. In recognition that spouses can only play a role when a respondent is married and normative expectations concerning caregiving roles typically differ for men and women, results are shown differentiated by marital status and gender.

With respect to help with activities of daily living, if respondents said they did not receive help, they were asked if they needed help.¹¹ If

they said they received help, they were asked who helped the most as well as whether other persons also helped and whether the help they received was enough. Table 6.2 summarises the responses. Almost 30% of the total sample indicated that they did not need assistance with daily living activities. This varies only modestly according to marital status and gender, although for both men and women, those who were not currently married were less likely to say they did not need assistance. This difference undoubtedly reflects the younger average age of respondents who were currently married compared to those who were not married (most of whom were widowed).

¹¹ The question mentioned dressing and bathing specifically as well as daily activities in general.

Table 6.2 Assistance with activities of daily living among persons 60 and older, Myanmar 2012

	Total	Currently married		Not currently married	
		Men	Women	Men	Women
<i>Among all respondents, % who do not need assistance</i>	29.1	31.1	30.9	29.5	27.0
<i>Among respondents who need or received assistance, amount of assistance received (% distribution)</i>					
sufficient	82.5	85.6	80.0	81.8	81.5
some but not enough	8.6	8.2	8.9	10.3	8.4
none	8.8	6.2	11.1	7.9	10.1
total	100	100	100	100	100
<i>Among respondents who received assistance, who helped the most (% distribution)^(a)</i>					
spouse	21.7	63.3	23.4	--	--
son	9.2	5.6	8.5	13.4	10.5
daughter	48.9	26.8	53.8	60.6	58.8
son-in-law	0.1	0.0	0.0	0.3	0.1
daughter-in-law	5.6	1.3	7.3	9.4	6.9
grandchild	8.3	2.8	4.3	7.1	13.4
other relative	4.9	0.3	1.5	8.6	7.8
friend or neighbour	1.4	0.0	1.2	0.6	2.6
total	100	100	100	100	100
<i>Among respondents who received assistance, % who received some but not main assistance from the following:</i>					
spouse	10.4	21.1	33.2	--	--
son	33.1	39.6	34.7	31.7	28.8
daughter	28.8	44.8	27.4	22.1	20.6
son-in-law	8.2	5.2	5.3	11.4	10.0
daughter-in-law	10.5	9.4	7.8	13.0	11.4
grandchild	30.0	16.8	25.3	37.9	37.8
other relative	4.4	1.2	1.8	7.2	6.5
friend or neighbour	8.2	5.6	7.8	5.5	10.9
any of the above	83.2	86.4	85.2	81.3	81.0

Source: 2012 Survey of Older Persons in Myanmar

(a) 4 cases in which a house helper provided main assistance were included with friend or neighbour; 1 case in which the main provider for non-married woman was coded as spouse was recoded as other relative.

Among respondents who either received assistance with daily living or indicated that they needed such assistance, over 80% said that they receive sufficient assistance, again with only modest variation according to marital status and gender. Still, married women are somewhat less likely to indicate they received sufficient assistance than are married men. Those who do not receive sufficient assistance are evenly divided between those who receive some but not enough and those who do not receive any assistance with daily living activities. Women are somewhat more likely than men to indicate that they do not receive any assistance, regardless of their marital status.

Results concerning who provides the most help with daily living activities clearly show that daughters are by far the most likely to, and they account for almost half of all main providers. In clear second place are spouses, who account for over 20% of those who helped the most. Other relatives, especially grandchildren and daughters-in-law, represent most of the remaining persons mentioned. Only a very small percentage mentioned that a non-relative such as friend or neighbour plays a central role in assisting.

The contrast between the percentage that cite daughters or daughters-in-law compared to those who cite sons or sons-in-law as the most important helper with daily living activities testifies to the much stronger normative expectation for women than men to provide personal care. This is further underscored by striking differences associated with the gender and marital status of the older person. Over 60% of married men in contrast to only 23% of married women said that their spouse helps them the most. Moreover, regardless of marital status, daughters and daughters-in-law are much more dominant as the most important helpers with daily activities than are sons or sons-in-law.

The need of an adult child to provide personal assistance with activities of daily living is considerably less among married couples given that spouses are available to do so. As noted above, this holds clearly in the case of married men. However, for married women help from children, especially daughters, makes up for the fact that only a small share of husbands provided the most help. In the case of both married and non-married respondents, however, daughters are dominant as the most important helpers with daily activities, accounting for approximately 60% for both men and women. Also noteworthy, however, is that grandchildren also play some role, especially in the case of unmarried women.

Assistance with daily living does not necessarily come from a single person. Overall, as the bottom panel of Table 6.2 shows, over 80% of respondents who receive personal assistance with daily living activities mention that someone else also helps in addition to the most important provider. Although sons and sons-in-law do not figure prominently as providing the most help, many do not stand entirely on the sideline. A third of respondents mentioned that a son provides some additional help, with little difference according to the marital status or gender of the older person. Even sons-in-law are occasionally mentioned as providing additional help. Grandchildren are mentioned relatively frequently as providers of additional assistance, especially among non-married men and women, who cite grandchildren close to 40% of the time. It is also noteworthy that husbands are mentioned as providing additional help by a third of married women. Thus when combined with the cases in which a husband provides the most help, more than half (56%) of married women who receive help with daily living activities receive at least some help from a husband.

Table 6.3 addresses care provided during illness or injury. Respondents in the survey were asked if they had experienced an illness or injury during the past 12 months that prevented them from performing their usual activities. Those who reported an illness or injury were asked if anyone helped take care of them at that time, who pro-

vided the most care and which other persons also provided care. Among all respondents, just over a third reported that they had been ill or injured during the past 12 months, and among them virtually all received care from someone.

Table 6.3 Care during illness or injury among older persons who were ill or injured during the past 12 months

	Total	Currently married		Not currently married	
		Men	Women	Men	Women
<i>Among all respondents, % who were ill or injured during past 12 months</i>	34.6	31.0	30.6	31.8	39.1
<i>Among respondents who were ill or injured during past 12 months, % who received care^(a)</i>	98.9	99.7	99.4	97.8	98.7
<i>Among respondents who received care, who was the main caregiver (% distribution)</i>					
spouse	20.5	67.4	20.9	--	--
son	11.4	5.6	8.6	16.7	13.9
daughter	50.9	23.3	57.7	64.9	60.8
son-in-law	0.3	0.3	0.6	0.0	0.3
daughter-in-law	4.3	0.8	8.0	5.4	5.1
grandchild	5.8	2.1	1.8	4.8	9.0
other relative	4.9	0.5	1.8	7.1	7.5
friend or neighbour	1.9	0.0	0.6	1.2	3.5
total	100	100	100	100	100
<i>Among respondents who received care, % who received some care but not main care from the following:</i>					
spouse	8.8	17.6	35.1	0.0	0.0
son	36.0	43.7	34.3	36.1	32.2
daughter	25.7	47.9	20.4	15.6	17.4
son-in-law	8.6	5.8	3.6	9.8	11.1
daughter-in-law	12.3	11.1	9.2	10.0	14.3
grandchild	26.1	16.1	19.8	26.8	32.8
other relative	5.4	1.4	3.8	7.1	7.5
friend or neighbour	8.8	7.3	4.3	7.7	10.9
any of the above	80.8	85.8	80.5	77.3	79.0

Source: 2012 Survey of Older Persons in Myanmar

(a) Among the 15 respondents who did not receive care, 2 indicated that they did not need any care.

Results concerning who was the main caregiver when sick or injured as well as who provided additional care correspond closely to those who help with daily living activities. Daughters account for just over half of the main caregivers and spouses for just over 20%. Most of the other main caregivers were either sons or grandchildren, who account for close to 10% each. Among currently married men who were ill, their wives were by far the most common main caregiver; but for married women who received care, daughters predominated and husbands accounted for only modestly more than 20% of main caregivers. Still, as the bottom panel in Table 6.3 shows, a third of husbands provided some additional care, so together more than half of the married women received some care from husbands. Among non-married elders who were sick, both men and women were most commonly cared for by daughters, who ac-

counted for approximately 60% of the main caregivers. Grandchildren were more prominent in care for unmarried elders, especially in a supplementary role to the main caregiver.

Results with regard to help with daily living activities and with care during illness or injury both show that daughters along with sons, daughter-in-laws and grandchildren together provide the most help to unmarried older persons. Moreover, although spouses play a substantial role in the case of married couples, the younger generation is also quite prominent in assisting. Thus it seems fair to conclude that both help with daily living activities and care while ill or injured are primarily intergenerational matters in which younger family members, typically adult children and particularly daughters, are very prominent in helping the older generation.

Social support

For most parents, maintaining contact with children who move out of the household is important for social and emotional well-being. The migration of children reduces opportunities for face-to-face interactions and thus can undermine intergenerational social support if contact is not maintained. In Myanmar this is somewhat less of an issue than elsewhere in the region since dispersion of adult children is more modest and the vast majority of older people lives either with or near at least one child. Nevertheless, some children do live far away and in most cases parents wish to keep in contact with them.

In much of Southeast Asia a recent dramatic increase in access to telephones, especially cell phones, has greatly expanded the ability of children who live away to keep in contact with their parents. In addition, transport systems are im-

proving and facilitating the ease of visits. As noted in Chapter 4, Myanmar is an exception with respect to telephones and only 9% of households of older persons have a phone of any kind (see Table 4.3). However, the majority of respondents who have no phone in their household report that one is available nearby and a fair proportion has used a nearby phone (see Table 4.4).

Figure 6.5 examines the extent of visiting or phone contact with children who live at some distance based on information respondents reported for each of their non co-resident children. Part A refers to visits by the children to see the respondent, while part B shows the frequency of phone contact. As Figure 6.5A shows, about half of all non co-resident children visited either daily or every few days. At the same time,

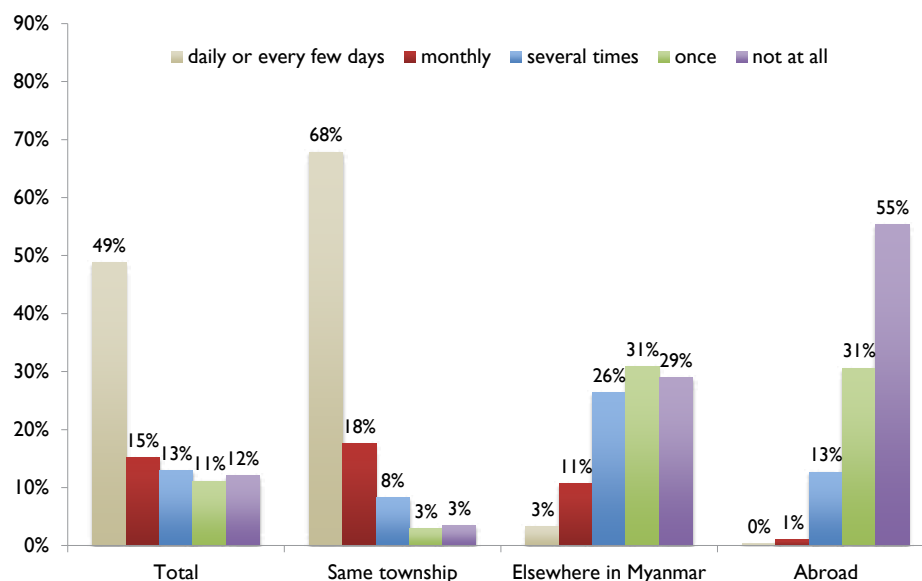
however, 12% had not visited during the past year and 11% had visited only once. Not surprisingly, the frequency of visiting very much depends on the location of the non co-resident child. Slightly over two-thirds of children who live outside the household but within the same township visited daily or almost every day, in contrast to only 3% of children who live elsewhere in Myanmar and essentially none who live abroad.¹² At the same time, only 3% of non co-resident children in the parents' township did not see their parent during the prior year and 3% saw the parent only once. Children who lived elsewhere in Myanmar were understandably more likely not to have visited the parent: some 29% did not visit during the prior year and 31% did so only once. Moreover, over half of the relatively small number that lives abroad did not visit in the prior year, although 31% managed to do so once.

Phone contact with non co-resident children overall is relatively rare. Fully 80% had no phone

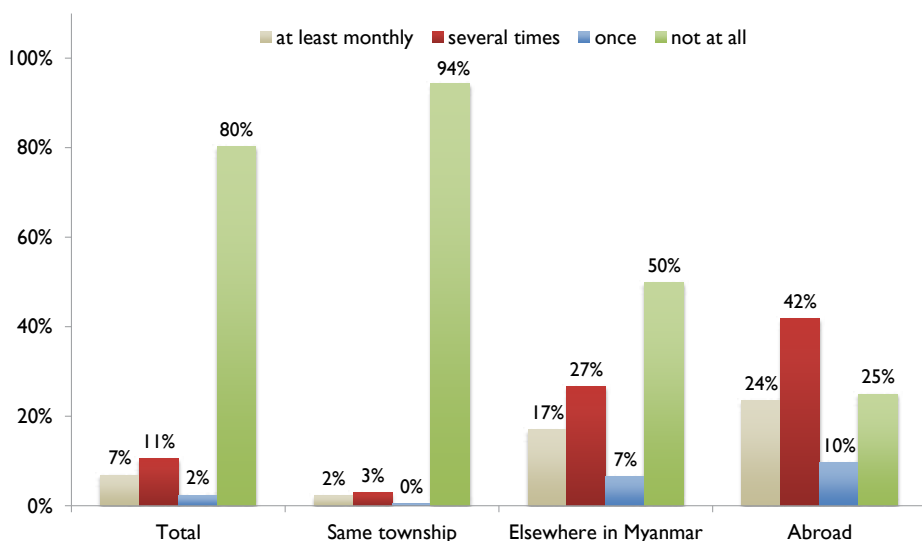
contact with their parents during the past year and only 7% had at least monthly contact. However, in contrast to visits, the frequency of phone contact increases with distance. Few non co-resident children who live in the same township have any phone contact with parents and only 5% have it more than once a year. In con-

Figure 6.5 Visits and phone contact with parents 60 and older in the past year, by child's location relative to parents

A. Visits by non co-resident children



B. Phone contact with non co-resident children



Source: 2012 Survey of Older Persons in Myanmar

¹² Two children who lived abroad were reported as visiting daily or almost daily; presumably these represent errors in the data.

trast, half of those who live elsewhere in Myanmar had at least some phone contact with parents during the past year and 17% had at least monthly contact. Phone contact is even more common among children living abroad, with 75% having at least some phone contact and

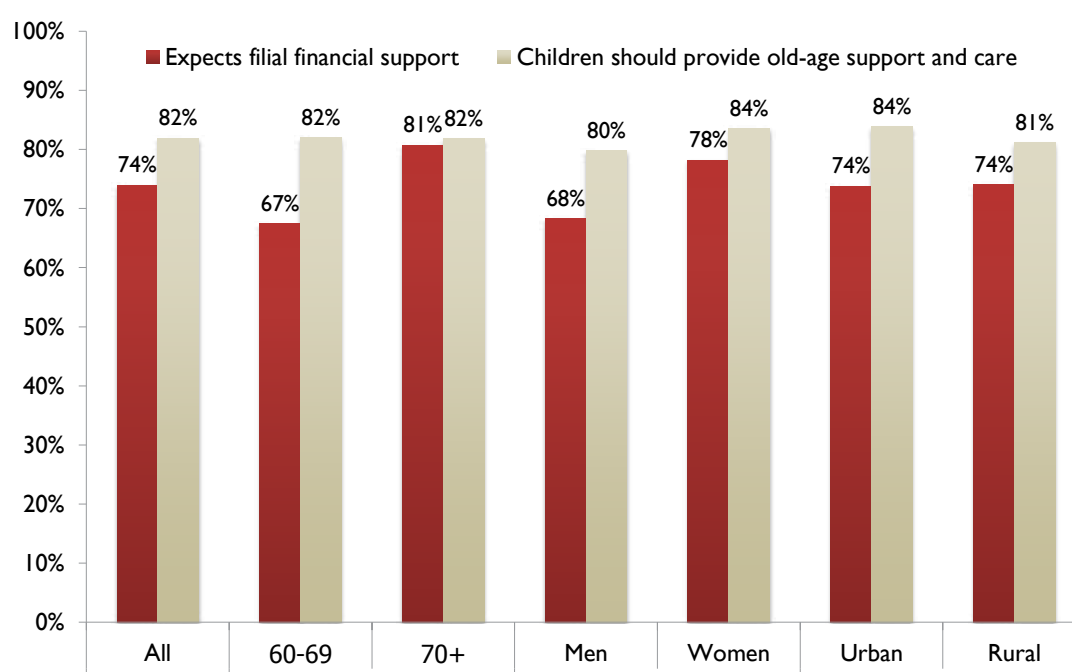
almost one-fourth at least monthly contact. Thus, despite the relative rarity of older persons having phones in their households, children who live at some distance from their parents and especially those who live abroad manage to have at least occasional phone contact.

General views regarding filial support and care

Respondents in the survey were asked whether they plan to rely on children for their financial support and also whether they believe that grown children should generally support and take care of aged parents. The results of these two questions are provided in Figure 6.6 and indicate that expectations of financial support and the belief that children should provide

old-age support and care are widespread, which is consistent with the actual observed patterns of behaviour. Overall, almost three-fourths of older persons said that they expected financial support from children and over 80% indicated that they believe children should provide old-age support and care.

Figure 6.6 Percent that expect filial financial support and percent that believe children should provide support and care in old age for parents, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Results exclude respondents who were unsure or who had not thought about the issue.

These expectations and attitudes largely transcend differences in age, gender or area of residence. Persons in their 60s are somewhat less

likely to say they expect financial support from children than those in more advanced ages, perhaps reflecting the fact that those in their 60s

are considerably more likely to be working and support themselves. Likewise, men are somewhat less likely than women to say that they plan for children to provide financial support; but again this may reflect the fact that men are more likely than women to be working and thus less in need of such support, at least at the time of

the survey. With respect to general attitudes towards children having an obligation to support and provide old-age care for their parents, there is remarkable consistency across age groups, gender and areas of residence. Over four-fifths of respondents in each category expressed agreement with this obligation.

Support from parents to children

Material support

In general, research in other Southeast Asian countries has indicated that it is far more common for adult children to provide financial assistance to their parents in older age than the reverse. Myanmar is no exception. As Table 6.4 shows, overall 20% of older persons who have co-resident children provided some financial support (including loans) to them during the past year, but only 6% of those with non co-resident children gave financial support to at least one of them. Older persons in their 60s,

men and those residing in rural areas are more likely than those aged 70 and older, women and those who live in urban areas to give such financial support. As in the case of children providing support to their older parents, the meaning of a parent providing financial assistance to a co-resident child is more ambiguous than to a non co-resident child, because parents who live with their children may share a common household budget.

Table 6.4 Material support from parents to children in the past year, by age, gender and area of residence, Myanmar 2012

	<i>Among parents with a co-resident child, % that gave financial support to a co-resident</i>	<i>Among parents with a non co-resident child, % that gave financial support to a non co-resident child</i>	<i>Among parents with a child not in locality, % that gave food or produce to a non-local child</i>
All	20.0	6.4	6.7
60-69	26.0	8.5	8.7
70+	14.0	4.4	4.8
Men	27.5	8.9	9.0
Women	14.0	4.6	4.9
Urban	14.6	4.1	5.2
Rural	22.4	7.4	7.3

Source: 2012 Survey of Older Persons in Myanmar

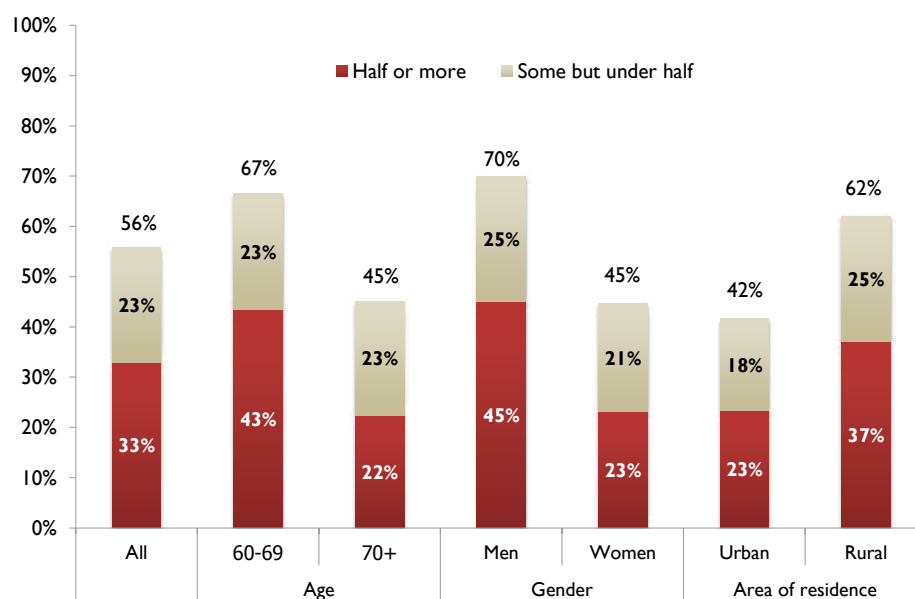
Note: Financial support includes cases in which the support was in the form of a loan.

Besides giving financial support to non co-resident children, parents may also provide food or produce. This may be particularly meaningful in situations where children have migrated to urban settings and their parents maintain an agricultural household. In Thailand such support from rural parents to their migrant children was found to be common (Knodel et al. 2007). In Myanmar, however, as Table 6.4 shows, it appears to be uncommon. Only 7% of

parents who had a child living outside their locality said that they gave food or produce to any of those children during the past year. As with financial support, it was somewhat more common among older persons in their 60s, men and those in rural areas than among those aged 70 and over, women or those living in urban areas.

Given the high levels of co-residence among older persons in Myanmar, most are potentially in a position to contribute to the material support of their children through contributions to household economic support. Respondents in the survey were asked about the extent to which they contributed to the economic support of the household. As Figure 6.7 shows, overall 56% of older people contributed at least some to the economic support of the household in which they co-resided with at least one of their children. Moreover, in one-third of the cases the

Figure 6.7 Contributions of parents to economic support of households in which they co-reside with one or more of their children, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: The amount of the contribution includes both by respondent and spouse if married.

contribution of the parents represented half or more of the household's total support.

Parental contributions to household economic support vary considerably by the age, gender and area of residence of the respondent. Co-resident parents in their 60s, men and those in rural areas were substantially more likely to contribute than those 70 or older, women and those in urban areas. Moreover, this was particularly true with respect to the proportion who contributed half or more of the total household support. These differences undoubtedly reflect the fact that being currently economically active is considerably more common among persons in their 60s, men and those who live in rural settings. Those groups are therefore typically in a better position to support the household economically than those who are older, women or live in an urban setting (see Table 3.2).

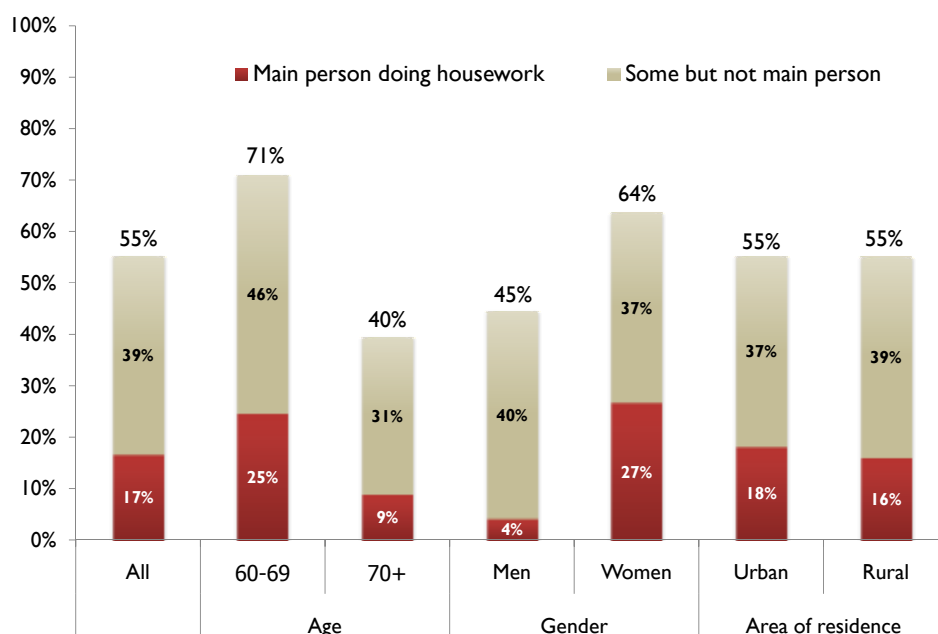
Housework and home maintenance

Besides financial support, older people who live with children can contribute significantly to their welfare as well as that of other household members by performing a variety of useful services such as helping with household chores, minding the house and preparing meals. In the survey, respondents were asked about their roles

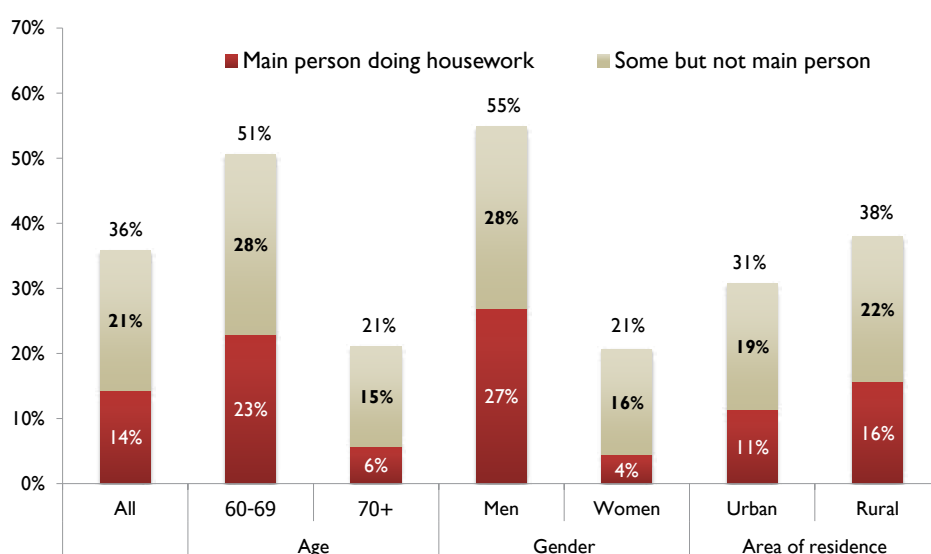
with respect to housework and home maintenance. Figure 6.8 shows the extent to which older persons who co-reside with a child make these two types of contributions. Panel A indicates the percentage who reported they did housework and if they were the main person fulfilling this role. Overall, somewhat over half

Figure 6.8 Contributions of parents aged 60 and older to housework and house maintenance in households in which they co-reside with one or more of their children, by age, gender and area of residence, Myanmar 2012

A. Role of parent in housework



B. Role of parent in house maintenance



Source: 2012 Survey of Older Persons in Myanmar

of co-resident older persons did at least some housework, although less than 20% indicated they were the main person responsible. This varied very little between urban and rural residents but differed considerably according to age and gender. Those in their 60s and women were quite a bit more likely to contribute to the housework than those who were older or were men. The lower contribution by the older respondents likely reflects their reduced physical ability to carry on housework while the gender difference presumably reflects different normative expectations for men and women.

Panel B in Figure 6.8 shows the percentage of co-resident older parents who contributed to maintenance and

repair of the dwelling unit. Overall more than a third of respondents contributed in this way, but only 14% indicated that they were the main person responsible. Very sharp differences are apparent with respect to age and gender. Among co-resident parents, the younger ones and the men were much more likely to play a role in home maintenance and repair than the older ones and the women. As with housework, the contrast between younger and older co-resident

parents presumably reflects differences in their physical ability to carry out the tasks, while the gender differences likely reflect normative roles for men and women. The results also show that house maintenance was more common among rural than urban co-resident parents. This might reflect different types of dwelling structures and the relative difficulty of keeping them maintained.

Grandchild care

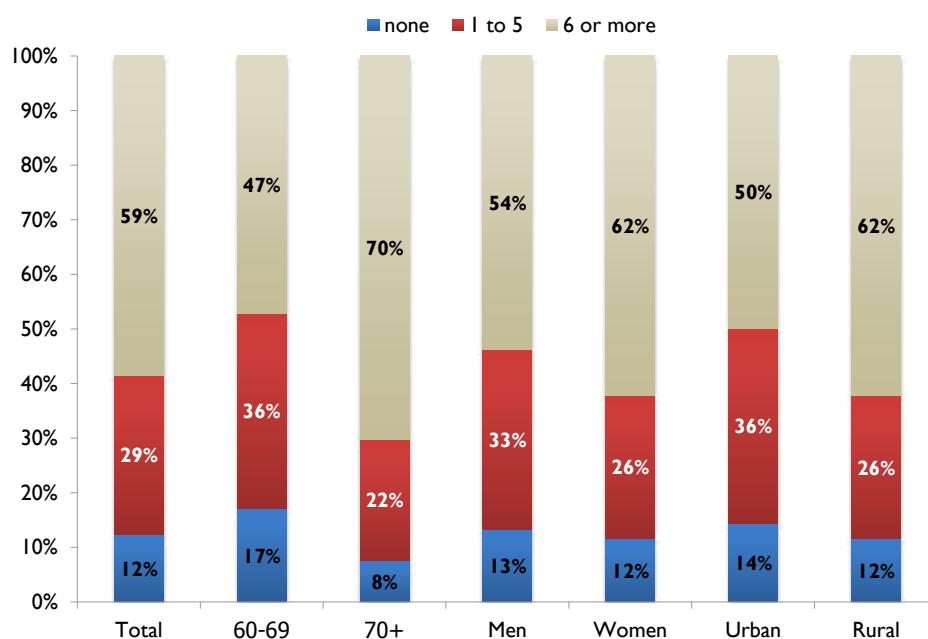
One of the most important services that older persons can provide both to co-resident and non co-resident children is assistance with the care of grandchildren. This can greatly facilitate the ability of the grandchildren's parents to engage in economic activity outside the home. Such assistance could involve day care in the case of adult children who co-reside or live in the same locality or full time care when the adult children migrate to more distant locations and leave their

young dependent children with the grandparents.

As Figure 6.9 shows, all but 12% of persons 60 and older in Myanmar have grandchildren and almost 60% have six or more. The low percentage without grandchildren differs somewhat by the age of the older person but little by gender or place of residence. In addition, those 70 and older are more likely than those in their 60s to

have six or more grandchildren. The difference between the two age groups of older persons undoubtedly reflects where their children are in the lifecycle. That is, persons 70 and older have children who are more likely to have already married and be more advanced in their own family building than the children of persons in their 60s. Modest differences are also evident between men and women and between the urban and

Figure 6.9 Number of grandchildren of persons 60 and older, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

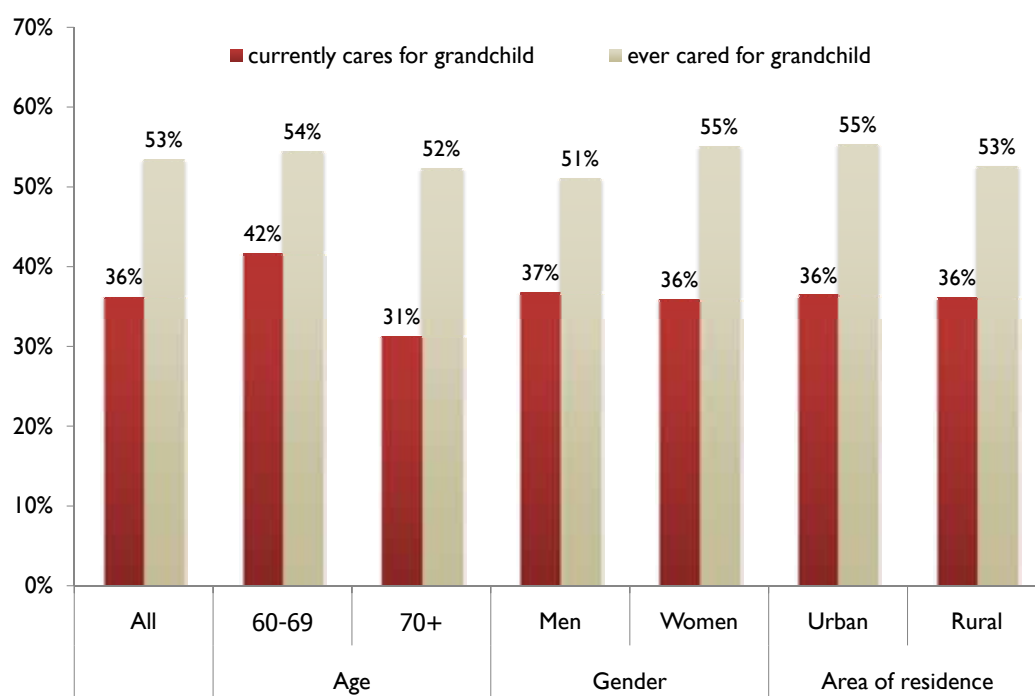
rural elderly in the percentages who have six or more grandchildren. Urban respondents tend to have fewer grandchildren because they also have fewer children (see Figure 2.2).

As Figure 6.10 shows, over half (53%) of older persons in Myanmar who have grandchildren have at some time cared for a grandchild for at least several months, and more than a third (36%) are currently providing grandchild care. There is little difference according to the age, gender or area of residence of the grandparents with respect to the percentage who have ever cared for a grandchild, slightly exceeding 50% for all categories shown. Indeed, the lack of gender and urban–rural differences are noteworthy. However, current care for grandchildren is much less common among respondents age 70

and older compared to those in their 60s. This probably reflects the fact that grandchildren of older persons are likely to be sufficiently grown-up not to need care.

More detail about grandchild care in Myanmar is provided in Table 6.5. Only 4% of respondents who have grandchildren have ever gone to provide care outside their locality for a month or longer. Such cases might include situations in which a migrant daughter needs assistance in the early months after giving birth. There is little variation in grandchild care of this type by age or area of residence of the older person, but it is more common for women than for men to have provided it, perhaps reflecting gender norms related to childcare roles.

Figure 6.10 Grandchild care by grandparents aged 60 and older, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Excludes persons with no grandchildren. Those who have ever cared for grandchildren did so for at least several months.

Table 6.5 Selected aspects of grandchild care among grandparents aged 60 and older, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
% who ever went to help with grandchild care outside their locality for at least a month	4.0	3.6	4.4	2.9	4.8	4.3	3.9
% who ever cared for a grandchild of absent parents for at least several months	14.5	14.6	14.3	13.3	15.3	14.5	14.4
<i>Who paid mostly for the support of the grandchildren of absent parents (% distribution)</i>							
grandchild's parents ^(a)	50.0	45.4	54.3	38.9	57.0	56.5	47.2
grandparents	32.0	36.3	27.9	39.4	27.1	28.6	33.1
grandchild's parents and grandparents shared equally	18.0	18.3	17.7	21.7	15.9	14.9	19.6
total	100	100	100	100	100	100	100
<i>Who pays for the support of grandchildren currently under grandparent care (all cases regardless of parents' presence)</i>							
grandchild's parents ^(a)	63.6	56.9	71.9	54.3	70.7	69.4	61.2
grandparents	18.3	22.5	13.1	23.5	14.2	18.9	17.9
grandchild's parents and grandparents shared equally	18.1	20.6	15.0	22.2	15.0	11.7	20.9
total	100	100	100	100	100	100	100

Source: 2012 Survey of Older Persons in Myanmar

Note: Absent parent refers to parents who were living away for several months.

(a) includes a small number of cases in which other relatives paid.

Considerably more common, although still not very frequent, are situations in which grandparents provide care for grandchildren of absent parents. Overall, approximately 15% of grandparents indicated they had done so and this varies little by age, gender or area of residence. Respondents who had provided grandchild care on behalf of absent parents were asked who paid for the grandchildren's support. As the results in Table 6.5 show, in half of the cases the grandchild's own parents paid for most for the support of their children left with the grandparents. Among the remainder, it was more common for the burden of support to fall mostly on the grandparents rather than to be shared equally with the grandchildren's parents. Thus, overall about a third of older persons who provided

grandchild care for absent parents were responsible for covering the grandchild's support largely by themselves, and fully half either were primarily responsible or shared equally with the absent parents. These findings contrast with the situation in Thailand, where several surveys have indicated that in the large majority of cases, absent parents were primarily the ones who paid for the support of grandchildren being cared for by grandparents (Knodel et al. 2007; Knodel and Chayovan 2008). This may be because earning opportunities may be better in Thailand than in Myanmar for domestic migrants who leave their children in the care of grandparents.

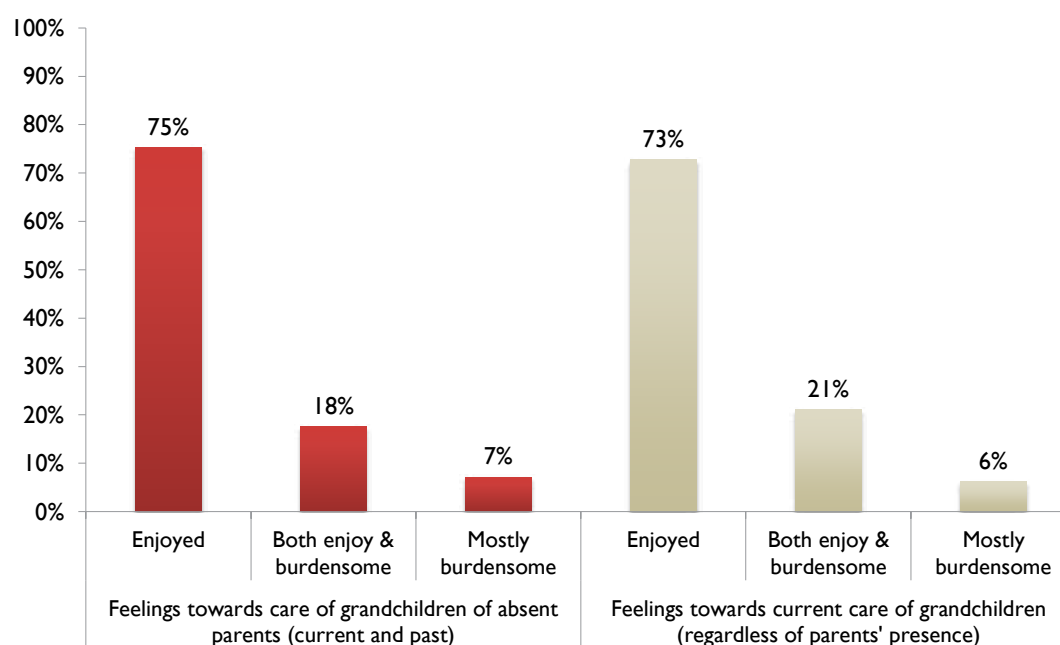
Respondents were also asked who supported the grandchildren who were currently under their

care, regardless of whether the grandchild's parents were absent. Results are shown in the last panel of Table 6.5. Under these broader circumstances, the grandchildren's parents were mainly the ones who provided the support, accounting for almost two-thirds of the cases. Moreover, the remaining cases were evenly split between situations in which the grandparents themselves were mainly responsible and those in which the support was equally shared between the grandchild's parents and the grandparents. Thus with respect to current grandchild care, grandparents were primarily responsible for the expenses of support for the grandchildren in less than 20% of the cases. In addition, the parents were more likely to be reported as mainly responsible for the child's support if respondents were 70 or older, women or urban residents

rather than in their 60s, men or rural residents.

An important issue surrounding grandchild care is how it affects the older persons who provide the care. Having grandchildren to care for in the household could potentially be either a burden or a blessing for the grandparents. While very young grandchildren clearly will be wholly dependent, as they grow older they can increasingly provide assistance and social company for the grandparents. Respondents who cared for grandchildren were therefore asked how they felt about their experience. More specifically, respondents were asked whether they mostly enjoyed the experience, mostly found it burdensome or both. The question was asked separately in relation to care given to grandchildren with absent parents and care given to grandchildren

Figure 6.11 Feelings of grandparents about grandchild care they provided, among grandparents aged 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Absent parent refers to parents who were living away for several months

regardless of the location of their parents. The results are summarised in Figure 6.11.

Clearly only a small minority of grandparents considered grandchild care primarily burdensome, whether or not the parents were absent. Fully three-fourths indicated they found it mostly enjoyable, while most of the rest indicated it was a combination of being enjoyable as well as a burden. Nevertheless, a small minority reported grandchild care was mostly burdensome. Although not shown in Figure 6.11, additional analysis indicates that those who found grandchild care mostly burdensome were con-

siderably more likely to assess their general economic situation unfavourably than those who reported grandchild care as mostly enjoyable. In addition, with respect to grandchild care of absent parents, those who found it mostly burdensome were also considerably more likely to report that they themselves were mainly responsible for the support of the grandchild. Taken together, these findings suggest that economic challenges may be the dominant reason why some grandparents find care of their grandchildren to be a burden. ■



CHAPTER 7: Health

Chapter highlights

- Only 33% of older persons reported their health as good or very good; this is considerably lower than in neighboring Thailand. Reports of poor health increase significantly with age, from 17% to 32% between those aged 60–64 and those 80 and older.
- Poor memory is reported by 18% of older persons and increases from 14% to 26% between those aged 60–64 and those 80 and older.
- A large majority of older persons experienced one or more symptoms of ill health during the previous month, the most common being pain in their joints and spells of dizziness.
- Over one-third (35%) of respondents reported illness or injury during the past 12 months that prevented them from carrying out normal activities.
- 15% of respondents reported having problems hearing and 29% with vision; those who wore glasses reported better vision than those who did not.
- Overall, 52% reported at least one of five physical movement limitations, and 23% reported difficulty with at least one of five basic self-care related activities. These percentages are considerably higher than in Thailand, though lower than in Cambodia.
- Women report more problems than men with virtually all aspects of health.
- Although almost all older persons eat three or more meals a day, only 50% say they generally have enough to eat.
- Current alcohol use is quite low and limited almost entirely to men, but substantial minorities of both men and women use tobacco and betel.
- Almost all who were ill or injured in the past year received treatment, although 27% of those who went for treatment did not receive all the treatment they felt they needed.
- Only 12% of older persons went for a routine physical check-up in previous three years.
- Only small minorities of older persons reported abusive treatment from a family member, and this abuse was almost always verbal rather than physical.

While the concept of well-being incorporates many different dimensions, perhaps none is of more concern to older persons than their health. In virtually all populations, biological processes ensure that the risks of mortality, functional limitations and chronic illness all increase as one ages, with implications for both physical and psychological well-being. As a result, population ageing has critical implications for the demand for medical and related services within the formal health care system and for more general caregiving at the level of the family and commu-

nity. At the same time, there is considerable variation in mortality, morbidity and other aspects of health across settings and over time. The present chapter focuses on various aspects of the health of older persons in Myanmar. It covers self-assessments of overall health and memory; recent experience of a range of symptoms associated with illness; vision and hearing problems; functional limitations; nutrition; risk behaviors; health service usage; psychological well-being; and elder abuse.

Self-assessed health and memory

Obtaining objective measures of health in a large scale survey poses numerous difficulties. As an alternative, respondents can be asked to subjectively assess their own health during the recent past. Self-assessment appears to be a reasonably valid indicator of overall health. Not only does it relate well to other more objective measures, but it is also a reasonably effective predictor of mortality (Bopp 2012). In addition, given that deterioration of cognitive abilities is a major health concern in relation to ageing, self-assessments

of current memory and of recent change in memory are also of considerable interest. In the Survey of Older Persons in Myanmar, respondents were asked to assess their overall health as well as their current memory. They were given five choices ranging from very good to very poor. Table 7.1 shows the results as well as the percentage that reported a chronic illness and the percentage that felt their memory had worsened compared to a year ago.



Table 7.1 Self-reported health and self-reported memory by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Self-assessed health (% distribution)							
very good	5.6	8.3	2.9	8.9	3.2	5.9	5.5
good	27.6	32.1	23.1	30.2	25.7	24.9	28.9
fair	44.5	42.7	46.4	41.6	46.7	44.6	44.5
poor	20.6	15.8	25.5	17.5	22.9	22.5	19.7
very poor	1.6	1.1	2.2	1.8	1.5	2.1	1.4
Self-assessed memory (% distribution)							
very good	5.0	6.9	3.1	7.3	3.3	6.4	4.4
good	32.5	37.1	27.7	37.0	29.1	31.4	33.0
moderate	44.4	41.5	47.5	40.7	47.2	43.3	45.0
poor	17.1	13.8	20.5	14.3	19.2	18.1	16.7
very poor	1.0	0.7	1.2	0.7	1.2	0.8	1.0
% that say their memory is worse than a year ago	30.6	25.4	35.9	26.3	33.8	33.2	29.5
% that say they have one or more chronic illnesses	8.6	7.0	10.2	8.7	8.5	12.0	7.0

Source: 2012 Survey of Older Persons in Myanmar

Over 40% of respondents said their overall health was fair. Respondents were also modestly more likely to assess their overall health as good or very good, as opposed to poor or very poor. Differences according to age, gender and area were also evident. Respondents in their 60s were considerably more likely to give positive ratings with regards to both their overall health and their memory compared to those 70 and older. Likewise, men were more likely than women to give positive ratings. Differences between urban and rural residents were smaller, although rural elders were somewhat more positive than urban elders about both their health and memory.

The percentage of older persons who reported their health as good or very good in Myanmar is considerably lower than in Thailand. For

example, according to the 2007 Survey of Older Persons in Thailand, 47% of persons aged 60 and older reported their health as good or very good compared to only 33% in Myanmar in 2012. In Thailand self-assessed health has been improving, but even as long ago as 1994 some 38% reported their health as good or very good (Knodel and Chayovan 2008).

The distribution of responses concerning current memory is similar to that regarding overall health. The most common response was to indicate that memory was moderate (44%). Among the remainder, more reported their memory as good or very good than as poor or very poor. Persons aged 70 and older were more likely to report poor memory than those 60–69. Likewise, women were more likely than men to report poor memory. Urban–rural differences,

however, are minimal. Almost a third (31%) of respondents said that their memory had worsened since a year ago. This was more common among older than younger elders, men than women, and urban than rural residents. Self-reports that memory is worsening do not necessarily reflect the onset of serious cognitive impairment, as some modest increase in difficulty with memory is normal with ageing. A more systematic set of tests would be needed than is possible in the survey to determine how serious a health issue this is.

In contrast to memory loss, less than 10% of respondents reported that they had one or more chronic illnesses. Stroke was the most common, cited by almost 40% of those who reported a chronic illness (not shown in table). The percentage reporting a chronic illness was higher among older than younger elders and among urban than rural elders but barely differed between men and women. Interpreting the results both with respect to the overall level and in terms of differences between categories of respondents, however, requires caution given

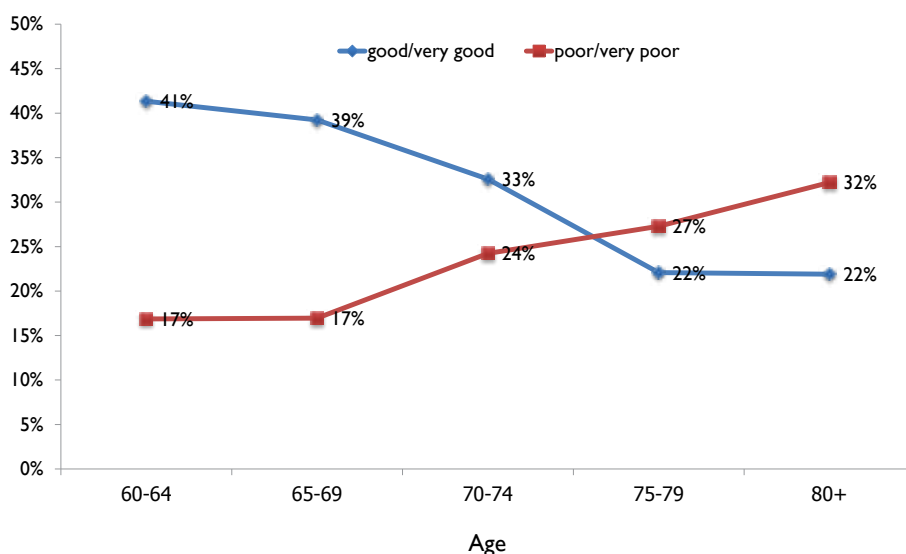
that a respondent's awareness of a chronic illness often depends on it being diagnosed. Many underlying conditions are asymptomatic (e.g. hypertension) with no obvious indication until the disease results in a major health event (e.g. heart attack or stroke) or recognisable impairment (e.g. unusual fatigue). Thus, self-reports in a survey are likely to underestimate the prevalence of chronic illness. Moreover, the higher reported percentage by urban compared to rural residents in the present survey is more likely to reflect better access to sophisticated health care and examinations in urban settings in Myanmar than a genuine difference in prevalence of chronic diseases.

A more detailed presentation of the association between age and different levels of self-reported health and memory is in Figure 7.1. The upper panel shows the percentage that reported their health as good or very good and the percentage that reported it as poor or very poor. As would be expected, with increasing age there is a substantial decrease in the percentage that reported good health and a substantial increase in the

percentage that reported poor health. Thus while over 40% of those 60–64 said their health was good or very good, the percentage falls to almost half that level by age 75. Moreover, the percentage that report their health as poor or very poor almost doubles between ages 60–64 and 80 and older.

Figure 7.1 Self-reported health and memory by age, Myanmar 2012

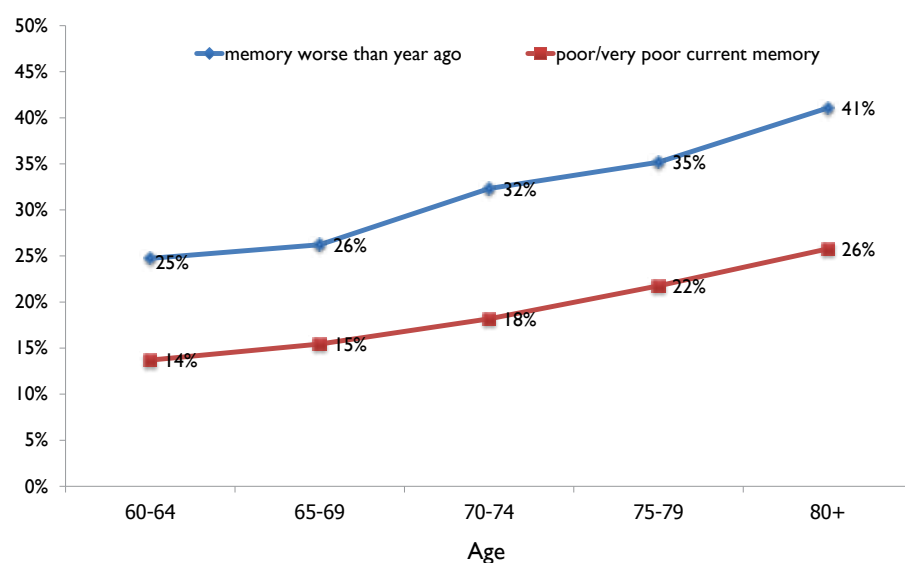
A. Self-reported health



The lower panel of Figure 7.1 shows clear increases with age in the percentage that reported their current memory as poor as well as the percentage that reported that their memory had worsened since a year ago. Only 14% of those aged 60–64 indicated their memory was poor or very poor, but this increases to 26% for those

80 and older. Equally striking is the steady increase, from 25% to over 40%, between respond-

B. Self-reported memory



Source: 2012 Survey of Older Persons in Myanmar

ents aged 60–64 and those 80 and older who said their memory was worse than a year ago.

Current symptoms

Although accurate reports of chronic illnesses are problematic to obtain in surveys, people presumably know whether they have experienced specific symptoms related to illness. Respondents in the Survey of Older Persons in Myanmar were asked if they experienced any of 18 possible symptoms during the past month. Results are presented in Table 7.2.

The two most common symptoms that respondents reported are clearly joint pain and dizziness. At least two-fifths reported each of these symptoms. Also fairly commonly reported were feeling weak, coughing, headache, and back or hip pain. Between 19% and 29% indicated they experienced these symptoms during the past month. Among the other symptoms, it is of

interest that incontinence with respect to bladder or bowel control is relatively rare. Older compared to younger elderly, as well as women compared to men, were more likely to report the various symptoms. However, little consistent difference is apparent between urban and rural residents.

Also shown in Table 7.2 is the mean number symptoms reported. Overall, respondents reported that they experienced an average of almost 3 of the possible 18 symptoms during the past month. The mean number was higher for those 70 and older compared to those in their 60s, and higher for women than men, but there is little difference in the number reported by urban and rural residents.

Table 7.2 Self-reported symptoms experienced during past month, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
% experiencing the following symptoms during past month							
Joint pain	44	42	46	39	48	44	44
Dizziness	40	39	41	31	46	41	39
Feeling weak	29	24	33	25	32	27	29
Coughing	26	24	28	28	24	25	27
Headache	22	23	22	17	26	21	23
Back or hip pain	19	17	21	18	20	17	20
Problems breathing	15	14	16	14	15	16	14
Fever	14	13	15	13	15	13	14
Constipation	13	10	16	12	14	15	12
Chest pain	10	10	10	9	11	11	10
Stomach ache	8	8	9	8	9	8	9
Shoulder pain	8	8	8	7	9	8	8
Loss of bladder control	5	4	7	5	6	7	5
Trembling hands	5	3	7	5	5	5	5
Diarrhea	5	4	6	4	5	5	5
Vomiting	3	3	3	2	4	3	3
Loss of bowel control	3	1	4	2	3	3	3
Skin problems	2	2	3	3	2	2	3
Mean number of symptoms experienced during past month	2.72	2.48	2.96	2.43	2.93	2.70	2.73

Source: 2012 Survey of Older Persons in Myanmar

Vision and hearing

Two changes commonly associated with ageing are worsening vision and increased problems with hearing. Respondents in the survey were asked about both as well as whether they used a hearing aid or wore eyeglasses. Only 1% of re-

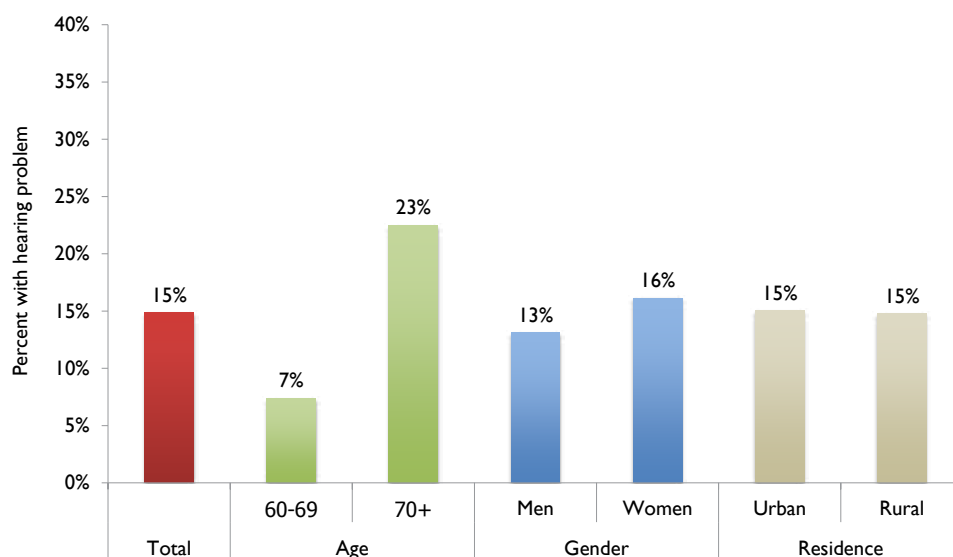
spondents reported they used a hearing aid, but 26% indicated that they wore eyeglasses. Respondents were asked how well they could hear and see, the question allowing for use of their hearing aid or spectacles if they had them. Re-

sponses were coded in four categories: very well, somewhat well, not so well and cannot see or hear at all (i.e. deaf or blind). Less than 1% could not hear at all and only slightly over 1% could not see at all.

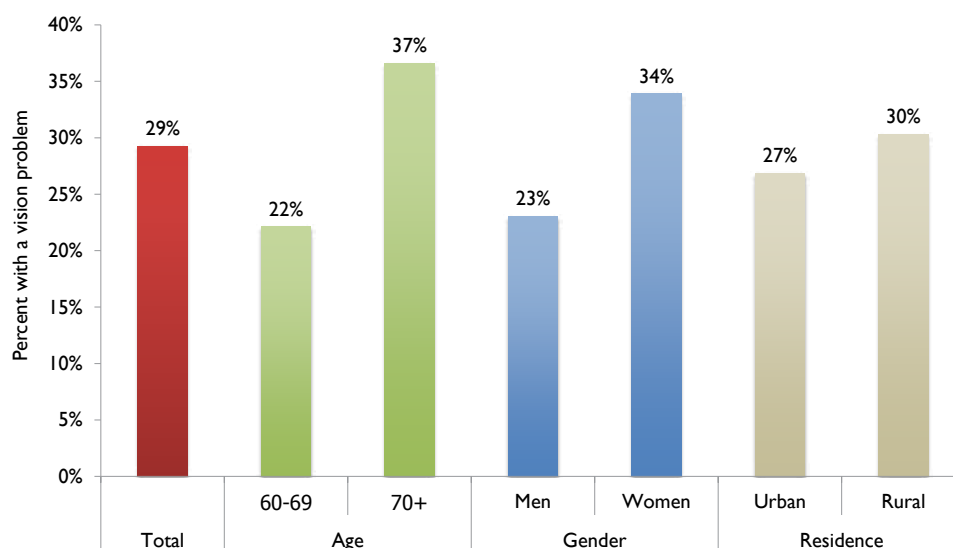
Figure 7.2 summarises the extent of difficulty with hearing and vision. In both cases, difficulty was defined as responding either not so well or not at all. As the top panel shows, overall 15% of persons aged 60 and older had difficulty with hearing. This was considerably higher for the older group of respondents, with almost one-fourth of those aged 70 and older reporting problems with hearing. Women were only slightly more likely than men to say they had difficulty hearing, and urban and rural elderly reported such difficulties equally.

Figure 7.2 Percent with hearing and vision difficulties, by age, gender and area of residence, Myanmar 2012

A. Difficulty with hearing



B. Difficulty with vision



Source: 2012 Survey of Older Persons in Myanmar

Note: Only a small fraction of those with difficulty hearing or seeing reported they could not hear or could not see all.

As the lower panel shows, difficulty with vision is more common than with hearing. Almost 30% overall reported that they could see not so well or not at all. As with difficulty in hearing, persons 70 and older were considerably more likely than those in their 60s to report poor vision. In addition, almost as large a difference is apparent between men and women. Although the difference is fairly small, rural residents were more likely than urban ones to report difficulty with vision.

Table 7.3 examines more closely the relationship between age and vision as well as whether persons who wear eyeglasses can see as well or better than those who do not. As noted earlier, 26% of older persons wear eyeglasses. This rate

differs only modestly by age, with those aged 60–64 most likely to do so. Difficulty with vision, however, increases sharply with age and is almost twice as common among persons aged 80 and older compared to those in their early 60s. The relationship with poor vision and age holds both for those who wear glasses and those who do not.

It is noteworthy that considerably lower percentages of those who wear eyeglasses reported difficulty seeing than those who do not. In fact, except for those 80 and older, at most of the other ages those that do not wear glasses are almost twice as likely as those who do to report difficulty with their vision. A definitive interpretation of this is not possible since even without

their glasses, persons who wear glasses might have better vision than those who do not. Nevertheless, this seems unlikely. Of course, not all vision problems are correctable by spectacles, especially if cataracts are present. Still, promotion of wearing eyeglasses could potentially reduce vision problems for many of those who do not have them.¹³

Table 7.3 Percent that wear eyeglasses and percent with poor vision by age, Myanmar 2012

	% that wear glasses	% with poor vision		
		All	Wears glasses	Wears no glasses
All ages	25.9	29.3	18.5	33.0
Age group				
60-64	29.0	21.2	12.2	24.8
65-69	25.0	23.3	13.5	26.6
70-74	25.8	34.2	19.0	39.4
75-79	22.9	34.4	25.5	37.0
80+	24.9	41.8	32.5	44.9

Source: 2012 Survey of Older Persons in Myanmar

Functional health

One serious consequence of declining health and increased frailty associated with ageing is increased difficulties of physical movement, often referred to as functional limitations, and increased difficulties carrying out basic self-care

tasks, known as activities of daily living (ADLs), without assistance. As functional limitations and ADL difficulties increase, the need for assistance by caregivers becomes increasingly necessary.

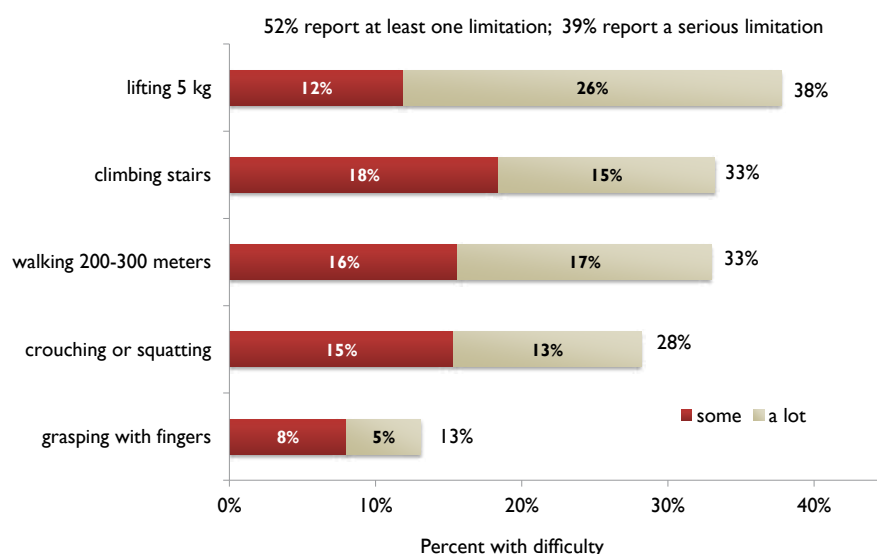
¹³ A similar comparison with respect to hearing between those who do and do not use a hearing aid is not presented, given the very small number that use a hearing aid.

Figure 7.3 examines five measures each of potential functional limitations and difficulty with ADLs. For each, the respondents were first asked if they had any difficulty with the task, and if they said yes they were further asked how severe the difficulty was. Responses were coded in three categories: some, a lot and cannot do all. Figure 7.3 shows both the percentage that indicated they had any difficulty as well as the percentage that said they had a lot of difficulty (including not being able to do the task at all without assistance) for each specific functional limitation or ADL difficulty. Overall, 52% reported having at least one of five functional limitations and 23% reported having at least one difficulty with self-care related activities of daily living.

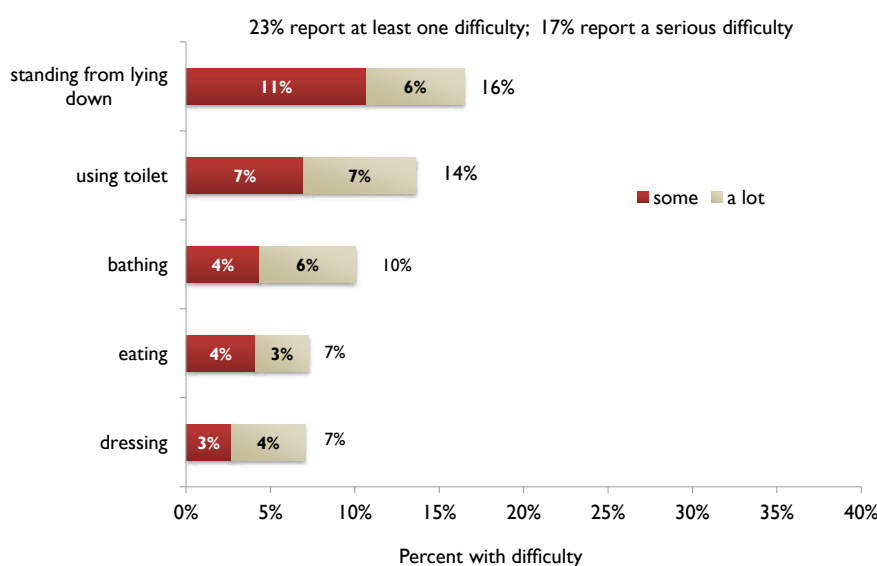
As the top panel indicates, the most common functional limitation among the five shown is being able to lift 5 kilograms. Almost 40% said they had at least some difficulty doing so. Climbing stairs and walking several hundred meters are the next most common limitations. A third of respondents reported at least some difficulty with each of these tasks. Not far behind is diffi-

Figure 7.3 Functional limitations and difficulty with activities of daily living (ADLs), persons aged 60 and older, Myanmar 2012

A. Functional limitations: Percent that have some difficulty and that have a lot of difficulty doing basic functions on own



B. Difficulties with ADLs: Percent that have some difficulty and that have a lot of difficulty doing the following activities on own



Source: 2012 Survey of Older Persons in Myanmar

Note: A lot includes both a lot of difficulty and cannot do the activity at all.

culty with crouching or squatting. Considerably less common is difficulty grasping things with one's fingers. With respect to lifting 5 kilograms, respondents were considerably more likely to indicate that they had a lot of difficulty than just some difficulty. Difficulties with the rest of the tasks are more or less evenly divided between having some and having a lot of difficulty. Levels

of reported functional limitations are considerably higher in Myanmar than in Thailand but lower than in Cambodia, where extremely high levels have been reported (Knodel and Chayovan 2008; Knodel et al. 2005).

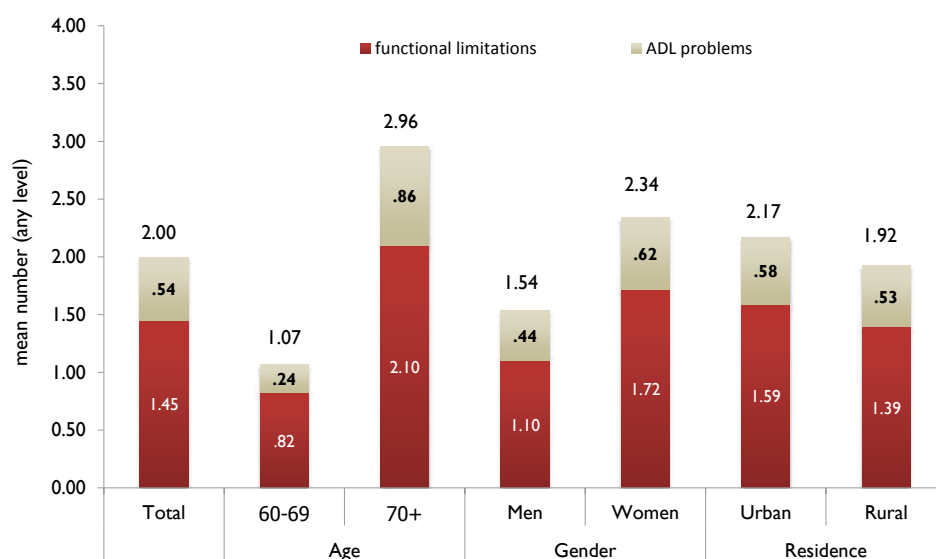
The lower panel in Figure 7.3 shows that problems with the five activities of daily living included in the survey were less common than difficulties with the functional limitations just reviewed. Difficulty in being able to stand from

lying down without assistance was most commonly reported. Still, only 16% of respondents said that they had difficulty with this activity, and more reported that they only had some difficulty than a lot of difficulty. Next most common were problems using the toilet (14%) followed by problems bathing oneself (10%). Only 7% reported problems with eating and dressing without assistance. As with functional limitations, ADL difficulties are more commonly reported in Myanmar than in Thailand but to a similar extent as in Cambodia.

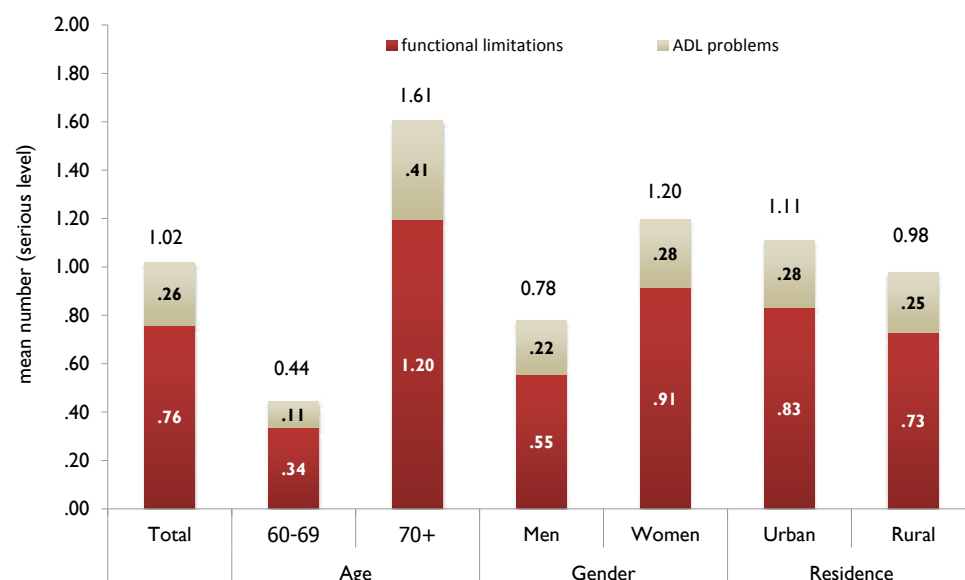
The mean number of functional limitations and difficulties with ADLs can serve as a composite measure of such problems and is presented in Figure 7.4. The top panel indicates the mean number reported at any level of

Figure 7.4 Mean number of 5 functional limitations and 5 difficulties with activities of daily living (ADLs), by age, gender and area of residence, Myanmar 2012

A. Mean number of limitations or difficulties at any level



B. Mean number of limitations or difficulties at a serious level



Source: 2012 Survey of Older Persons in Myanmar

Notes: Any level refers to the number of the 5 functional limitations and 5 activities of daily living that the respondent acknowledged before being asked their severity. The mean number of limitations or difficulties at a serious level refers to the number of functions/activities that respondents said they could do only with a lot of difficulty or could not do at all.

difficulty, while the bottom panel refers to the mean number at a serious level of difficulty. Overall, respondents reported at least some difficulty with an average of two of the combined 10 tasks, most being attributable to functional limitations. The number of limitations and difficulties is almost three times higher for persons 70 and older than for those in their 60s. Moreover, women reported distinctly higher numbers than men. Differences associated with area of residence are only modest, although urban residents reported somewhat more problems than rural residents.

The lower panel indicates that on average respondents reported about one serious functional limitation or ADL difficulty. Differences are particularly pronounced with respect to age,

with respondents 70 and older reporting four times as many as those in their 60s. Again women reported substantially more problems than men, while urban residents reported a modestly higher number than rural residents.

Another common set of measures of disability, referred to instrumental activities of daily living (IADLs), relate to tasks that let an individual carry on with life independently. Unlike ADLs, they can be delegated to someone else and thus are not uniformly carried out by everyone themselves. In addition, some relate to functioning within a community rather than only within the home. The survey included questions about difficulties with five different IADLs: doing household chores, counting money, taking medications, using transport and making phone calls.

Table 7.4 Difficulties with instrumental activities of daily living (IADLs), among respondents who indicated the task was applicable for them, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Using transport							
% having any difficulty	31.0	17.5	45.4	22.9	37.3	35.2	29.1
% w serious difficulty	17.0	7.9	26.7	11.8	21.0	18.1	16.5
Counting money							
% having any difficulty	6.6	2.6	11.2	5.7	7.4	7.2	6.4
% w serious difficulty	3.3	1.2	5.8	2.8	3.7	3.8	3.1
Taking medications							
% having any difficulty	10.1	5.2	15.0	7.9	11.6	10.1	10.1
% w serious difficulty	5.1	2.3	8.0	3.9	6.0	5.7	4.9
Doing household chores							
% having any difficulty	18.9	9.7	31.2	15.2	21.5	19.3	18.7
% w serious difficulty	7.9	3.1	14.2	6.5	8.9	7.2	8.2
Making phone calls							
% having any difficulty	13.0	8.5	19.9	10.6	15.4	12.3	13.5
% w serious difficulty	7.6	4.5	12.3	5.9	9.3	6.6	8.3

Source: 2012 Survey of Older Persons in Myanmar

Notes: The percent of respondents who said that the tasks were inapplicable and are thus excluded from the results are as follows: using transport - 5.5%; counting money - 7.4%; taking medications - 18.4%; doing household chores - 19.8%; making phone calls - 51.1%.

Serious difficulty includes both those that say they have a lot of difficulty and those that cannot do the activity at all.

Among respondents who do carry out the various activities, the percentage having at least some difficulty ranges from only 7% for counting money to almost one-third for taking transport. For all five of the activities, the percentage that had serious difficulty represents about half of those with any difficulty. In general, respondents aged 70 and older are far more likely to report that they had difficulties than those in their 60s. This is quite pronounced with respect to house-

hold chores; moreover, those 70 and older were also much more likely to say they do not do household chores. Declining physical strength likely underlies these stark differences regarding age and housework. Also in general among those who do the tasks, women are more likely than men to indicate they had difficulties. Differences are not pronounced, however, between urban and rural residents.

Nutrition

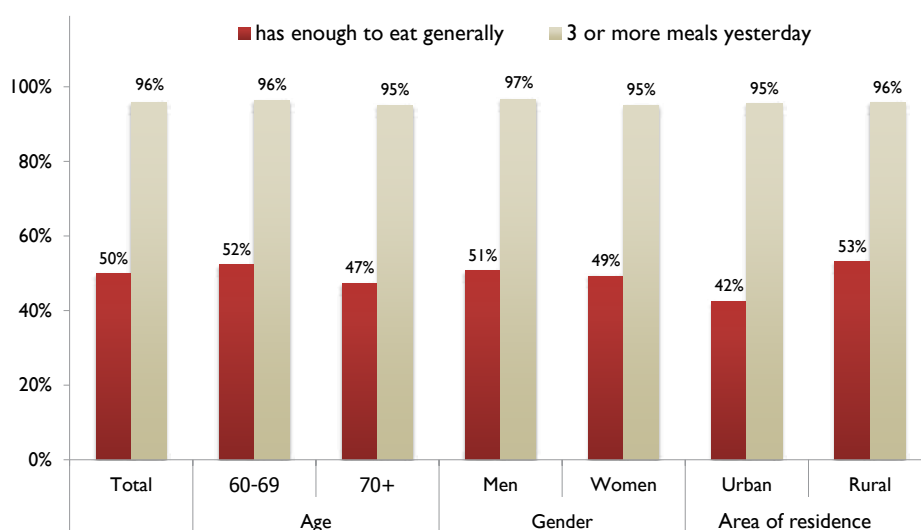
The survey included some limited questions related to nutrition. Respondents were asked about the number of meals eaten on the previous day, whether they had enough to eat most of the time, and the frequency with which they ate various types of food during the past week. As Figure 7.5 shows, the vast majority of older persons in Myanmar regardless of age, gender or residence ate three or more meals during the prior day. Nevertheless, only 50% indicated that they generally had enough to eat. This varies little by age or gender but is somewhat higher among rural than urban residents, perhaps reflecting the ability of elderly in rural households

to benefit from household agricultural pursuits.

Table 7.5 summarises responses concerning the types of food that respondents reported they ate during the prior week. The most frequently consumed foods are starches, namely rice, noodles, bread, corn or grains. Over 90% reported consuming such food daily or almost daily. Vegetables are distinctly in second place, although they were eaten on a daily basis only half as frequently as starches. Less than 20% of respondents ate any of the other foods daily. Since some of these foods are key sources of protein, their lack suggests many older persons are not getting adequate amounts of

protein in their daily diets. Nevertheless, quite a few of the foods were eaten at least several times during the prior week by a majority. The only exception was milk or milk products, which more than half of respondents did not consume during the prior week. In addition, over 40% did not have any nuts or tofu.

Figure 7.5 Percent that had 3 or more meals during previous day and percent that generally has enough to eat, by age, gender and area, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Table 7.5 Frequency that various types of food were eaten by persons aged 60 and older during prior week, Myanmar 2012

	Frequency food was eaten in past week			
	Daily/ almost daily	Some days	Not at all	Total
Rice, noodles, bread, corn or grains	92%	7%	1%	100
Vegetables	46%	52%	2%	100
Sweets, jaggery or soft drinks	19%	60%	21%	100
Beans, pulses, dhal	17%	68%	16%	100
Fruit	11%	72%	17%	100
Fish or crabs	9%	81%	10%	100
Milk or milk products	9%	35%	56%	100
Nuts or tofu	5%	51%	44%	100
Meat	4%	77%	19%	100
Eggs	2%	77%	21%	100
Roots, tubers, potatoes, taro, arrowroot	1%	72%	27%	100

Source: 2012 Survey of Older Persons in Myanmar

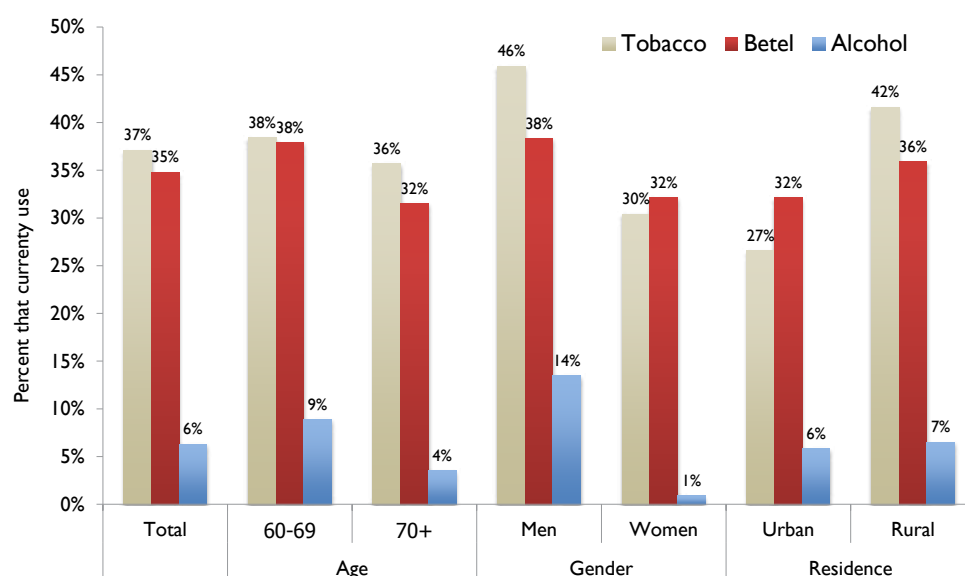
Risk behaviours

It is well established that tobacco use carries serious health risks. Although chewing tobacco

may be less dangerous than smoking, it still carries serious risks because tobacco in any form

contains numerous cancer-causing substances (Mayo Clinic staff 2011). Excessive alcohol use can also have serious adverse effects on health. However, the implications of alcohol use are more complex than for tobacco because moderate consumption appears to be protective of heart disease and may have other health benefits as well. Betel

Figure 7.6 Current tobacco, betel and alcohol use, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

nut chewing carries some health risks associated with mouth and throat cancer (Reichart 1995). Questions concerning use of tobacco, alcohol and betel were asked in the survey. In the case of tobacco, the question referred to either smoking or chewing. Figure 7.6 summarises the prevalence of current use of each of these.

Overall, current use of tobacco and betel among older persons in Myanmar is considerably more common than alcohol use. More than a third of respondents currently use tobacco or betel, compared to only 6% that currently drink alcohol. Use of all three of these substances is somewhat higher for persons in their 60s than those 70 and older. More striking differences, however, are associated with gender and residence. Men are considerably more likely than women to use each of these substances. Indeed, only 1% of women reported that they currently drink alcohol. Tobacco use is considerably more common among rural than urban elders, but betel and alcohol use differs only modestly by area of residence. The modestly higher level of betel use among men than women in Myanmar

is in sharp contrast to use in Thailand and Cambodia, where older women are much more likely than older men to chew betel.

Table 7.6 provides more details concerning use of tobacco, alcohol and betel including information of past use, which is of interest given the cumulative negative effects of use, and frequency of use among current users. A substantial share of older persons in Myanmar who do not currently use tobacco nevertheless did so in the past. Overall, 20% reported that they previously used but quit. In total, only 43% had never used tobacco on a regular basis. Most who quit did so over five years ago. Yet 7% had quit only in the past five years and thus are recent tobacco users. Past ('ever') use of tobacco follows the same pattern with respect to age, gender and area as current use. Thus the percentage that has ever used it is considerably higher for men than women and among rural than urban residents. With respect to current users of tobacco, the vast majority uses it daily and this differs little by age, gender or residence.



Table 7.6 Tobacco, alcohol and betel use, by age, gender and area of residence, Myanmar 2012

	Total	Age		Gender		Area of residence	
		60-69	70+	Men	Women	Urban	Rural
Tobacco use (smoke or chew)							
Current status (% distribution)							
currently	37.1	38.4	35.7	45.9	30.4	26.6	41.6
quit within last 5 years	7.1	6.9	7.3	9.0	5.6	5.2	7.8
quit over 5 years ago	12.9	10.3	15.5	18.1	9.0	16.0	11.5
never	43.0	44.5	41.5	27.0	55.0	52.3	39.0
total	100	100	100	100	100	100	100
Among current tobacco users, % that use daily	88.7	90.8	86.4	90.1	87.1	86.1	89.4
Alcohol use							
Current status (% distribution)							
currently	6.3	8.9	3.5	13.5	0.9	5.8	6.5
quit within last 5 years	3.1	4.0	2.3	7.0	0.2	2.2	3.5
quit over 5 years ago	13.5	13.1	13.8	30.9	0.4	11.6	14.3
never	77.1	73.9	80.4	48.6	98.5	80.4	75.7
total	100	100	100	100	100	100	100
Among current alcohol users, % that drink daily or every few days	65.6	62.9	71.7	64.4	75.8	69.2	64.4
Betel use							
Current status (% distribution)							
currently	34.8	37.9	31.5	38.3	32.1	32.1	35.9
quit within last 5 years	2.7	2.8	2.6	3.9	1.9	2.6	2.8
quit over 5 years ago	4.4	2.7	6.3	6.5	2.9	6.5	3.6
never	58.1	56.6	59.6	51.4	63.1	58.9	57.7
total	100	100	100	100	100	100	100
Among current betel users, % that chew daily	75.5	76.3	74.4	78.3	72.9	73.3	76.3

Source: 2012 Survey of Older Persons in Myanmar

Although over three-fourths of older persons said they never drank alcohol on a regular basis, the proportion that did previously drink but quit is substantially larger than the proportion that currently drinks alcohol. The gender difference is particularly striking with respect to alcohol use, which is restricted almost entirely to men. Among current users, substantial majorities

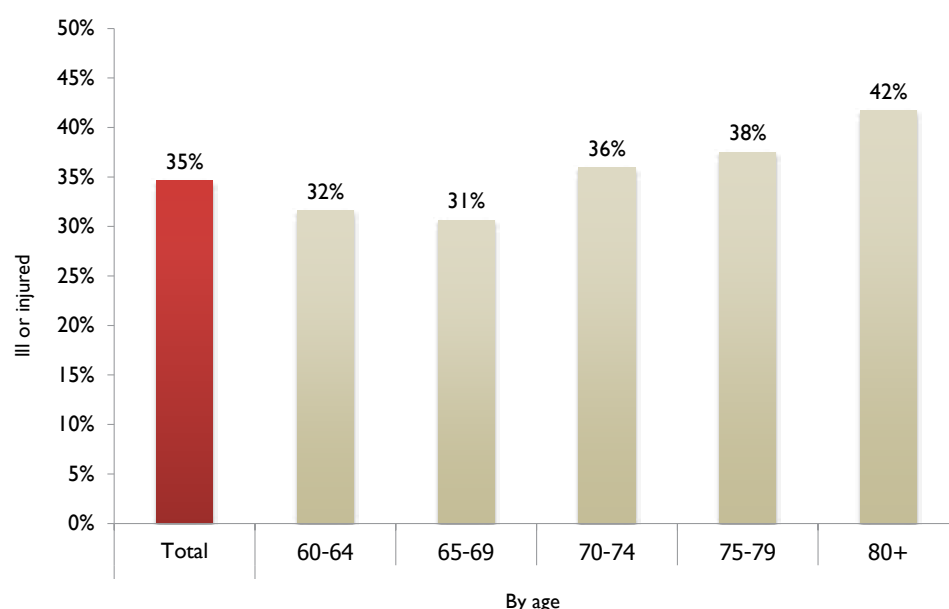
drink alcohol at least every few days. Most persons that have ever chewed betel are still current users. This differs little across age, gender and area or residence. In addition, fully three-fourths of persons that chew betel do so daily. Again this differs very little across age, gender and area.

Health service usage

In order to determine health service utilisation by older persons in Myanmar, respondents were asked if they had been ill or injured during the past 12 months preventing performance of usual activities. If so, they were asked if they received treatment and from what source they received it. Overall, just over a third of respondents reported at least one incapacitating episode of illness or injury during the past 12 months. Slightly less than half said that as a result they were unable to perform normal activities for

more than 10 days over the course of the year.¹⁴ Figure 7.7 shows the percentage of respondents who reported illness or injury according to age. The percentage generally increases with age. Just under a third of persons in their 60s were ill or injured, compared to over 40% of those aged 80 and older. However, for each age group slightly less than half were unable to conduct normal activities for more than 10 days as a result of their illness or injury (not shown in Figure 7.7).

Figure 7.7 Percent who were ill or injured during the past 12 months preventing normal activities, by age, Myanmar 2012



The vast majority of persons who were ill or injured received some treatment if needed. Among those who experienced illness or injury, 95% said they had received some treatment. Slightly more than 1% said they did not need treatment. The remainder, representing just over 3%, said that they needed but did not receive treatment. Figure 7.8 indicates the

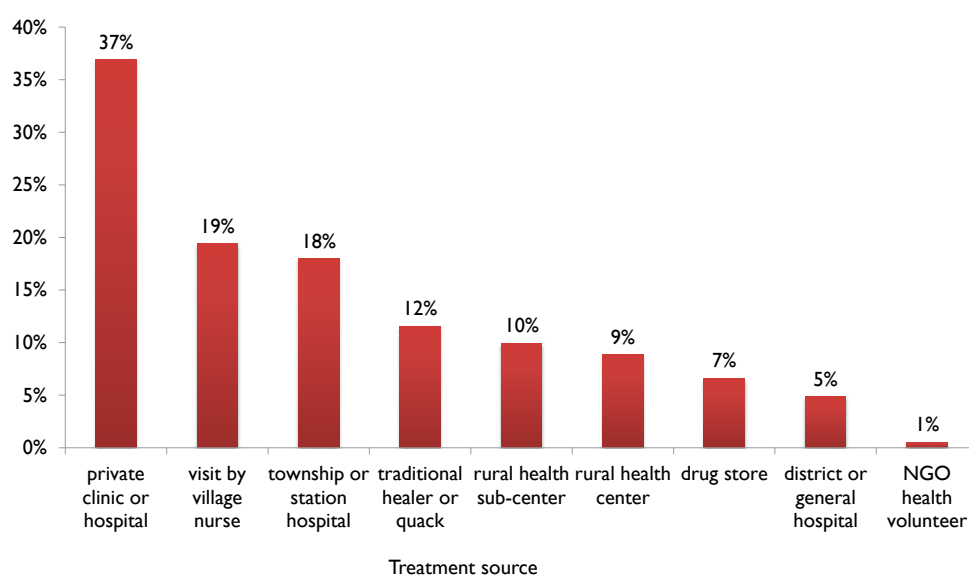
¹⁴ Of those who reported that they were ill or injured during the past year, 14% overall and 17% of those who said they were incapacitated for over 10 days also reported that they were chronically ill, thus contributing to the length of the period of incapacitation.

source that provided treatment. Some respondents reported more than one source, but the majority (85%) reported only a single treatment source.

The most common source of treatment, reported by 37%, was a private clinic or hospital. This is about twice as high as reported for the next two most common sources: namely, home visits by a village nurse (19%) and from township or sub-township (i.e. station) hospitals (18%). Only a relatively small share (12%) went to non-professional health providers (mainly traditional healers). Even fewer relied on a drugstore (7%). NGO health volunteers are apparently very rare and were mentioned by only a very few respondents.

All respondents who reported receiving treatment were asked if they needed additional treatment but could not afford to pay for it. Responses can serve as an indicator of whether or not the respondent received sufficient treatment. Figure 7.9 shows the results including the percentage that received no treat-

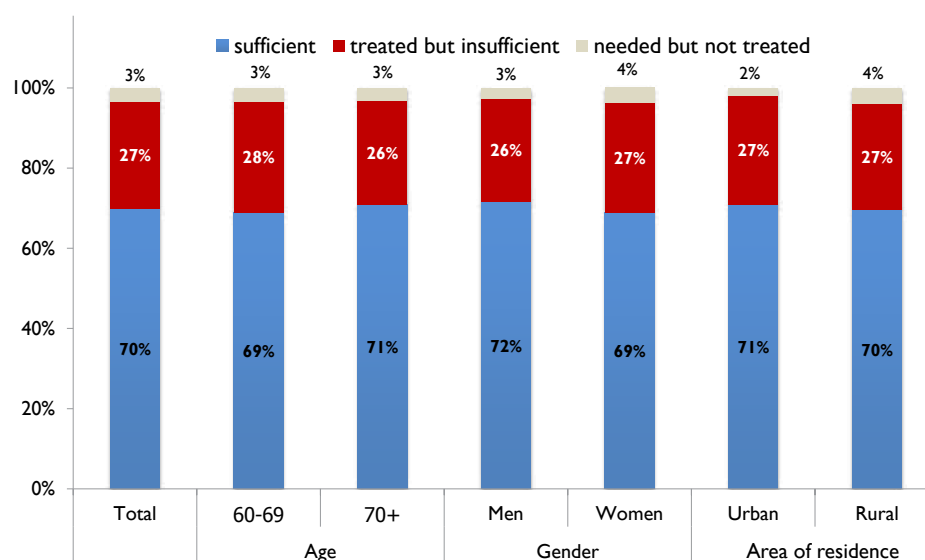
Figure 7.8 Sources of treatment for illness or injury during past 12 months, persons aged 60 and older, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: Total percent adds to over 100 because some persons were treated by multiple sources.

Figure 7.9 Sufficiency of treatment for illness or injury during past 12 months among those who received or needed treatment, by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

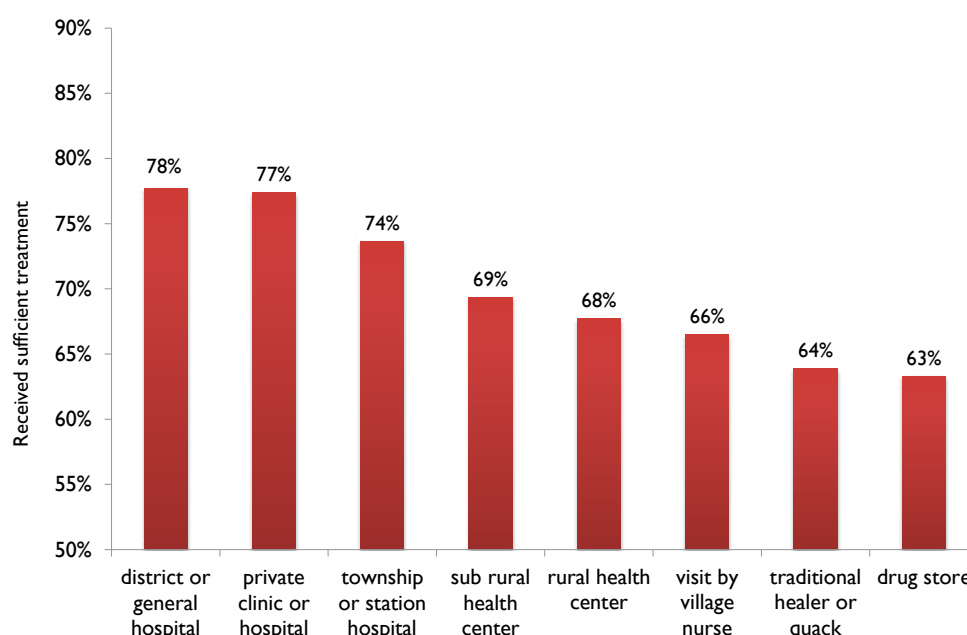
ment but needed it. Overall, 70% of those who were ill or injured during the prior year reported that they did not need additional treatment and thus presumably received sufficient treatment. This varies little by age, gender or residence. In

addition, 27% indicated that they needed additional treatment but could not afford it. This also varies very little across age, gender or residence and indicates a substantial unfulfilled need for adequate treatment among Myanmar elders.

As Figure 7.10 shows, the extent to which sufficient treatment was reported varies to some extent by the source of treatment. Those who received treatment at larger government facilities (district or general hospitals) and at private clinics or hospitals were most likely to say that they did not need additional treatment. Other government health facilities are next in line, with some indication that smaller health centres or associated services (rural health centres, rural health sub-centres and visits by village nurses) were less satisfactory than medium-size facilities (hospitals at the township or station level). The lowest percentages indicating that treatment was sufficient were associated with non-professional services (mostly traditional healers) and drug-stores.

In addition to asking about treatment received for illness or injury in the past year, all respond-

Figure 7.10 Percent that received sufficient treatment for illness or injury during past 12 months by source of treatment, persons 60 and older, Myanmar 2012

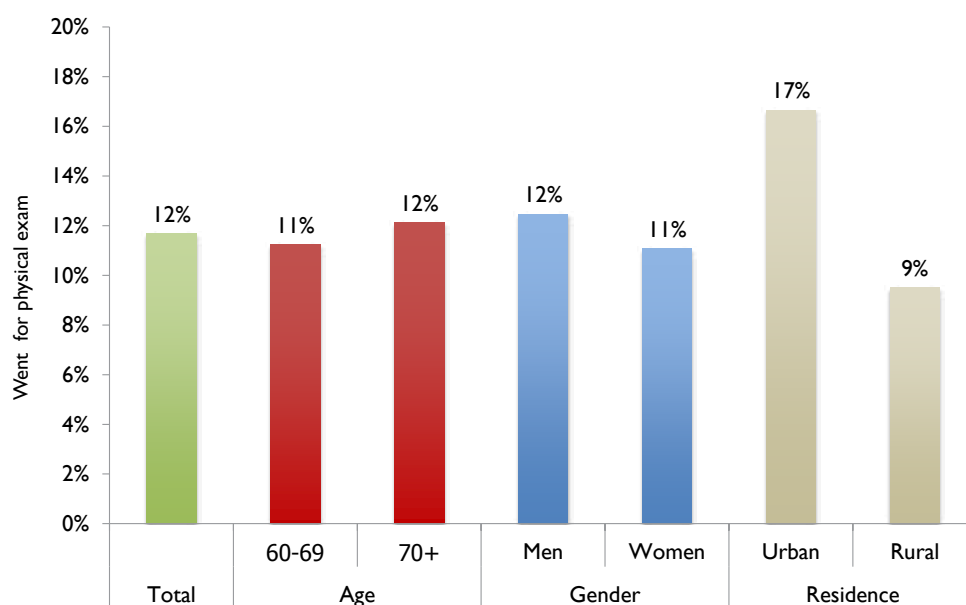


Source: 2012 Survey of Older Persons in Myanmar

Note: Sufficiency of treatment from NGO health volunteers is omitted because only a very small number of cases cited this as a source of treatment.

ents were asked whether or not they had a general physical exam during the past three years, not counting when they were ill. Such exams can provide important guidance for preventive steps that can delay certain conditions from developing into more serious problems. As Figure 7.11 indicates, such exams are unfortunately not a common feature of health services for older persons in Myanmar. The percentages that reported having a physical exam varies little by age or gender but is more commonly reported by urban than rural residents, undoubtedly reflecting better access to more sophisticated health service provision in urban settings.

Figure 7.11 Percent that went for a general physical exam during past 3 years (not counting when ill or sick), by age, gender and area of residence, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Note: The 9% of respondents who indicated that they did not understand what was meant by a physical exam was assumed not to receive one.

Psychological well-being

Nine standard questions designed to measure psychological well-being were included in the

survey. All referred to feelings or experiences during the past month. Three of the questions

Table 7.7 Frequency of positive and negative feelings during the past month, persons aged 60 and older, Myanmar 2012

	Frequency			Total
	Often	Some of the time	Not at all	
<i>Positive feelings</i>				
enjoyed life	37.3	49.9	12.9	100
calm and peaceful	36.9	52.3	10.8	100
happy	22.9	54.3	22.8	100
<i>Negative feelings or experiences</i>				
difficulty sleeping	23.8	48.9	27.3	100
tired and lacked energy	18.8	48.6	32.6	100
poor appetite	17.3	47.6	35.1	100
upset and moody	14.2	52.7	33.1	100
sad or depressed	13.3	43.4	43.4	100
lonely	5.7	26.6	67.8	100

Source: 2012 Survey of Older Persons in Myanmar

related to positive feelings (enjoying life, being calm and peaceful, and being happy) while the remainder referred to negative feelings (feeling lonely, sad or depressed, and upset or moody) or signs of poor psychological well-being such as lacking energy, difficulty sleeping and having a poor appetite. Respondents were asked how often they felt or experienced each (often, some of the time, or not at all). Table 7.7 summarises the results.

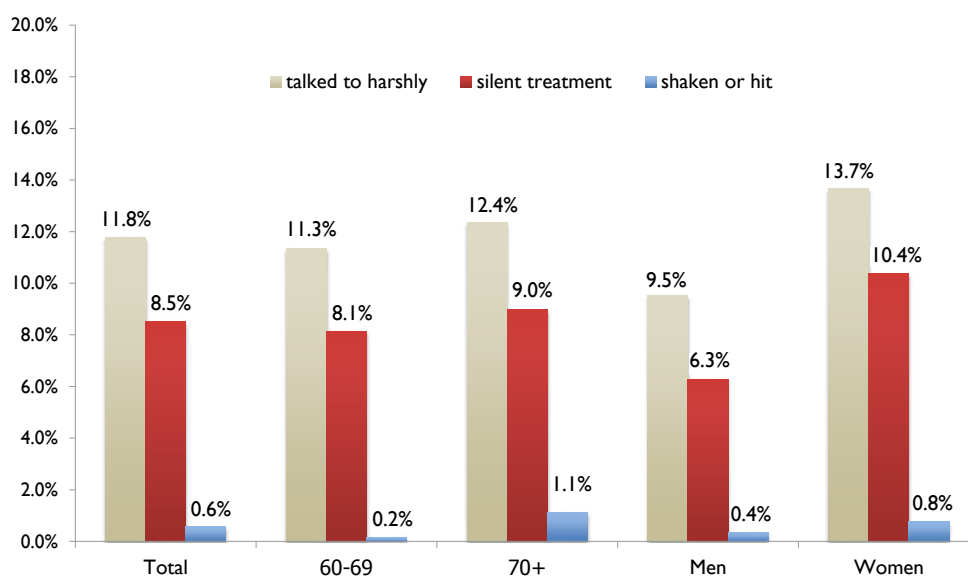
In general about half of the respondents reported that they felt or experienced what the question referred to some of the time. The main exception was with respect to feeling lonely, with fully two-thirds of respondents saying they did not feel lonely at all and only about one-fourth saying they were lonely some of the time. This low rate of reported loneliness probably reflects the fact that very few older people live alone and thus have daily contact with other household members. In addition, many have other relatives nearby with whom they can socialise. With

regards to those who have negative feelings or experiences often, the lowest percentage of respondents mentioned feeling lonely (6%) and the most indicated having difficulty sleeping (24%). Interestingly, the percentage that indicated they often felt the positive feelings referred to tends to be higher than for the negative items. In addition, only relatively small minorities indicated that they did not enjoy life at all or that they did not feel calm and peaceful during the previous month.

One type of experience that could significantly undermine psychological well-being is abusive treatment from family members. A brief set of questions were asked about abuse. To ensure confidentiality, however, they were only asked if other persons were not listening at the time of the interview. Also the questions were omitted if the interview was being largely answered by a proxy for the respondent. Overall, just less than 30% of all respondents were actually asked the questions. The questions asked about three potential types of abuse

during the past year. The first asked whether a family member had talked harshly to the respondent, the second whether a family member had refused to talk to the respondent because they were displeased with the respondent, and the third asked whether a family member had physically shaken or hit the respondent. Given the sensitive nature of the questions and the fact that only a minority of

Figure 7.12 Experience with elder abuse from a family member during past 12 months, persons aged 60 and older, by age and gender, Myanmar 2012



Source: 2012 Survey of Older Persons in Myanmar

Notes: Silent treatment refers to a family member refusing to talk to respondent because of being displeased with the respondent.

respondents were actually asked the questions, the results provided in Figure 7.12 need to be interpreted with considerable caution.

The vast majority of respondents who answered these questions indicated that they had none of these abusive experiences during the past year. The most common of the three experiences was being spoken to harshly by a family member, reported by 12% overall. Somewhat less common

was to be given the silent treatment, in which a family member refused to speak to the respondent out of displeasure. Less than 1% of respondents indicated that they had been physically abused. There is very little difference in the accounts reported by persons in their 60s and those 70 and older. However, women were clearly more likely to report each of these forms of abuse than were men. ■



CHAPTER 8:

Conclusions and options for the future

The changing situation of older people in Myanmar

Many older people in Myanmar remain active and independent. They work for income or else provide assistance around the home and with grandchildren, thus allowing their adult children to be economically more productive. However, many others are vulnerable and need assistance, especially as they reach advanced years. Currently and in the past, the family has been the bedrock of care and support for older people. Typically, family means primarily the spouse and adult children of the older people. Economic security and daily personal care for vulnerable older people depend heavily on the circumstances and responsiveness of the family. With increasing age, the financial importance of children increases, and the importance of work declines rapidly.

These family networks are strong in Myanmar: fully 95% of older people have at least one child living within the same community. Even for a region such as Southeast Asia, this cohesion of the traditional family structure in Myanmar is exceptional. This important social asset is reflected in the fact that two-thirds of survey respondents said they did not feel lonely at all. In general, therefore, this system of family support is crucial, usually efficient, and reflective of Myanmar's strong cultural traditions of respect towards parents and elders.

In preparing for the future, however, it is important to appreciate two potential weaknesses that remain largely hidden in this otherwise positive picture. The first weakness is that this traditional family-based system of protection already has gaps. These gaps may be due to neglect in some cases; but they often appear among older people whose families have dif-

ficulty meeting their own needs, let alone providing sufficient assistance to their parents. In some cases, older people may avoid asking for the help they need because they worry about becoming a burden on their children.

The second weakness is that these gaps in family-based protection can be expected to grow wider as Myanmar's society changes in coming years. The popular assumption that older people are fully cared for by their families may in time be seen as outdated. Simply relying on that assumption may leave Myanmar's older population exposed to emerging vulnerabilities.

Many of the coming changes are due to the un-avoidable trends of the country's demographics. As this report has explained, both the number of people in old age and their share of the total population will escalate rapidly. Since there has been no national census in Myanmar since 1983, the exact size and age composition of the population are uncertain.¹⁵ However, as is happening throughout Southeast Asia and much of the world, older people are becoming a more important part of Myanmar's population profile. UN projections suggest that one-fourth of the country's population may be age 60 or older by 2050. The growth trend in the absolute number of older people in the future is fairly predictable because tomorrow's older people are already born and steadily approaching old age. Compared to older people living today, future older people will have far fewer children to rely on because of the declining fertility and lower marriage rates of recent decades. In addition, migration by adult children can be expected to increase as the economy expands, bringing both advantages and disadvantages.

¹⁵ The upcoming national census in 2014 will be crucial to understand population trends and their social and economic implications.

Options for the future

In light of the irreversible demographic changes coming to Myanmar, what are the policy implications of this portrait of older people? It is not the purpose of this study to investigate that question in any depth. Analysis of data from the national survey provides a snapshot of older people's lives in 2012. That analysis, and additional analysis of the survey data that can be performed in the future, contributes to an evidence base for future policy development on a wide range of issues including income security, health, care and social participation. Now with more information about the national context, the country can also learn from the experience of other countries that faced challenges similar to those now facing Myanmar.

The study reveals challenges in development that will have to be addressed in light of the rapid social and economic changes happening in Myanmar. The rural–urban divide is evident in living conditions and access to services. Widespread poverty also implies generalised vulnerability.

Many of the issues related to older people highlight the need for wider social protection policies that are amongst the listed priorities in Myanmar. While more specific policy and programme prescriptions must await further reflection and study by experts in technical areas, some of the choices facing Myanmar are becoming clearer from this research as well as field experience. In responding to the situation of older people, below are several broad options for Myanmar's government and civil society to consider and debate:

- Traditional family-based systems of social protection will inevitably weaken as a result of demographic changes. In preparation, Myanmar has now the opportunity to gradually build a clearly defined *system of*

social protection that is inclusive of older people to complement and support care by families. In general, this system should encompass creative ways for both government and empowered communities to help fill the gaps created by changes in family structures.

- With older people becoming a larger part of Myanmar's population, the *2014 national census* provides a golden opportunity to gather age-disaggregated information about their situation in order to guide future policy making. Issues of ageing may be neglected in such censuses if not clearly highlighted early in their design. UNFPA and governments in the region can share their experience and technical advice about how to design such a census.
- Now that basic information about the older population is available from this national survey, Myanmar as a first step should finalise and enact a *National Plan of Action on Ageing* that provides an outline for key steps to be taken in policy and practice in the medium term.
- As other ASEAN countries have done to help guide their policy and practice related to ageing, Myanmar would benefit from establishing a *National Committee on Ageing*. Such a committee, supported by a technical group, would co-ordinate work on ageing, propose policies, and monitor the situation of older people.
- Several of Myanmar's neighbours in recent years have acknowledged the coverage gap in contributory pensions systems, which leave a large majority of people reaching old age without income security. Given this situation, they have introduced or expanded national systems to improve *income security*

in old age. These include non-contributory pensions (social pensions) and social assistance mechanisms. As a first step, Myanmar could request technical assistance to present options and analyse the cost and budgetary implications, should it decide to introduce such systems in the future as part of social protection schemes to be developed.

- Older people are part of a family economic unit, so improvements in household incomes will lead to benefits for older people living in those households. Myanmar's current investments in *rural agricultural livelihoods* are commendable. Such community investments should be inclusive of older people and acknowledge that many of them remain economically active and contribute substantially to the local economy.
- Instead of becoming invisible, older people should be acknowledged as a *priority target group in anti-poverty efforts*, in addition to other vulnerable groups such as children or persons with disability. Particularly in rural areas, many older people live in unhealthy conditions, are vulnerable to poverty because of physical decline and remain highly dependent on the goodwill of their children.
- The government is encouraged to initiate a national discussion and further analysis on the implications of older people's *economic dependence on adult children*. Children's support may be insufficient, and this support often does not come by choice but through a lack of alternatives. Public forums and research could consider the impact of this dependence from the perspective of the older person, including the impact on their dignity, as well as the impact on their families.
- Similarly, policies and programmes that promote greater gender equity should not focus exclusively on girls and women of

childbearing age, but also bear in mind the specific needs and *vulnerabilities of older women*, most of whom are widowed.

- After basic needs are met, health is the main concern of many older people. Myanmar's health systems can be strengthened to help older people prevent or manage non-communicable diseases such as diabetes and heart disease. This may mean improving *access to primary health care* that meets the specific needs of older people and other vulnerable groups, as priority before channeling scarce resources into advanced tertiary care services.
- Health is critical not only for quality and length of life, but also for the material well-being and income security of older people and their families. Myanmar should assess how more *age-sensitive health care policies* could support people to remain economically active for longer periods.
- Improving older people's self-care offers great potential for improvements to health status. International experience offers good practices for *promoting healthy ageing* through better nutrition, disease management and more active lifestyles. These could be expanded through community mechanisms such as Older People's Self Help Groups, supported by government or non-government bodies.
- Poor eyesight reduces productivity, increases dependence and lowers overall quality of life. The findings of this study suggest that supplying affordable eyeglasses may be one straightforward intervention to *improve vision* for many. This can be supported by other types of care including cataract removal. This is a low-cost and high-impact strategy.
- Community groups can help supplement family support and reduce social isolation.

They can also take on community development functions such as improving health practices and supporting livelihoods. Myanmar can build on its current model for doing this by expanding and strengthening *Older People's Self Help Groups* (OPSHGs) in the country in collaboration with civil society.

- Similarly, *religious institutions* (temples, churches, mosques) can be supported to respond to older people's needs through health promotion and rehabilitation (including use of traditional medicines), psychological support and information on other sources of assistance. These two local structures (OPSHGs and religious institutions) can work together closely, building on Myanmar's strong religious traditions.
- The young-olds, in their 60s, are often independent and active and should be supported to remain that way. Older people of advanced age (80s and 90s) are often in the full care of their families. Those in the middle, particularly *older people in their 70s*, are in danger of being overlooked as they shift gradually from independence to dependence, often with no spouse to monitor and help.
- Given the likelihood of rapid economic change, the built environment in Myanmar is bound to see expansion. By building awareness and promoting *age-friendly built environments* proactively, at the start of this expected new phase of national construction, Myanmar is in a position to benefit from the successes and mistakes of other Asian countries.
- In the future, older people will have fewer children available to provide personal care especially in times of illness, injury and disability. The current model of *community-based home care* supported by the government and NGOs is a good

foundation to build on in order to encourage ageing in place. Government can also promote other non family-based forms of care and subsidised public care services.

- *Care givers*, both women and men, provide a valuable service that should be recognised and supported. Measures can be considered by government and non-government bodies to reward their contribution by providing public service subsidies, vocational training or basic labour protections.
- Compared to other countries of the region, older people in Myanmar generally live very close to their children. Family ties are still strong. With rapid change, however, traditional norms can erode quickly without proactive initiatives to *educate the young about ageing issues* and the contributions of older citizens. India and Sri Lanka had made some progress in this regard, including programmes through the formal education system.
- Currently there is extremely low access to telephone communications, especially in rural areas. This limits communication within families. Accelerating migration for employment is likely to increase the average distance between older people and their children and grandchildren. Greater availability of *affordable mobile phones* and other communications services could help ensure older people can maintain strong family networks that reduce the need for state intervention.
- This study contributes to an evidence base that should continue to expand through *follow-up studies*. This overview of the national situation can also be supplemented by studying the situation in the various states and regions, which vary widely in terms of traditions and economic and social development.

Bibliography

- Ananta, Aris and Evi Nurvidya Arifin. 2009. Older Persons in Southeast Asia: From Liability to Asset. In Evi Nurvidya Arifin and Aris Ananta (eds.), *Older Persons in Southeast Asia: An Emerging Asset*, pp. 3–46. Singapore: Institute of Southeast Asian Studies.
- Asis, Maruja Milagros B., Lita Domingo, John Knodel and Kalyani Mehta. 1995. Living Arrangements in Four Asian Countries: A Comparative Perspective. *Journal of Cross-Cultural Gerontology* 10: 145-162.
- Bopp, M., J. Braun, F. Gutzwiller, D. Faeh. 2012. Health Risk or Resource? Gradual and Independent Association Between Self-rated Health and Mortality Persists over 30 Years. February 9, 2012. *PLoS ONE* 7(2): e30795. Epub 2012 Feb 9, 2012.
- Department of Labour. 2012. Handbook on Human Resources Development Indicators 2010. Nay Pyi Taw: Ministry of Labour.
- Department of Population. 2009. *Country Report of Myanmar Fertility and Reproductive Health Survey 2007*. Nay Pyi Taw: Ministry of Immigration and Population.
- Department of Population and UNFPA. 2005. *The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects*. Yangon: Ministry of Immigration and Population.
- Department of Population and UNFPA. 2012. Ageing Transition in Myanmar. Yangon: UNFPA.
- HelpAge International. 2011. *Annual Report and Financial Statements*. London: HelpAge International.
- Jones, Gavin W. 2005. The Flight from Marriage in South-East & East Asia. *Journal of Comparative Family Studies* 36(1): 93–119.
- Knodel, John and Chanpen Saengtienchai. 1999. Studying Living Arrangements of the Elderly: Lessons from a Quasi Qualitative Case Study Approach in Thailand. *Journal of Cross-Cultural Gerontology* 14(3):197–220.
- Knodel, John, Jiraporn Kespichayawattana, Suvinee Wiwatwanich and Chanpen Saengtienchai. 2007. *Migration and Inter-generational Solidarity: Evidence from Rural Thailand*. Papers in Population Ageing Series, Number 2. Bangkok: UNFPA.
- Knodel, John and Napaporn Chayovan. 2008. *Population Ageing and the Well-Being of Older Persons in Thailand: Past Trends, Current Situation and Future Challenges*. Papers in Population Ageing No. 5. Bangkok: UNFPA.

- Knodel, John and Napaporn Chayovan. 2008. Gender and Ageing in Thailand: A Situation Analysis of Older Women and Men. Research Report No. 08-664. Ann Arbor, Michigan: Population Studies Center.
- Knodel, John and Zachary Zimmer. 2009. Gender and Well-being of Older Persons in Cambodia. Research Report No. 09-665. Ann Arbor, Michigan: Population Studies Center.
- Knodel, John, Zachary Zimmer, Sovan Kiny Kim and Sina Puch. 2005. *Older Persons in Cambodia: a Profile from the 2004 Survey of the Elderly in Cambodia*. Phnom Penh: UNFPA.
- Lee, Sang-Hyop, Andrew Mason, and Donghyun Park. 2011. Why Does Population Aging Matter So Much for Asia? Population Aging, Economic Growth, and Economic Security in Asia. ADB Economics Working Paper Series No. 284. Manila: ADB.
- Litwak, E. and S. Kulis. 1987. Technology, Proximity, and Measures of Kin Support. *Journal of Marriage and the Family*, 49, 3, 649–61.
- Mayo Clinic staff. 2011. Chewing Tobacco: Not a Safe Alternative to Cigarettes. <http://www.mayoclinic.com/health/chewingtobacco/CA00019>
- Mujahid, Ghazy. 2006. Population Ageing in East & South East Asia: Current Situation & Emerging Challenges. Papers in Population Ageing No. 1. Bangkok: UNFPA.
- Myanmar Delegation. 2007. *Country Report of Myanmar Submitted to the High Level Meeting on the Regional Review of the Implementation of the Madrid International Plan of Action on Ageing, 9-11 October, Macao, China, 2006*
- National Research Council (US). 2011. *Preparing for the Challenges of Population Aging in Asia*. Washington: National Research Council.
- Reichart, P.A. 1995. Oral Cancer and Precancer Related to Betel and *Miang* Chewing in Thailand: A Review. *Oral Pathology and Medicine*, 24, 241–3.
- United Nations. 2002. *Report of the Second World Assembly on Ageing. Madrid, 8–12 April 2002*. Publication A/CONF.197/9. New York: United Nations.
- United Nations. 2007. *First Review and Appraisal of the Madrid International Plan of Action on Ageing: Preliminary Assessment* (E/CN.5/2008/7). New York: United Nations.
- United Nations. 2011a. *Social Development: Follow-up to the International Year of Older Persons: Second World Assembly on Ageing*. Publication A/66/173. New York: United Nations.
- United Nations. 2011b. *World Population Prospects: The 2010 Revision*. New York: United Nations.
- Wikipedia. 2012. Monastic Schools in Burma. Accessed June 17, 2012.
- World Bank. 1994. *Averting the Old Age Crisis*. New York: Oxford University Press.

Bibliography

- Ananta, Aris and Evi Nurvidya Arifin. 2009. Older Persons in Southeast Asia: From Liability to Asset. In Evi Nurvidya Arifin and Aris Ananta (eds.), *Older Persons in Southeast Asia: An Emerging Asset*, pp. 3–46. Singapore: Institute of Southeast Asian Studies.
- Asis, Maruja Milagros B., Lita Domingo, John Knodel and Kalyani Mehta. 1995. Living Arrangements in Four Asian Countries: A Comparative Perspective. *Journal of Cross-Cultural Gerontology* 10: 145-162.
- Bopp, M., J. Braun, F. Gutzwiller, D. Faeh. 2012. Health Risk or Resource? Gradual and Independent Association Between Self-rated Health and Mortality Persists over 30 Years. February 9, 2012. *PLoS ONE* 7(2): e30795. Epub 2012 Feb 9, 2012.
- Department of Labour. 2012. Handbook on Human Resources Development Indicators 2010. Nay Pyi Taw: Ministry of Labour.
- Department of Population. 2009. *Country Report of Myanmar Fertility and Reproductive Health Survey 2007*. Nay Pyi Taw: Ministry of Immigration and Population.
- Department of Population and UNFPA. 2005. *The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects*. Yangon: Ministry of Immigration and Population.
- Department of Population and UNFPA. 2012. Ageing Transition in Myanmar. Yangon: UNFPA.
- HelpAge International. 2011. *Annual Report and Financial Statements*. London: HelpAge International.
- Jones, Gavin W. 2005. The Flight from Marriage in South-East & East Asia. *Journal of Comparative Family Studies* 36(1): 93–119.
- Knodel, John & Chanpen Saengtienchai. 1999. Studying Living Arrangements of the Elderly: Lessons from a Quasi Qualitative Case Study Approach in Thailand. *Journal of Cross-Cultural Gerontology* 14(3):197–220.
- Knodel, John, Jiraporn Kespichayawattana, Suvinee Wiwatwanich and Chanpen Saengtienchai. 2007. *Migration and Inter-generational Solidarity: Evidence from Rural Thailand*. Papers in Population Ageing Series, Number 2. Bangkok: UNFPA.
- Knodel, John and Napaporn Chayovan. 2008. *Population Ageing and the Well-Being of Older Persons in Thailand: Past Trends, Current Situation and Future Challenges*. Papers in Population Ageing No. 5. Bangkok: UNFPA.

- Knodel, John and Napaporn Chayovan. 2008. Gender and Ageing in Thailand: A Situation Analysis of Older Women and Men. Research Report No. 08-664. Ann Arbor, Michigan: Population Studies Center.
- Knodel, John and Zachary Zimmer. 2009. Gender and Well-being of Older Persons in Cambodia. Research Report No. 09-665. Ann Arbor, Michigan: Population Studies Center.
- Knodel, John, Zachary Zimmer, Sovan Kiny Kim and Sina Puch. 2005. *Older Persons in Cambodia: a Profile from the 2004 Survey of the Elderly in Cambodia*. Phnom Penh: UNFPA.
- Lee, Sang-Hyop, Andrew Mason, and Donghyun Park. 2011. Why Does Population Aging Matter So Much for Asia? Population Aging, Economic Growth, and Economic Security in Asia. ADB Economics Working Paper Series No. 284. Manila: ADB.
- Litwak, E. and S. Kulis. 1987. Technology, Proximity, and Measures of Kin Support. *Journal of Marriage and the Family*, 49, 3, 649–61.
- Mayo Clinic staff. 2011. Chewing Tobacco: Not a Safe Alternative to Cigarettes. <http://www.mayoclinic.com/health/chewingtobacco/CA00019>
- Mujahid, Ghazy. 2006. Population Ageing in East & South East Asia: Current Situation & Emerging Challenges. Papers in Population Ageing No. 1. Bangkok: UNFPA.
- Myanmar Delegation. 2007. *Country Report of Myanmar Submitted to the High Level Meeting on the Regional Review of the Implementation of the Madrid International Plan of Action on Ageing, 9-11 October, Macao, China, 2006*
- National Research Council (US). 2011. *Preparing for the Challenges of Population Aging in Asia*. Washington: National Research Council.
- Reichart, P.A. 1995. Oral Cancer and Precancer Related to Betel and *Miang* Chewing in Thailand: A Review. *Oral Pathology and Medicine*, 24, 241–3.
- United Nations. 2002. *Report of the Second World Assembly on Ageing. Madrid, 8–12 April 2002*. Publication A/CONF.197/9. New York: United Nations.
- United Nations. 2007. *First Review and Appraisal of the Madrid International Plan of Action on Ageing: Preliminary Assessment* (E/CN.5/2008/7). New York: United Nations.
- United Nations. 2011a. *Social Development: Follow-up to the International Year of Older Persons: Second World Assembly on Ageing*. Publication A/66/173. New York: United Nations.
- United Nations. 2011b. *World Population Prospects: The 2010 Revision*. New York: United Nations.
- Wikipedia. 2012. Monastic Schools in Burma. Accessed June 17, 2012.
- World Bank. 1994. *Averting the Old Age Crisis*. New York: Oxford University Press.

HelpAge International
East Asia/Pacific Regional Office
6 Soi 17, Nimmanhaemin Road
Suthep, Muang, Chiang Mai 50200, Thailand
Tel: +66 53 225440, Fax: +66 53 225441
hai@helpageasia.org
www.helpage.org

HelpAge International
Myanmar Country Office
No 10, Kanbawza Avenue
Shwetaungya Ward No 1, Bahan Township
Yangon, Myanmar
Tel: +951 539 590, Fax: +951 537 539