

# **Current situation of elderly people in Myanmar and Active and Healthy Ageing**

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# Current Situation of elderly people in Myanmar



# MYANMAR



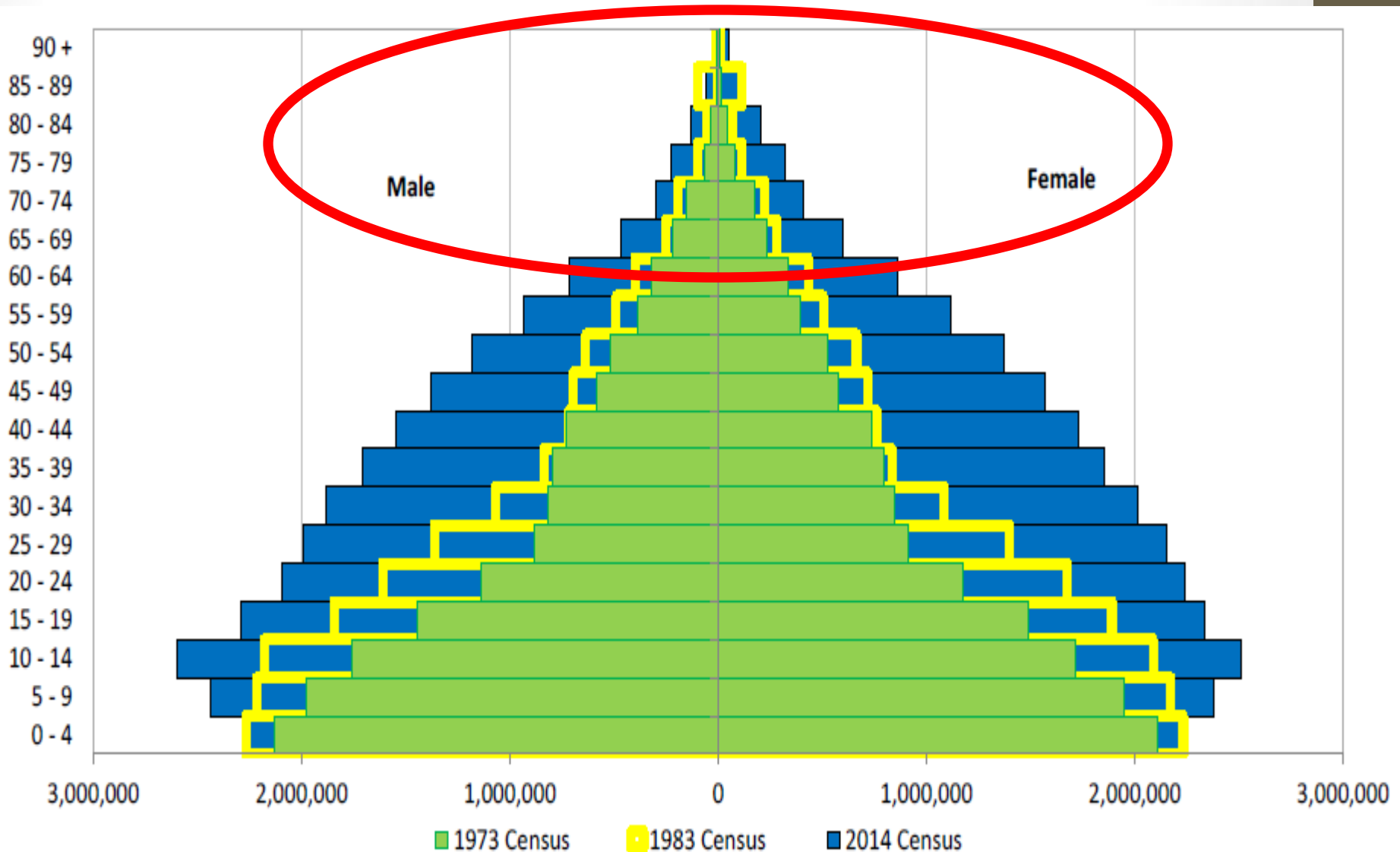
- The current population of Myanmar is **54,254,082** as of Wednesday May 1, 2019, based on the latest United Nations estimates.
- Myanmar population is equivalent to **0.7%** of the **total world population**.
- Myanmar ranks number **26** in the list of **countries (and dependencies) by population**.
- The population density in Myanmar is 83 per Km<sup>2</sup> (215 people per m<sup>2</sup>)
- The total land area is 653,290 Km<sup>2</sup> (252,237 sq.miles)
- **37.3%** of the population is **urban** (20,259,457 people in 2019)
- The **median age** in Myanmar is **27.9 years**.

# Population ageing in Myanmar

## a) The size and growth of the older population.

- The world's population is rapidly ageing as a consequence of declining fertility and mortality.
- Together with an increase in the number of older people, the population of Myanmar is also ageing.
- Understanding population ageing is important because of the wide-ranging effects ,it has on all aspects of society.

# Population Pyramid of Myanmar



Ref: 2014 Myanmar Population and Housing Census

Policy Brief on The Older Population

Department of Population

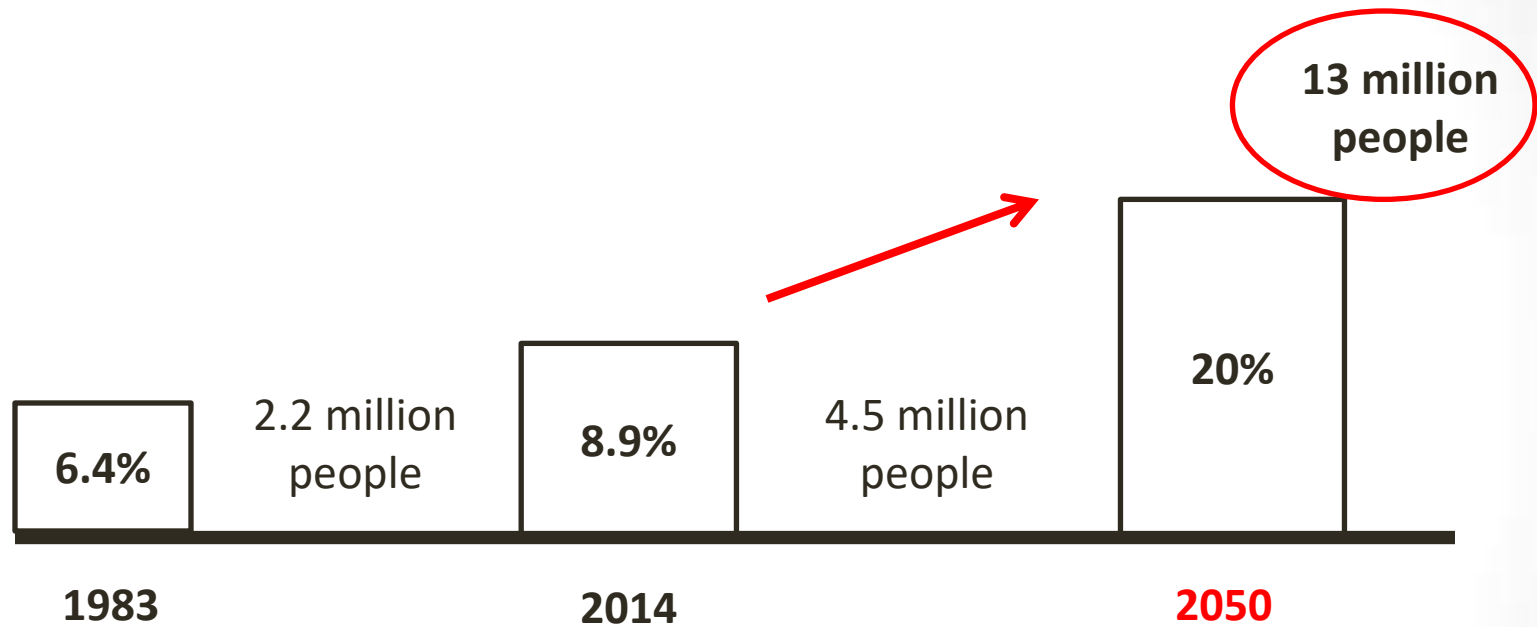
Ministry of Labour, Immigration and Population

## b) Population projections.

- The future age structure in Myanmar can be seen by looking at Figure.
- It is this swelling of the population pyramid, combined with fertility decline, that will result in rapid population ageing in the future.
- This growth in the older population will result in more older people than children by 2050.



# Population in Myanmar Aged 60+

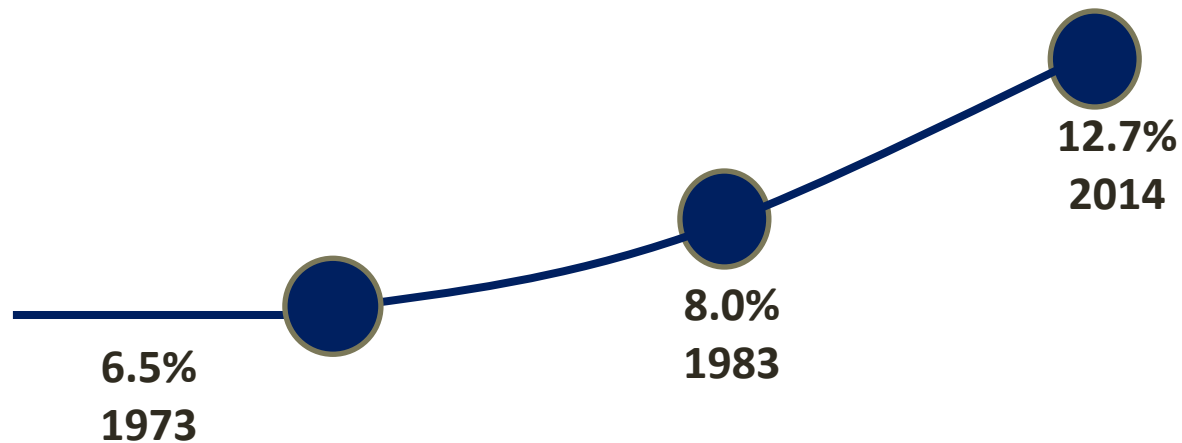


**Increase in proportion of older people and rapid ageing population in the future**



# Population in Myanmar Aged 80+

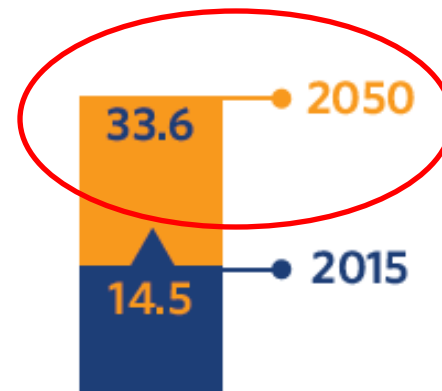
## Older population increasing



## c) Dependency ratios.

- In the future, the number of older people per working age adult will increase.
- By 2050, the older age dependency ratio (the population over 60 per 100 persons aged 15-59) will rise from 14.5 in 2015 to 33.6, while the total dependency ratio (the population over 60 and children aged under 15 per 100 persons aged 15-59) will rise from 60.4 in 2015 to 66.6 in 2050.

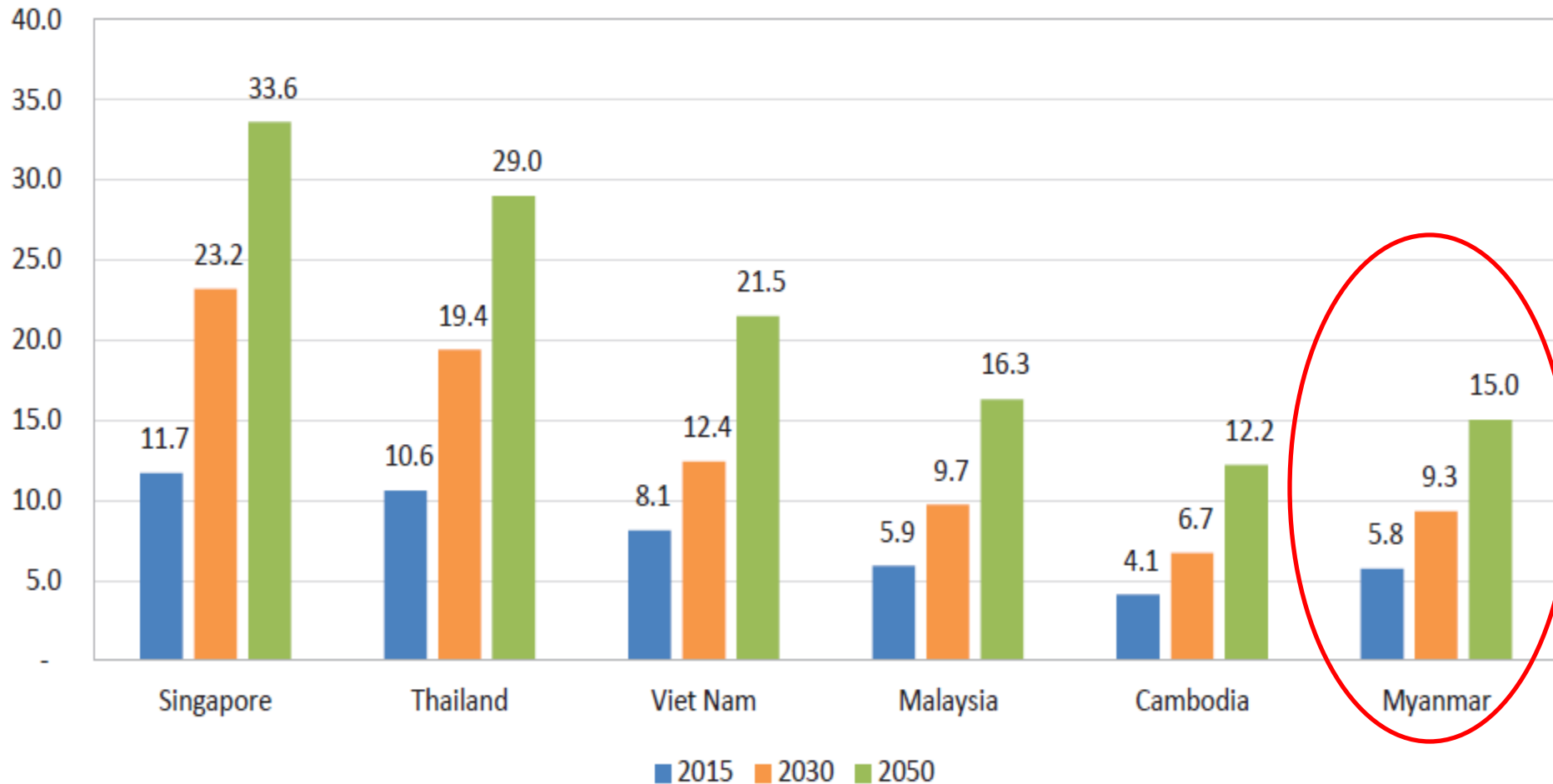
**OLDER AGE  
DEPENDENCY  
RATIO\***



## d) Age and sex composition of the older population

- Because females have lower mortality rates at all ages, there are more women than men in older age groups
- Policy must address the particular needs of the **oldest old** who are likely to be less functional and require more care and support.
- Equally, older women will have different needs from older men that must be considered - for example, there are marked gender differences in *economic activity, literacy rates and educational attainment*.

# Proportion of population aged 65+, selected Asean countries



## e) Comparisons with ASEAN countries

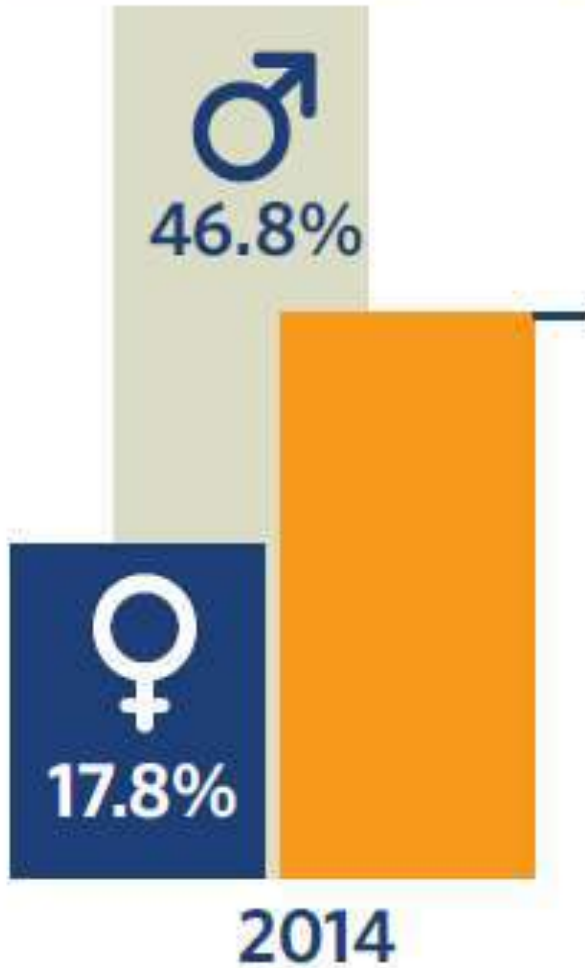
Indicators of population ageing for ASEAN countries compared to Myanmar, circa 2015

Country	% of total population aged 60 and over	Older age dependency ratio	Median age
Singapore	17.8	26.8	40.0
Thailand	15.8	23.7	38.0
Viet Nam	10.3	15.4	30.4
Malaysia	9.2	13.8	28.5
<b>Myanmar</b>	<b>8.9</b>	<b>14.2</b>	<b>27.1</b>
Indonesia	8.2	12.8	28.4
Philippines	7.3	12	24.2

# Age dependency ratio, old (% of working-age population) – Country ranking

Rank	Country	Value	Year
1	Japan	43.91	2016
2	Italy	35.66	2016
3	Finland	33.07	2016
4	Portugal	32.48	2016
5	Germany	32.40	2016
<b>101</b>	<b>Myanmar</b>	<b>8.21</b>	<b>2016</b>

## Labour force participation



**30.3%**  
of people aged 60+ were  
active in the labour force

Older people are more  
likely to be employed in  
agricultural work

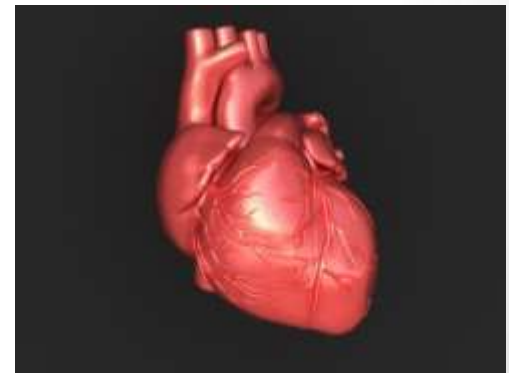
# Health and life expectancy in old age

## a) Mortality.

- The average 60 year old in Myanmar can today expect to live an additional 16.3 years, based on 2014 Census estimates.

## b) Disability.

- Non-communicable diseases (NCDs) make-up an increasing proportion of deaths and are resulting in higher rates of chronic conditions





- 2014 Census found that nearly **one-quarter of older people** in Myanmar have **at least one form of disability** and nearly six per cent have a moderate or severe disability.
- The prevalence of disability increases with age and is more common among **women, rural populations and the poorest** older people.
- It is estimated that **by 2050, 7 million** older people will have some form of disability.

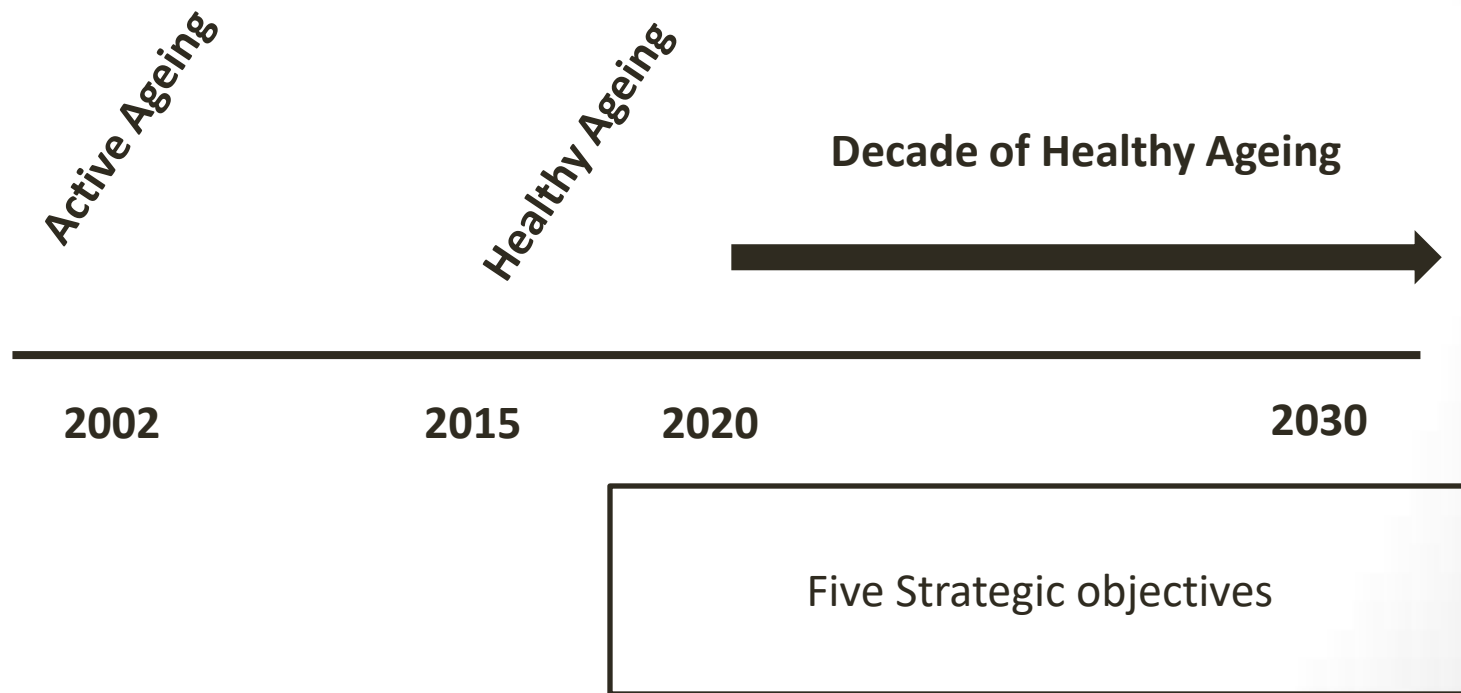
Older people are a diverse group  
with diverse needs  
these needs may change  
in future generations



# People are living longer



# Change of Concepts (WHO)

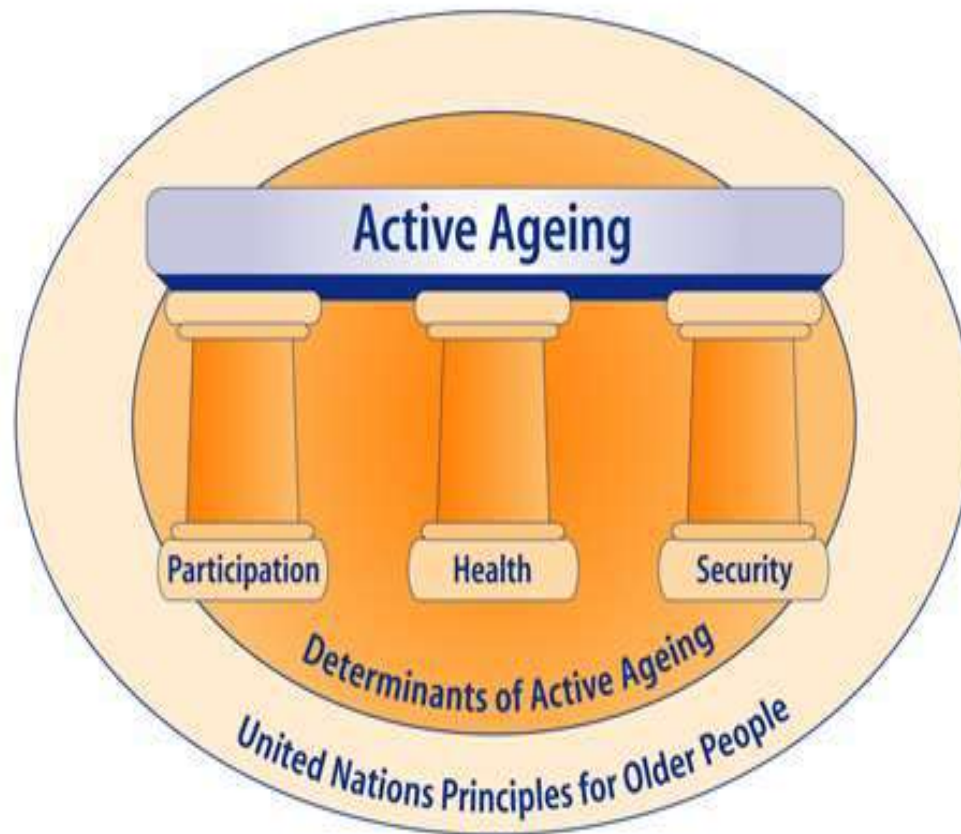


# Active Ageing

- **Active ageing** is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.
- “Active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.

- Older people who retire from work, ill or live with disabilities can remain active contributors to their families, peers, communities and nations.
- Active ageing aims to extend healthy life expectancy and quality of life for all people as they age.
- Active living also improves mental health and often promotes social contacts.
- Being active can help older people remain as independent as possible for the longest period of time.
- It can also reduce the risk of falls

# Three pillars for Active ageing



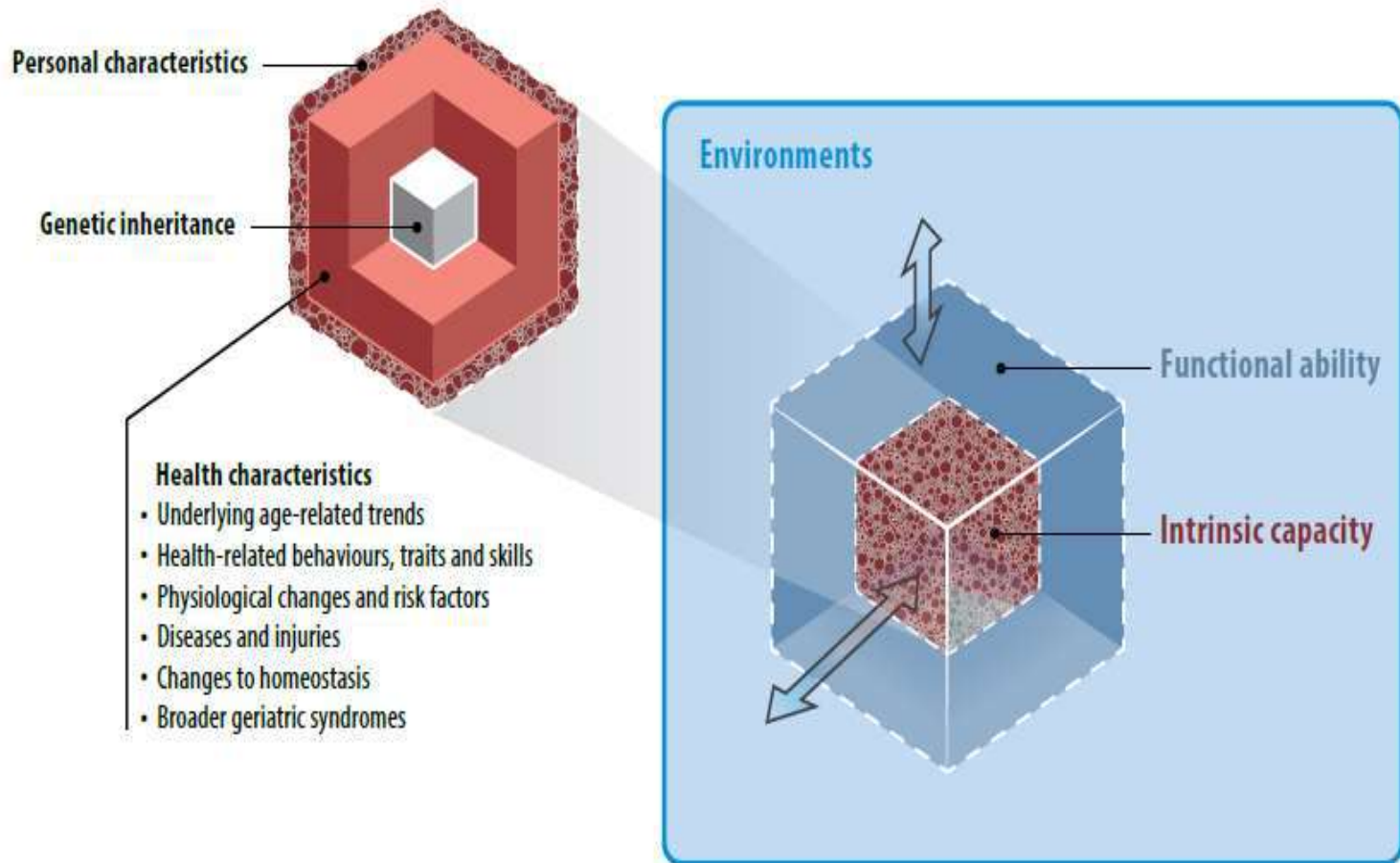
# Healthy Ageing

- **Healthy ageing** is the process of developing and maintaining the functional ability that enables well-being in older age.
- Healthy ageing starts at birth with our **genetic inheritance**
- This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease.



# Frame work on Healthy Ageing

WHO 2015



- **Functional ability** comprises the health related attributes that enable people to be and to do what they have reason to value
- **Intrinsic capacity** is the composite of all the physical and mental capacities of an individual
- **Environments** comprise all the factors in the extrinsic world that form the context of an individual's life - home, communities and the broader society

- **Personal characteristics** include those that are usually fixed, sex and ethnicity, as well as those that have some mobility or reflect social norms, our occupation, educational attainment, gender or wealth.
- These contribute to our social position within a particular context and time, which shapes the exposures, opportunities and barriers we face, as well as our access to resources

# *Active and Healthy Ageing*



# What should we do?



# Healthy Ageing through Prevention of Disease



Primary  
PREVENTION

## Primary Prevention

Prevent risk factors and occurrence of disease



Secondary Prevention

## Secondary Prevention

Prevent progression of disease

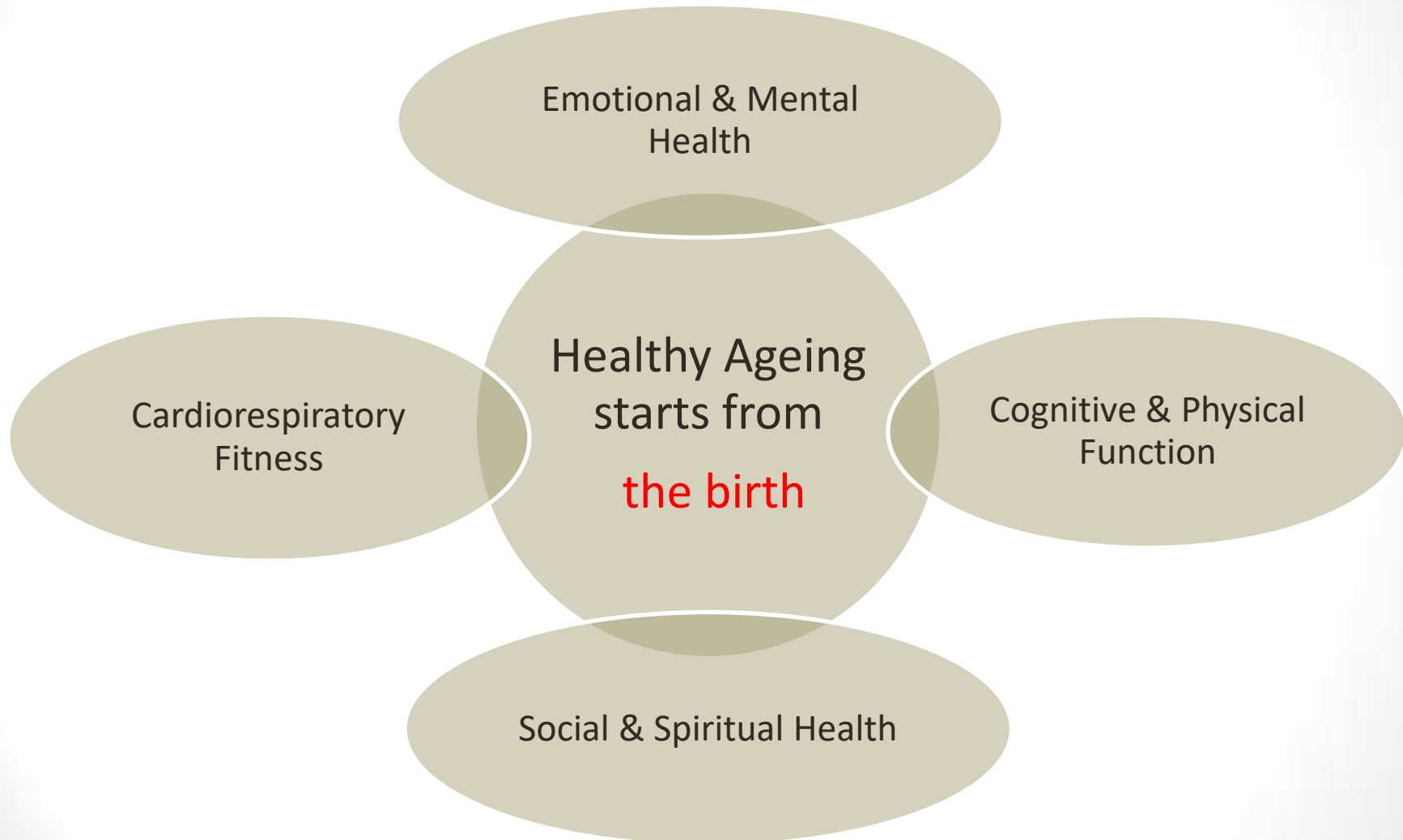


Tertiary Prevention

## Tertiary Prevention

Reduce or limit impairments and disabilities

# Prevention strategies



# Cardiorespiratory Fitness

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- Healthy life style behaviors  
Physical activity, nutrition,  
ideal body weight, avoid  
smoking and excess alcohol





- Physical activity has benefits into the 8<sup>th</sup> decade
- 30% reduction of mortality
- 20-30% lower risks for CVD and stroke
- 30-40% lower risks for diabetes

Limitations :

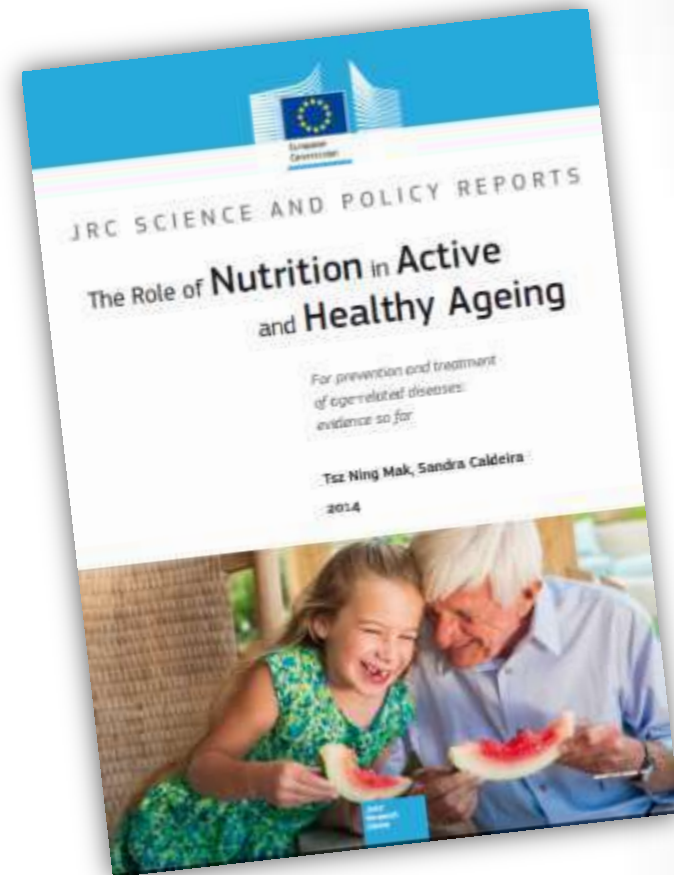
optimal balance and intensity



# 2018 ESC/ESH guidelines for the management of arterial hypertension

Increased consumption of vegetables, fresh fruits, fish, nuts, and unsaturated fatty acids (olive oil); low consumption of red meat; and consumption of low-fat dairy products are recommended. <sup>262,265</sup>	I	A
Body-weight control is indicated to avoid obesity (BMI >30 kg/m <sup>2</sup> or waist circumference >102 cm in men and >88 cm in women), as is aiming at healthy BMI (about 20–25 kg/m <sup>2</sup> ) and waist circumference values (<94 cm in men and <80 cm in women) to reduce BP and CV risk. <sup>262,271,273,290</sup>	I	A
Regular aerobic exercise (e.g. at least 30 min of moderate dynamic exercise on 5–7 days per week) is recommended. <sup>262,278,279</sup>	I	A
Smoking cessation, supportive care, and referral to smoking cessation programs are recommended. <sup>286,288,291</sup>	I	B

- Healthy lifestyle behaviors including **good nutrition and physical activity** throughout life are the first steps in preventing chronic diseases and disabilities in old age and to increase healthy life years



S

- Optimizing chronic risk factor and effective disease management  
E.g. Hypertension, hyperlipidemia, Diabetes mellitus
- In older adults, hypertension is the most prevalent modifiable CVD risk factors



T

- Rehabilitation approaches, adaptive equipment, palliative care

Example : Cardiac rehabilitation

- Older patients with CVD have high prevalence of frailty & associated with worse outcomes
- Exercise training demonstrate improvement in inflammatory/metabolic parameters of CVD, functional status, exercise tolerance and QOL

# Cognitive and Physical Function

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- Healthy lifestyle behaviors - Lifelong learning and intellectual engagement, physical activity, ideal body weight, nutritional calcium and vitamin D intake, oral health care



Example: Lifelong learning

- Years of formal education associated with increased cognitive function in old age
- Greater literacy have a lower risk for dementia than those with fewer years of formal education

S

Fall prevention, osteoporosis screening and management, osteoarthritis management, early detection of sensory, vision and hearing impairments, lifelong learning, caregiver education

Example: Fall prevention



# Fall Prevention

- Falls is one of the most common geriatric syndromes and increases risk of morbidity, mortality, loss of independence and poor QOL
- AGS / BGS Clinical Practice Guideline for Prevention of Falls in Older Persons
- Effective fall prevention requires a multifactorial approach to reduce or eliminate risk factors
- Targeted medication reduction and development of a patient centered exercise program



T

- Rehabilitation, adaptive equipment, communities and environment modification to increase support for vulnerable adults

## Example: Age Friendly Communities

- Social support & autonomy associated with better physical and cognitive functioning
- Important determinant for enabling and restraining healthy ageing

# Essential features of Age-friendly communities

- Promote assess and engagement (homes, parks, streets, walkways)
- Accessible transportation and key services, affordable housing, civic and social participation
- Actively work toward making their town, city or country a great place for people of all ages
- Need tool, resources and best practices

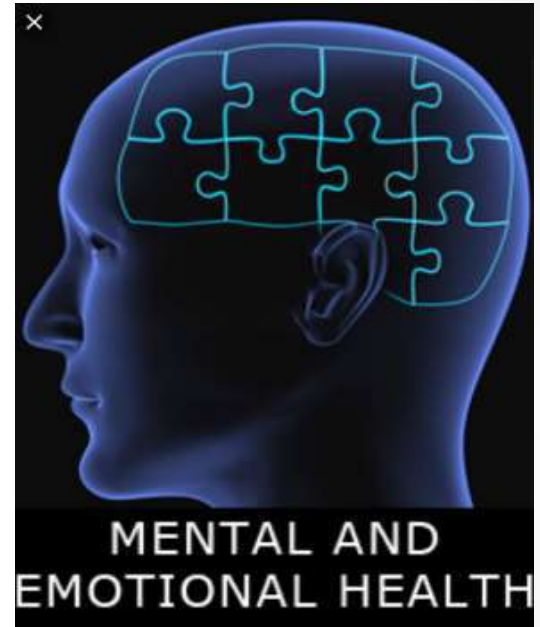


# Emotional and Mental Health

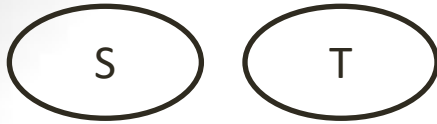
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- Adequate sleep, physical activity, avoid substance abuse, meaningful social engagement, meaningful work purpose, stress management

Example: Meaningful social engagement



- Lower social engagement increase depressive symptoms
- Interventions focused on social engagement can promote mental wellbeing



- Accessible mental health services, management of mental health disorders, reduce mental health stigma, elder abuse screening, accessible family and social support, senior safety services

### Example: Accessible mental health services

- High treatment gap for mental health disorders--- estimated globally 55%
- Barriers to mental health care access- stigmatization, insufficient resources

# Social and Spiritual Health

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- Lifelong meaningful relationships with people who share similar interests , civic engagement and meaningful retirement role, help seniors meet basic needs (financial and housing security, personal safety)
- Stronger social network of family, friends and community involvement is significantly associated with psychosocial wellbeing

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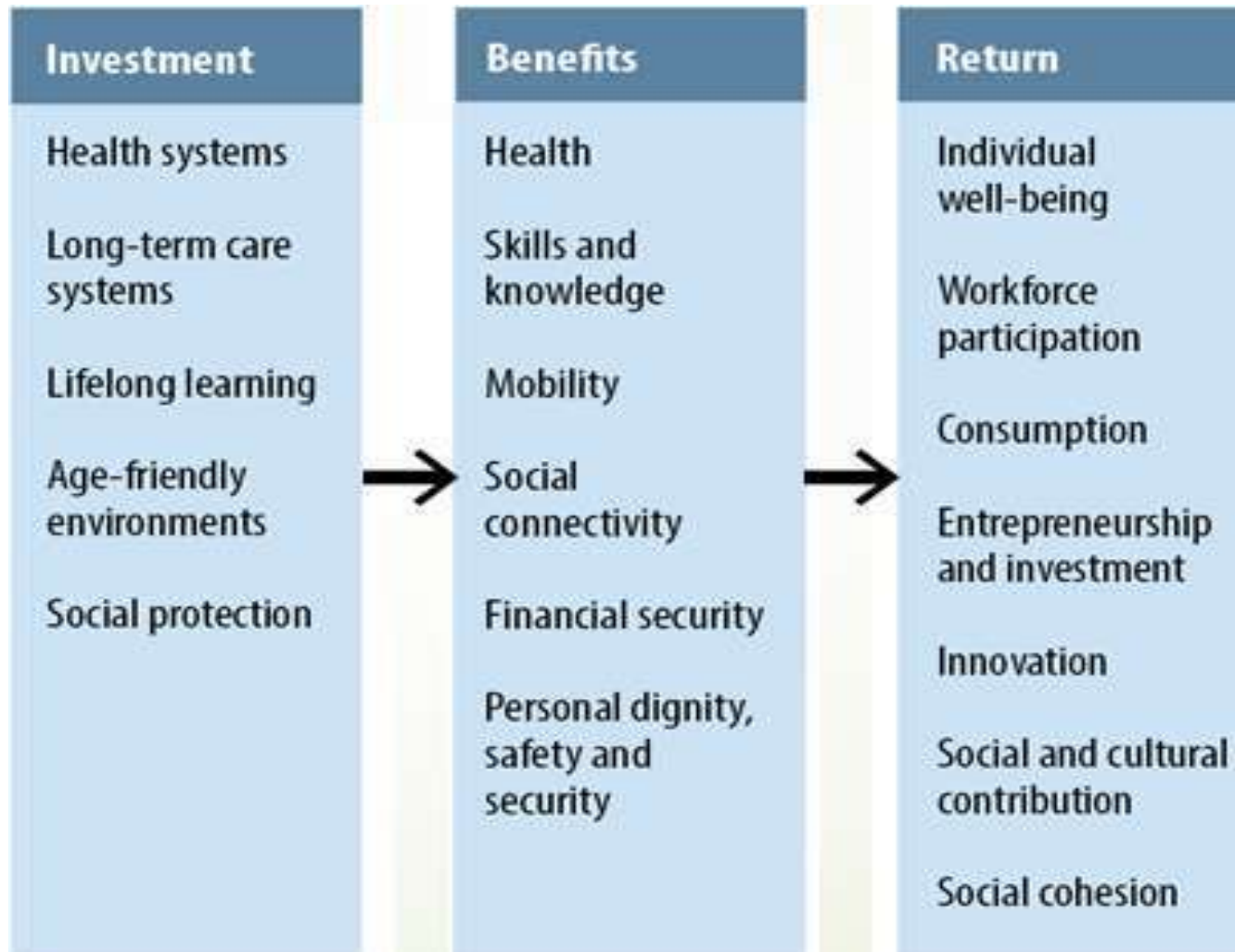
- Education and Prescriptive planning to create social networking opportunities, adaptive equipment, accessible and safe environments, empowered community outreach

Example: Prescriptive planning social engagement

Interventions that offer education on social network facilitation and enhancement can reduce social isolation

- To promote ***Healthy and Active Ageing***, this can be achieved in two ways:
  - by supporting the building and maintenance of intrinsic capacity
  - by enabling those with a decrement in their functional capacity to do the things that are important to them

# Healthy Ageing is an investment, not a cost





# Global Healthy Ageing Strategy (2016-2020)

## Five strategic objectives:

- Commitment to action on *healthy ageing* in every country
- Developing age-friendly environments
- Aligning health systems to the needs of older populations
- Developing sustainable and equitable systems for providing long-term care(home, communities, institutions);and
- Improving measurement, monitoring and research on healthy ageing

# Strategic Action Plan 2016-2020

- Under each strategic objective, there are 3 sub-strategic objectives
- For achieving each strategic objective, actions from
  - Member states
  - UN agencies
  - National and international partners



## The health system should anticipate on the needs of older people

- Appropriate training of health staff
- Increased provision of institutional care for those with severe conditions
- Increase of health care budgets
- Home and community based care programmes
- Promote healthy ageing and prevention of non communicable disease

# Policy/Plan of Action in Myanmar

- Law for older persons are enacted in 2016
- Healthy ageing programme is included in 2<sup>nd</sup> National Health Plan (1993-1996)
- The Constitution of the Republic of the Union of Myanmar 2008;Article 32

The Union shall :

- (a) care for mothers and children, orphans, fallen Defense Services personnel's children, the aged and the disabled

# What we are doing now?

- Symposium on “Active Ageing and Geriatric Care: Myanmar Perspectives” was held on January, 2018



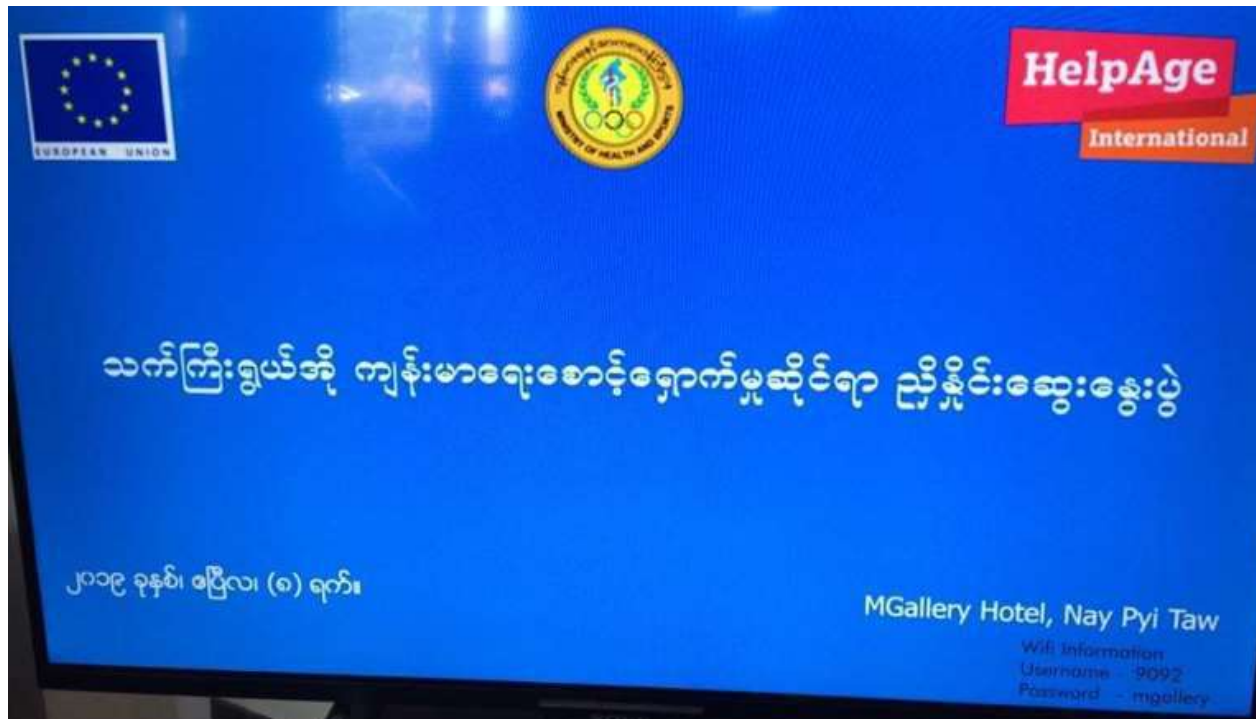
- First ever International Geriatric Conference was held in May,2018 in Yangon in conjunction with other ASEAN countries



- In collaboration with Niigata University, Japan, we have just finished “Research on Healthy and Active Ageing of Elderly People in Myanmar”



- Ministry of Health and Sports had recently held a meeting for “Formulation of strategic care plan for Elderly people” in Naypyidaw in April,2019





- Open Dr.Med.Sc in Geriatric Medicine course this year,2019.  
Recruit many geriatricians
- Recently we are planning to do research activity in cooperation with RCP,UK



You can't help getting older,  
but you don't have to get old  
- George Burns



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# Thank You

