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Ministry of Immigration and Population
Department of Population / UNFPA

AGEING TRANSITION IN MYANMAR



Nay Pyi Taw, September 2012

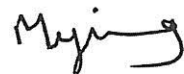
Preface

Population ageing is one of the most significant demographic changes that came to the foreground in the 21st century. It affects all facets of the society to include health, social security, environment related issues, education, business opportunities, socio-cultural activities and family life. The population of Myanmar is also ageing and that the pace of ageing is increasing. As a consequence of sustained declines in fertility and mortality during the last four decades, Myanmar faces a steadily growing population of older persons. As the age structure shifts more and more towards higher age groups, there are on average fewer and fewer persons of working age to support the increasing number of older persons. Hence, it is crucial to prepare for the challenges and opportunities in response to population ageing and the need for improved information and analysis of demographic ageing increases. Knowledge is essential to assist policy makers define, formulate and evaluate goals and programmes, and to raise public awareness and support for needed policies.

Department of Population has conducted nationwide Population Census in 1973 and 1983 and the series of Fertility and Reproductive Health Surveys since 1991. Based on these census and surveys, the study on “the Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects” is conducted in 2004 by the technical staff of the department with assistance from UNFPA and Population Council. The present study, also prepared by department’s technical staff in 2009, is the second attempt to study on ageing transition in Myanmar at national level.

To understand the scope of the situation of the elderly in Myanmar, the current study incorporated the changing pattern of age-sex structure, characteristics, and living arrangements of the elderly population in the Union of Myanmar from 1973 to 2007. Some of the features of the ageing in Myanmar are a shift in the distribution of the aged, with an increasing proportion of the aged being found in the oldest of the old age groups; an increasing proportion of the aged that are women; and increasing old age dependency and potential support ratios. It is estimated that the population of older persons will exceed the population of children around 2040.

I hope that the findings in this study would be of immense use to the policy and decision makers, programme managers, academicians and all the other users and that it would lead to further research on the elderly for a more detailed nature with studies designed specially for the elderly and their needs. Taking this opportunity, acknowledgement is due to the Government of the Republic of the Union of Myanmar and the Ministry of Immigration and Population for giving permission to undertake this task, UNFPA for providing necessary assistance and the interest it takes in the preparation of this paper. Last and not the least, I would like to specially thank the department’s technical staff for their hard work and dedication to make this work a success.



Director General
Department of Population

FOREWORD

Population ageing is an inevitable consequence of a shift from higher to lower levels of fertility and mortality and is becoming an important issue both globally and locally. This demographic transition is taking place at a much faster rate in developing countries than in developed countries. Thus, the consequences are felt more intensely in developing countries. Today, one out of every nine persons in the world is aged 60 or over. By 2050, the United Nations Population Division projects that one person out of every five will be aged 60 or over.

Population ageing in Myanmar is not as dramatic as in other Asian countries. As the age structure shifts more towards higher age groups, there will be on average fewer and fewer persons of working age to support an increasing number of older persons. Hence, it is crucial to prepare now for the challenges and opportunities in response to population ageing in Myanmar.

Based on the data and information collected from various fertility and reproductive health surveys and population censuses, the Department of Population, Ministry of Immigration and Population took with UNFPA funding, to produce this research study highlighting the changing pattern of age-sex structure, demographic and socio-economic characteristics, and living arrangements of the elderly population from 1973 to 2007 and suggesting policies and programme related to the elderly population in Myanmar.

I wish to take this opportunity to express our gratitude and sincere appreciation to the Department of Population for undertaking the important task of producing this research paper on aging transition in Myanmar which will be valuable in developing relevant and appropriate strategies and interventions for improving the lives of older persons in Myanmar. UNFPA appreciates the strong partnership with the Department of Population in undertaking the surveys, population censuses and the research papers.



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Ageing Transition in Myanmar

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Executive Summary

Population ageing is an inevitable consequence of a shift from higher to lower levels of fertility and mortality and is one of the most significant demographic changes of modern times, becoming an important issue both globally and locally. This demographic transition is taking place at a much faster rate in developing countries than in developed countries. Thus, the consequences are felt more intensely in developing countries. Today, one out of every nine persons in the world is aged 60 or over. By 2050, the United Nations Population Division projects that one person out of every five will be aged 60 or over.

Population ageing in Myanmar is not as dramatic as in other Asian countries. The pace of ageing in Myanmar has, however, been increasing. In 1973 the proportion of the population that was aged 60 and above was slightly over 6 per cent, but has increased to 8.7 per cent in 2007. As the age structure shifts more towards higher age groups, there will be on average fewer and fewer persons of working age to support an increasing number of older persons. Hence, it is crucial to prepare now for the challenges and opportunities in response to population ageing.

To understand the scope of the situation, this paper highlights the changing pattern of age-sex structure, characteristics, and living arrangements of the elderly population in the Union of Myanmar from 1973 to 2007.

The objectives of this paper are:

- (1) To study the trends of population ageing in Myanmar during 1973-2007
- (2) To explore the demographic and socio-economic characteristics of the elderly population
- (3) To analyse the living arrangements of the elderly population
- (4) To provide insights into ageing for policies and programmes related to the elderly population in Myanmar.

An analysis shows that there has been a significant shift in the age structure of Myanmar's population as a result of sustained declines in fertility and mortality during the last three decades. Myanmar faces a steadily-growing population of older persons. The population of young, aged under 15 years, has declined 41.5 per cent in 1973 to 28.3 per cent in 2007. This

was due to a decline in fertility rate. On the other hand, the population in the age group 15-59 increased from 52.5 per cent in 1973 to 63.0 per cent in 2007. Older age groups 60 years and above increased from 6.0 per cent in 1973 to 8.7 per cent in 2007. Again this was principally a function of declining fertility working its way through the age structure, while at older ages, an increase in life expectancy has helped swell the numbers of elderly.

Features of this ageing in Myanmar include a shift in the distribution of the aged, with an increasing proportion of the aged being found in the oldest of the old age groups; an increasing proportion of the aged that are female; increasing old age dependency and potential support ratios; and changes in living arrangements, resulting in increasing number of older people alone.

All measures of the ageing process show that Myanmar's population is becoming older. The main findings from the present paper include:

- (1) The elderly dependency ratio increased from 11.5 to 13.8 over the last 34 years, with a faster increase in urban than in rural areas.
- (2) The data indicate a consistent increase in the values of the index of ageing from 14.5 in 1973 to 30.6 in 2007. Compared with other ASEAN countries, the ageing index in Myanmar is higher than that of Vietnam, Malaysia, Philippines, Brunei, Cambodia and Laos.
- (3) The potential support ratio in Myanmar decreased from 13.5 in 1991 to 10.9 in 2007. The parent support ratio increased from 1.8 in 1991 to 2.8 in 2007.
- (4) In the population aged 60 and over, the percentage of those aged 80 and above increased by over 60 per cent from 1973 to 2007, from 6.5 in 1973 to 10.4 in 2007.
- (5) The percentages of females aged 60 and above, and of females aged 80 and above, has been in the increasing trend during 1973 to 2007. Women 60 and above changed from 52.2 to 56.9 per cent, while women aged 80 and above changed from 56.2 to 62.7 per cent, respectively. One of the consequences of lower female mortality is the fact that three fourths of older women (75 per cent) were widows, thus living without spousal support.
- (6) According to the 2007 FRHS, 8.7 per cent of males living in urban areas were aged 60 years and above, while 7.7 per cent were living in rural areas. Similarly, among

females, 10.7 per cent of those living in urban areas were aged 60 years and above while 8.9 per cent of the population living in rural areas were elderly.

- (7) The median age of Myanmar has increased from 21 years in 1991 to 26 years in 2007.
- (8) Life expectancy at birth for both male and female rose from 52.5 in 1973 to 65 in 2007.
- (9) By 2050, it is projected that 22.2 per cent of the population will be aged 60 and over.
- (10) For the first time in the history of the country, the population of older persons will exceed the population of children around 2040.

Due to the rapid changes occurring, and in preparation for the impacts of globalisation, Myanmar should continue to make every effort to maintain the existing traditions of elderly care; to raise public awareness of the important role older persons play in society; to mobilize government agencies, NGOs, and voluntary organizations and the community to actively participate in caring for older persons; and to promote health care services for the elderly. Data and literature on the elderly population are scarce, so that future research on demographics must pay more attention to the elderly population.

Chapter I

Introduction

1.1 The concept of an ageing population

Who are the elderly? The United Nations defines 60 years as the age at which people become elderly. But defining the age of being elderly differs in many countries, depending on the socio-economic status of each country. In developed countries, 65 years used to be widely used as the age for defining 'older person'. Both developed and developing countries tend to define 'old' at a certain pre-established point, for example, retirement from full-time gainful employment. This age becomes the artificial cut-off point at which an individual is known as an 'elderly' or an 'old' person.

The first World Assembly on Ageing was held in Vienna in 1982 and the International Plan of Action on Ageing, which was adopted at the Assembly, used age 60 years as the definition for 'older persons'. This age was again endorsed at the Second World Assembly on Ageing (Mujahid, 2006). The Vienna Plan is the first international instrument that has been created on ageing, and is aimed at strengthening the capacities of governments and civil society to deal effectively with an ageing population, and to address the development potential and dependency needs of older persons (WHO, 2002). In 1991, the UN Principles for Older Persons were adopted addressing the independence, participation, care, self-fulfilment, and dignity of older persons. In the following year, marking the Tenth Anniversary of the Vienna Assembly, the General Assembly decided to observe the year 1999 as the International Year of Older Persons, with the theme, 'Towards a Society For All Ages'. In line with that decision, the Macao Declaration and Plan of Action on Ageing for Asia and the Pacific was adopted on 1 October 1998 by the Regional Meeting on a Plan of Action on Ageing for Asia and the Pacific and endorsed by the Economic and Social Commission for Asia and the Pacific at its fifty-fifth session in 1999.

The Second World Assembly on Ageing was held in Madrid on 12th April 2002. The report of the Assembly stated, 'The world is getting older. In the next 50 years, the number of older persons will nearly quadruple, growing from about 600 million to almost 2 billion people. Today, one in every ten people is 60 years and older. By 2050, one out of every five will be an

older person, and by 2150, one third of the people in the world are expected to be 60 years of age or older' (WHO, 2002). The concern was raised that the impact of demographic change is expected to be more pronounced in less developed countries (LDCs) than in the more developed countries (MDCs), because LDCs faced with significantly higher rates of population ageing at much lower levels of socio-economic development. Thus, population ageing began to emerge as a significant concern for many developing countries.

The Madrid International Plan of Action on Ageing (MIPAA) of the Second World Assembly on Ageing identifies three priorities for international efforts: 1) older persons and development; 2) advancing health and well-being into old age; and 3) ensuring enabling and supportive environments. In line with this Plan of Action and the commemoration of the International Year of Older Persons in 1999, many countries in East and South-East Asia have introduced policies and programmes to enhance the welfare of older persons. As a regional initiative, the Shanghai Implementation Strategy (2002) has provided added impetus, and there is growing awareness regionally of the emerging challenges of ageing.

Ten years ago at the Summit of Eight in Denver, Colorado, the Group of Eight (G8) leaders recognized the importance of population ageing. The 'Denver Communiqué' encouraged nations to collaborate in biomedical and behavioural research and to learn from one another how policies and programmes can help strengthen pension, health, and long-term care systems. In 2007, the United Nations Commission on Population and Development focused its work on the changing age structures of populations and their implications for development.

1.2 Population ageing in the world

Population ageing is one of the most significant demographic changes of modern times, a crucially important issue both globally and locally, that is an inevitable consequence of a shift from higher to lower levels of fertility and mortality. In both less and more developed regions, increasingly more people survive to older ages and once there, they tend to live longer, as gains in life expectancy are relatively higher at older ages. Women, in particular, experience remarkable longevity. The increase in the population of the elderly has resulted in a variety of economic and social problems, which in turn fall on the family, community and government.

According to the United Nations, an estimated 737 million persons were aged 60 years or over in 2009 and constituted the ‘older population’ of the world, nearly two thirds of whom lived in developing countries. Their number is projected to increase to 2 billion in 2050, comprising more than 20 per cent of the total population, by which time older persons will outnumber children (defined as persons aged 0-14 years).

This demographic transition is taking place at a much faster rate in developing countries today than it did in developed countries. The transition is most marked in countries of East and South-East Asia, in particular in East Asia. Within the East and South-East Asia region, there are differences in the pace of ageing between East Asia (which includes the ‘early’ agers Japan, the Republic of Korea, and China) and South-East Asia. During 2000-2050, the rate of population ageing will be higher in South-East Asia and although in both sub-regions the rate will decline from 2025 to 2050, it will decline much more in East Asia (Mujahid, 2006). It is also projected that the increase in the older population in South-East Asia will be five times more during 2000-2050 than it was during 1950-2000. South-East Asia will experience a larger increase in the number of older persons being added during the second half of 2000-2050 than during the first half and will be faced with a more uphill task in dealing with the ageing situation during the next fifty years (Mujahid, 2006).

1.3 The elderly in the Myanmar context

In the cultural and social context of Myanmar, a person’s lifespan is divided into three stages. The earliest stage, lasting from birth to teenage years, is the stage of learning. Afterwards is adulthood, which is the stage for the acquisition of wealth through work. This is the longest and busiest stage, which also involves the establishment of the family through marriage. In the Myanmar language, marriage means ‘setting up a home’. In the third stage, usually associated with becoming a grandparent, there are major changes in family life. When there are at least three generations in a family, the oldest will be treated as ‘elderly’.

Buddhism has great influence on the daily life of the majority of people in Myanmar. Buddhists have preserved the tradition of close family ties, respect for the elders and reverence for Buddha and the three Gems of the Buddhist tradition. The values of respect for seniority and filial piety are highly cherished in Myanmar. By virtue of the culture as well as religion, the young are taught to show respect to their elders. Ideally, senior citizens in

Myanmar are regarded highly and hold a special place in the family and in society. Older persons are treated with respect and act as a good example for others. Most people recognize the life experiences of the elderly and believe that the advice of the elderly should be followed.

Myanmar customs emphasize the reciprocal duties between parents and children. The duties of children are to care for their parents, manage family affairs, be heirs to their parents' properties, make charitable donations, and look after other relatives. To abandon the elderly is considered immoral. Even though Myanmar is in the midst of societal change with the nuclear family becoming more common, inter-generational family networks may still in theory guarantee the care and support the elderly receive from the younger generations (Country Report of Myanmar, 2007).

According to the results of the 2001 Fertility and Reproductive Health Survey, 94 per cent of older persons in Myanmar were living with their spouses and family members, showing that the family plays a central, continuing role in the care of the elderly, seen as the responsibility of the family, community and the state. Myanmar people tend to place a great emphasis on the family. The need to care for older persons exists as a priority within the mind of each and every person in Myanmar.

However, it is important to note that this culture of respecting the elderly may generate some myths about the situation of the elderly in the country. Moreover, the social structure is changing due to increasing modernization, urbanization, and industrialization. The changes have generated significant impacts on the health and socio-economic status of the people. These effects are also felt by the elderly. This is one reason why an objective analysis, to the extent permitted by the data, of the situation of the elderly in Myanmar is required.

1.4 The need to study population ageing in Myanmar

The population of Myanmar is also ageing and that the pace of ageing is increasing. As a consequence of sustained declines in fertility and mortality during the last three decades, Myanmar faces a steadily growing population of older persons. In 1973, the proportion of the population that was aged 60 and above was slightly over 6 per cent. As the age structure shifts more and more towards higher age groups, there are on average fewer and fewer persons of

working age to support the increasing number of older persons. Hence, it is crucial to prepare for the challenges and opportunities in response to population ageing.

Although the Myanmar people still hold strong norms and values related to care for the elderly, both demographic and socio-economic changes will place great stress on these values. Population ageing will not automatically lead to negative impacts on society and on the well-being of the elderly, especially where strong social support systems for the elderly are in place. Yet it is important to recognize, document, and plan for changes that are occurring in society that could potentially have an impact on the elderly.

The research findings described in this paper represent the second attempt in Myanmar at examining the relationship between population ageing and socio-economic development. The first attempt was the paper 'The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospects' which was based on the findings of the 2001 Fertility and Reproductive Health Survey. That report presented the results of an in-depth study of significant indicators on population ageing, including gender differences, in the process of ageing.

This paper is divided into six chapters. The first chapter provides the background to the study. Chapter II presents an overview of population ageing in Myanmar and Chapter III shows socio-economic characteristics of the elderly. Chapter IV discusses the changing family structure and living arrangement of the elderly, while Chapter V reviews care, policies, and programmes for elderly population in Myanmar. The main findings and policy recommendations are summarized in the last chapter.

1.5 Objectives

The objectives of this paper are to:

1. Study the trends of population ageing in Myanmar during the period 1973-2007
2. Explore the demographic and socio-economic characteristics of the elderly population
3. Analyse the living arrangements of elderly population
4. Provide insights into the policies and programmes for the elderly population in Myanmar

1.6 Methodology

As there has been no survey that has targeted the ageing population in Myanmar, the data for the analysis presented in this paper is drawn from national censuses and surveys that have been conducted since 1973, the date of the first modern census of Myanmar, to 2007. The main source of data is the 2007 Fertility and Reproductive Health Survey (FRHS), the most recent nation-wide survey of population. This survey was conducted by the Department of Population of the Ministry of Immigration and Population, with support from UNFPA.

To describe trends in population ageing, data from the 1973 and 1983 censuses, 1991 Population Changes and Fertility Survey (PCFS), 2001 FRHS and 2007 FRHS have been used. The description of the overview of population ageing, the socio-economic characteristics of the elderly, and the living arrangements of the elderly is based on the data from the 2007 FRHS. The analysis is divided into three parts: (1) demographic analysis of the ageing population, (2) socio-economic characteristics of the elderly, and (3) living arrangements of the elderly.

1.7 Definitions

In order to study the elderly population in Myanmar, measures of ageing, such as the index of ageing, dependency ratio, potential support ratio, parent support ratio, and median age of population have been used. An **elderly person refers** to people aged 60 and over.

The **index of ageing** is the ratio of the number of elderly persons (aged 60 and above) to the number of children (aged below 15) in a population.

The **old age dependency ratio** is the proportion of the population aged 60 and over divided by the proportion aged 15-59. The ratio is expressed per 100 population. The ratio provides an indicator of the burden of support of the elderly.

The **potential support ratio** is an alternative way of expressing the numerical relationship between those more likely to be economically productive and those more likely to be dependents. It is the inverse of the old-age dependency ratio, that is, the number of people in the working ages of 15-64 per every person 65 and older:

$$\text{Potential Support Ratio (PSR)} = \frac{\text{Number of persons of working age 15 - 59}}{\text{Number of persons 60 and over}} \times 100$$

The **Parent support ratio** is a measure that has been commonly used to assess the demands on families to provide support for their 'oldest old' members. It is the number of persons aged 85 years and over in relation to those aged between 50 to 64 years:

$$\text{Parent Support Ratio} = \frac{\text{Number of persons aged 85 years and over}}{\text{Number of person aged 50-64 years}} \times 100$$

The **median age** of the population is that age at which 50 per cent of the population are older and 50 per cent are younger, and is an indicator of the degree of ageing in a population.

Chapter II

Overview of Population Ageing in Myanmar

2.1 Trends in population ageing

The aging of the population is a process in which the proportions of adults and elderly increase while the proportion of children and adolescents decrease. This process results in a rise in the median age of the population. Ageing occurs when fertility rates decline, while at the same time life expectancy remains constant or improves older ages (<http://www.prb.org/Educators/Resources/Glossary.aspx>). The United Nations has classified populations as 'young', 'mature' and 'old', and in accordance with this definition, Myanmar has a mature aged population, but is rapidly changing to having an old population (Department of Population, 2005).

The official age of retirement is used to identify people entering the stage of being aged. For those who are able, the age of retirement in Myanmar is 60, and many people stop working at that age. In accordance with UN standards and based on the retirement age in Myanmar, this study defines the ageing population as the population belonging to the age group 60 years and over. Most of the analysis divides the elderly population in this study into five-year age groups: 60-64, 65-69, 70-74, 75-79 and 80 years and over.

Table 2.1 shows the trend of the elderly population by urban or rural residence and sex. The data indicate that the proportion of people aged 60 and above increased from 6.0 per cent in 1973 to 8.7 per cent in 2007. The increase in the elderly female population was from 6.3 per cent in 1973 to 9.4 per cent in 2007, whereas the percentage of males aged 60 and over increased from 5.8 per cent in 1973 to 8.0 per cent in 2007 (see Figure 2.1). A similar pattern of increase occurred among the population aged 80 years and over. The higher percentage of females over males at older ages can be explained by their lower mortality levels compared to males.

The proportion of elderly living in rural areas, both people aged 60 years and above, and people 80 years and above, is higher than that of the elderly who were living in urban areas in 1973. However, in 1991, 2001 and again in 2007, the percentage of the aged

population living in urban areas exceeded that of rural areas. This can be explained in part by the earlier and more rapid fertility transition and higher life expectancies in urban areas compared to in rural areas.

According to the FRHS conducted in 2007, 8.7 per cent of males living in urban areas and 7.7 per cent of males living in rural areas were elderly. Similarly, among females, 10.7 per cent of those living in urban areas and 8.9 per cent of those living in rural areas were aged 60 and above. In both urban and rural areas, there were more elderly females than males.

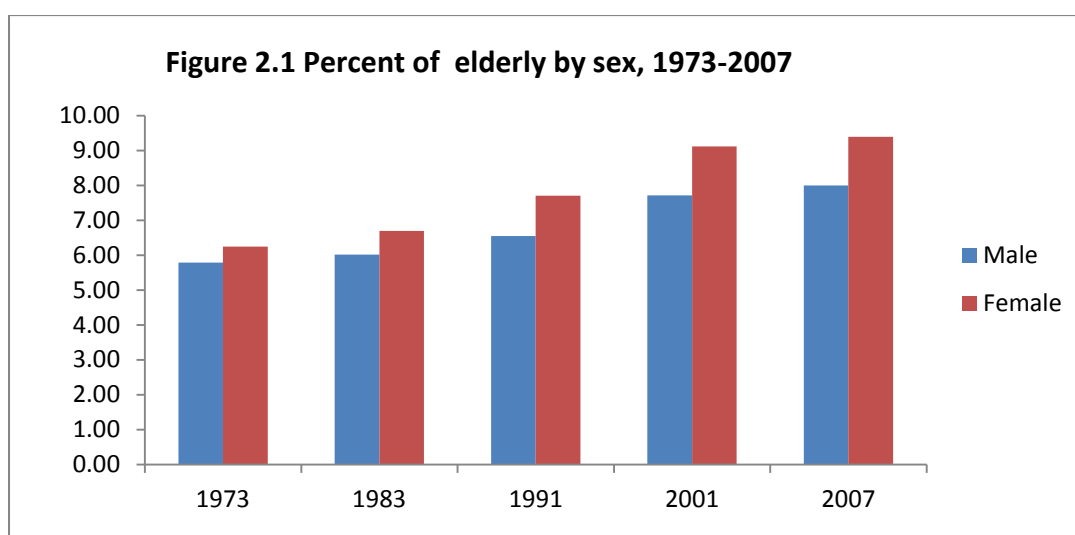


Table 2.1 Per cent distribution of ageing population (1973-2007)

Year	Ageing Population					Total (60+)	Median age
	60-64	65-69	70-74	75-79	80+		
Union							
Total							
1973	2.4	1.6	1.2	0.5	0.4	6.0	-
1983	2.4	1.6	1.2	0.6	0.5	6.4	-
1991	2.7	1.9	1.3	0.8	0.6	7.1	21.0
2001	2.9	2.3	1.7	0.9	0.7	8.5	24.0
2007	2.6	2.3	1.8	1.1	0.9	8.7	26.0
Male							
1973	2.3	1.5	1.1	0.5	0.3	5.8	18.9
1983	2.4	1.5	1.1	0.6	0.4	6.0	19.9
1991	2.5	1.7	1.2	0.7	0.5	6.6	21.0
2001	2.7	2.2	1.5	0.8	0.6	7.7	23.0
2007	2.5	2.1	1.6	1.0	0.7	8.0	25.0
Female							
1973	2.4	1.6	1.2	0.6	0.4	6.3	19.3
1983	2.5	1.6	1.3	0.7	0.6	6.7	20.6
1991	2.8	2.0	1.4	0.9	0.7	7.7	22.0
2001	3.0	2.4	1.8	1.0	0.8	9.1	25.0
2007	2.8	2.4	1.9	1.2	1.1	9.4	27.0

Table 2.1 Per cent distribution of ageing population (1973-2007)

Year	Ageing Population					Total (60+)	Median age
	60-64	65-69	70-74	75-79	80+		
Urban							
Total							
1973	2.1	1.5	1.0	0.5	0.4	5.5	-
1983	2.3	1.6	1.1	0.6	0.5	6.2	-
1991	2.7	2.0	1.3	0.9	0.6	7.4	23.0
2001	3.1	2.4	1.7	1.0	0.8	8.9	27.0
2007	3.0	2.5	1.9	1.2	1.1	9.6	29.0
Male							
1973	2.0	1.4	0.9	0.4	0.3	4.9	-
1983	2.2	1.4	1.0	0.5	0.4	5.5	-
1991	2.4	1.8	1.2	0.7	0.4	6.6	22.0
2001	3.1	2.2	1.3	0.8	0.6	7.9	26.0
2007	2.8	2.3	1.7	1.1	0.8	8.7	27.0
Female							
1973	2.3	1.6	1.2	0.6	0.4	6.1	-
1983	2.5	1.7	1.3	0.8	0.6	6.9	-
1991	2.9	2.1	1.5	1.0	0.8	8.2	24.0
2001	3.0	2.6	2.1	1.1	1.0	9.8	28.0
2007	3.2	2.7	2.1	1.4	1.3	10.7	30.0
Rural							
Total							
1973	2.4	1.6	1.2	0.5	0.4	6.2	-
1983	2.5	1.6	1.3	0.6	0.5	6.4	-
1991	2.7	1.8	1.3	0.7	0.6	7.0	21.0
2001	2.8	2.3	1.7	0.9	0.7	8.3	23.0
2007	2.5	2.2	1.7	1.0	0.8	8.2	25.0
Male							
1973	2.4	1.6	1.2	0.5	0.4	6.1	-
1983	2.4	1.5	1.2	0.6	0.5	6.2	-
1991	2.6	1.7	1.2	0.6	0.5	6.6	20.0
2001	2.6	2.2	1.5	0.8	0.6	7.7	22.0
2007	2.4	2.1	1.6	0.9	0.7	7.7	24.0
Female							
1973	2.4	1.6	1.3	0.5	0.4	6.3	-
1983	2.5	1.6	1.3	0.7	0.6	6.7	-
1991	2.7	2.0	1.4	0.8	0.6	7.5	21.0
2001	3.0	2.4	1.8	1.0	0.8	8.9	24.0
2007	2.6	2.3	1.9	1.1	1.0	8.9	26.0

The median age generally increases with an increase in the proportion of older persons in the population. The median age of Myanmar has increased from 21 years in 1991 to 26 years in 2007, while the median age in urban areas is more than 4 years higher than in rural areas. The median age for females is consistently higher than the median age for males in both urban and rural areas.

2.2 Sex ratio of the elderly

Table 2.2 presents the sex ratio of the elderly population aged 60 and above in Myanmar. The overall sex ratio in 2007 is 76 males per 100 females, which constitutes a decline over the past 34 years. The sex ratio of the elderly population has declined from 92.7 in 1973 to 80.7 in 1991 and to 75.8 in 2007 (Figure 2.2). The same trend is observed in both urban and rural areas. In 2007, the sex ratio was 70.7 for the elderly population in urban areas and 78.0 in rural areas. Rural areas had a higher sex ratio than urban areas during the period 1973 to 2007. The same pattern is found for those elderly people aged 80 and above.

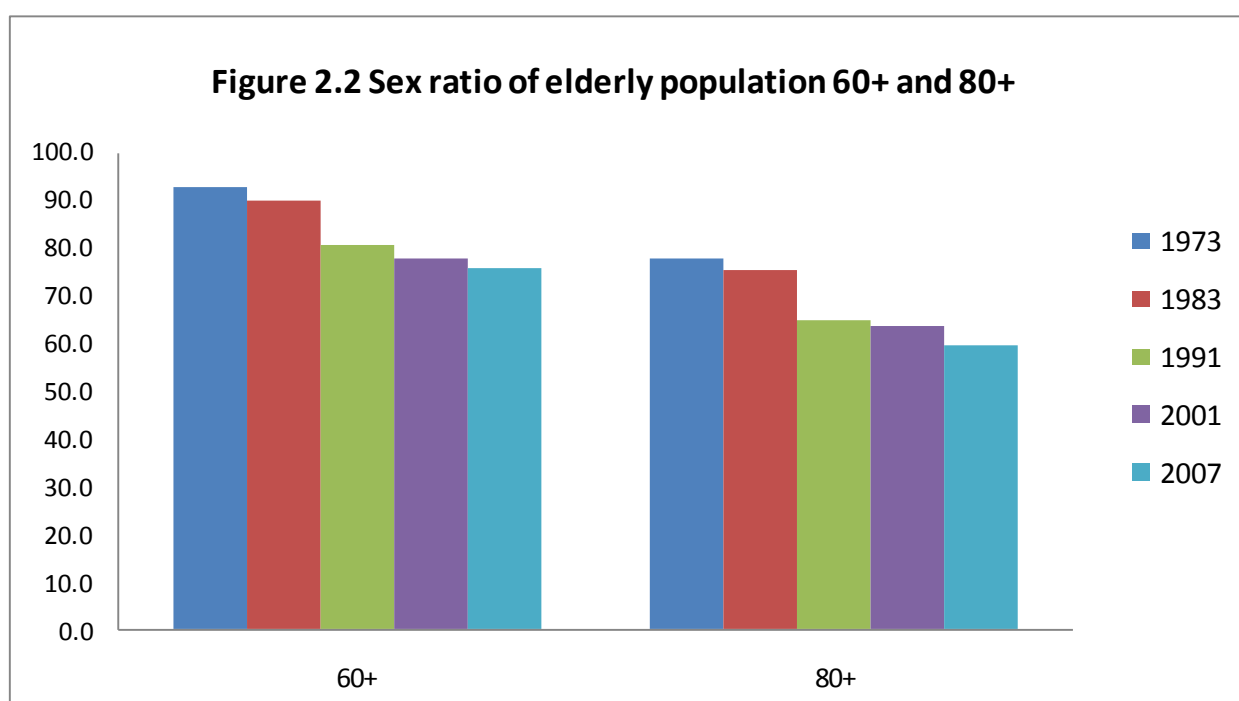


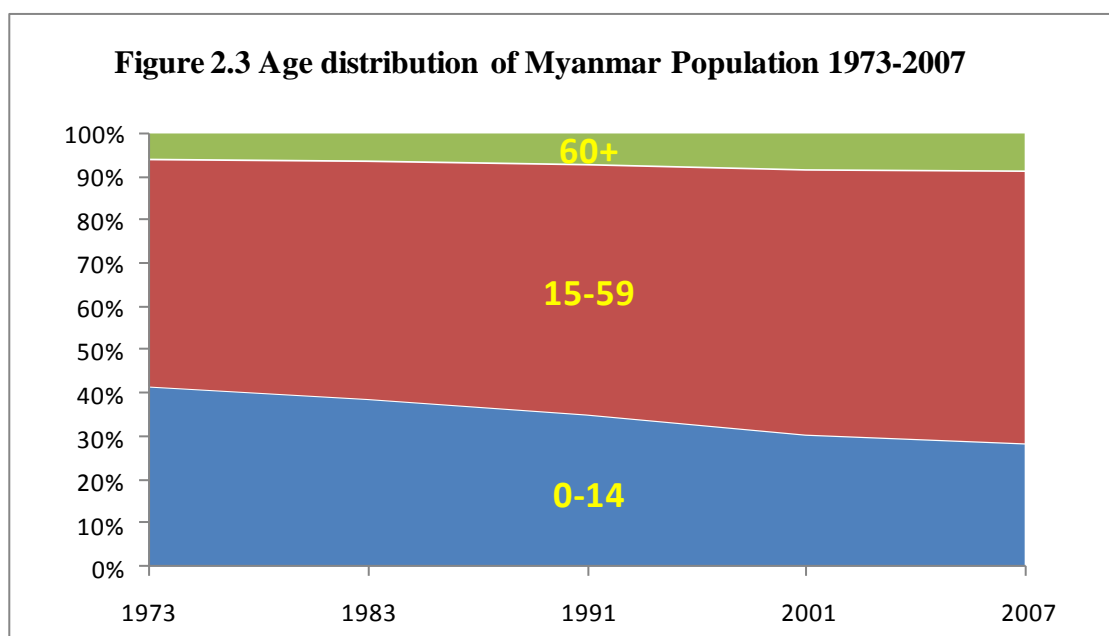
Table 2.2 Sex ratio of the elderly population by age group and residence (1973-2007)

Year	60-64	65-69	70-74	75-79	80+	60+
Union						
1973	96.7	93.9	89.4	90.9	77.3	92.7
1983	94.0	91.5	87.7	88.1	75.9	90.0
1991	85.6	82.6	79.1	76.3	64.8	80.8
2001	81.4	82.6	73.9	74.7	63.4	77.9
2007	80.9	78.6	75.1	73.8	59.6	75.8
Urban						
1973	88.4	82.3	75.2	74.1	65.1	81.2
1983	87.9	82.0	76.4	72.0	61.9	80.1
1991	77.8	79.9	76.1	69.5	40.9	73.5
2001	90.4	75.1	58.1	64.9	52.4	72.9
2007	76.8	73.8	70	69.6	51.6	70.7
Rural						
1973	99.2	97.6	93.6	96.3	81.8	96.2
1983	95.6	95.0	90.8	92.3	82.1	93.1
1991	89.0	83.9	80.4	79.8	77.5	84.2
2001	78.2	85.5	80.5	78.5	68.3	79.8
2007	82.7	80.7	77.2	75.7	63.5	78.0

2.3 Determinants of population ageing

The increasing proportion of older persons in the population is the outcome of demographic transition. The decline of fertility and mortality are the major demographic determinants of an ageing population in Myanmar. Falling fertility rates leads to a reduced number of children, while lower mortality prolongs the survival of older persons.

The trends in basic demographic indicators in Myanmar are presented in Table 2.3. The data on migration are very limited in Myanmar. The last two modern censuses, those of 1973 and 1983, did not include questions concerning migration. As information about international migration is not available, the size and age composition of the Myanmar population are determined by changes in fertility and mortality. There has been a rapid demographic transition in Myanmar in the last two decades.



The trend in the crude birth rate (CBR) shows a rapid decline from 37.6 in 1973 to 17.3 in 2007. The total fertility rate has declined from 5.4 in 1973 to 2.0 in 2007, and it is expected to decrease further in the future, but at a slower pace. In Myanmar, the decline in fertility has been due partly to the high mean age at first marriage and a high proportion of never-married females. The singulate mean age at marriage (SMAM) for males was 23.8 in 1973, 24.5 in 1983, and 27.6 in 2007. For females, the singulate mean age at marriage was 21.2 in 1973, 24.5 in 1991 and 26.1 in 2007.

The overall decline in fertility has also been due to an increasing awareness of the advantages of having a smaller family. The contraceptive use prevalence rate for currently-married women using any modern method is reported to be 38.4 per cent in 2007, while it was 13.6 per cent in 1991.

The crude death rate (CDR) decreased from 9.1 in 1991 to 6.0 in 2007. Declining mortality rates are reflected in improvements in life expectancy at birth and in the survival rate. Life expectancy at birth for both males and females rose from 52.5 years in 1973 to 65 years in 2007.

As a result of the rapid decline in mortality and fertility, there has been a significant shift in the structure of the population of Myanmar. The population aged 15 years and younger has declined from 41.5 per cent in 1973 to 28.3 per cent in 2007. On the other hand, the

population in the age group 15-59 increased from 52.5 per cent in 1973 to 63.0 per cent in 2007, while the population of the age group 60 years and above increased from 6.0 per cent to 8.7 per cent in the same time period. This trend reflects both declining fertility and an increase in life expectancy.

Indicators	1973	1983	1991*	2001**	2007**
Broad Age group					
0-14	41.5	38.6	35.0	30.3	28.3
15-59	52.5	55.0	57.8	61.2	63.0
60+	6.0	6.4	7.2	8.4	8.7
Sex Ratio	98.9	98.6	95.0	92.0	89.4
SMAM Male	23.8	24.5	26.3	27.6	27.6
Female	21.2	22.4	24.5	25.8	26.1
Proportion Never Married (45-49)					
Male	3.5	3.8	4.3	5.7	7.5
Female	5.9	5.9	9.1	11.8	14.8
CBR	37.6	34.4	27.9		17.29
TFR	5.4	4.6	2.9	2.43	2.03
CPR	----	----	16.8	37	40.9
CDR	14.2	11	9.1	7.7	6
IMR	85	70	94	69.5	53.2
e_0^0 Total	52.5	55.1	59	61	65
Male	51	53.5	57	59	63
Female	55.8	56.8	61	64	66
Urban Population (%)	23.6	24.1	27	----	27

Source: Population Census of Myanmar, 1973 and 1983

* Population Changes and Fertility Survey 1991

** Fertility and Reproductive Health Surveys, 2001, 2007

2.4 Demographic impact of population ageing

2.4.1 Index of ageing

The index of ageing is defined as the number of persons aged 60 years and over per 100 people aged 0-14 years. Table 2.4 displays the values of the index of ageing for five time points between 1973 and 2007. The data indicate a consistent increase in the values of the index of

ageing from 14.5 in 1973 to 30.6 in 2007. It shows that as fertility declines a shift of age structure from the younger to older ages occurs and subsequently the index of ageing becomes larger. Except in 1973, the value is greater in urban areas than in rural areas.

Residence	1973	1983	1991	2001	2007
Union	14.5	16.5	20.4	27.8	30.6
Urban	13.5	17.3	24.3	34.5	40.2
Rural	14.9	16.3	19.1	26.0	27.8

Table 2.5 shows the index of ageing in selected ASEAN countries. Based on the indicator of percentage of persons aged 60 and over, the most developed country, Japan has the highest value of the ageing index in 2007. The ageing index in Myanmar is higher than that of in Vietnam, Malaysia, Philippines, Brunei, Cambodia and Laos. It is projected that in 2025, the ageing index in Myanmar will reach 60.8.

Area	Ageing index		
	1975	2007	2025
Indonesia	13.0	30.9	61.5
Malaysia	13.3	23.5	56.3
Philippines	11.2	18.5	39.7
Singapore	20.4	74.8	233.5
Viet Nam	17.4	26.5	59.2
Myanmar	15.7	30.6	60.8
Thailand	11.7	47.5	99.7
Lao	10.8	13.3	21.4
Cambodia	11.0	16.2	27.6
Brunei	13.9	17.4	50.6

2.4.2 Elderly dependency ratio

The impact of population ageing is increasingly evident in the old age dependency ratio. This ratio is defined as the number of working age persons (age 15-60) per older person (age

60+), and is used as an indicator of the 'dependency burden' on potential workers. Between 2000 and 2050, the United Nations has projected that the old age dependency ratio will double in more developed regions and triple in less developed regions (United Nations, 2004). Table 2.6 provides a comparison of elderly dependency ratios calculated from the 1973 and 1983 censuses and from the 1991, 2001 and 2007 surveys. There was an increase in the ratio between 1973 and 2007, with increasing disparities between dependency ratios for males and females. The increasing old age dependency ratio can indicate increasing burdens on the family as they attempt to support their aged members. As the number of family members in their working ages falls relative to the number of their elderly dependents, the task of supporting the elderly becomes more difficult.

The elderly dependency ratio increased from 11.5 to 13.8 over 34 years, with a faster increase in urban than in rural areas. It is interesting to note that in the 1973 and 1983 censuses, there was a higher proportion of males in urban areas. This phenomenon has declined in subsequent years, during which the female ageing population has become larger than that of the male ageing population.

Figure 2.4 (a) and 2.4 (b) show the elderly dependency ratios for urban and rural areas. The ratios are shown separately for males and females. While the dependency ratios increased in urban areas, it decreased from 13.9 in 2001 to 13.4 in 2007 in rural areas. The dependency ratio for both males and females decreased from 2001 to 2007 in rural areas.

An increase in the old-age dependency ratio indicates a situation in which an increasing number of potential beneficiaries of health and pension funds are supported by a relatively smaller number of potential contributors. This trend tends to impose heavier demands on the working-age population in order to maintain a stable flow of benefits to older groups.

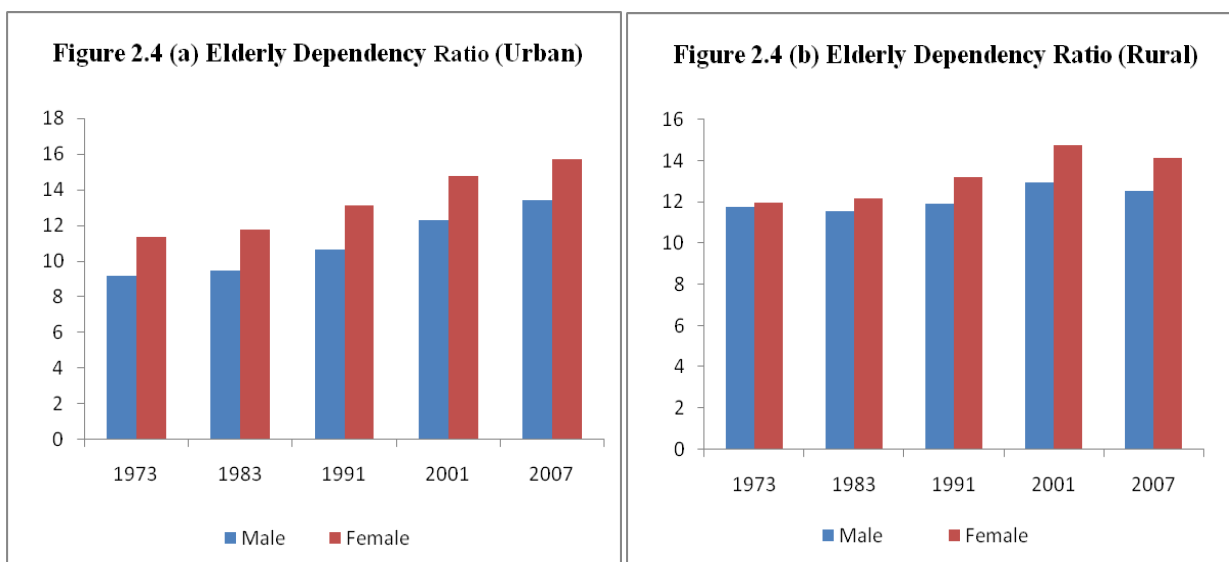


Table 2.6 Comparison of elderly dependency ratios from censuses and surveys

Year	Elderly dependency ratios		
	Total	Male	Female
Union			
1973	11.5	11.1	11.8
1983	11.6	11.0	12.1
1991	12.3	11.5	13.2
2001	13.8	12.8	14.8
2007	13.8	12.8	14.6
Urban			
1973	10.3	9.2	11.4
1983	10.6	9.5	11.8
1991	11.9	10.7	13.1
2001	13.6	12.3	14.8
2007	14.7	13.4	15.7
Rural			
1973	11.9	11.8	12.0
1983	11.9	11.6	12.2
1991	12.5	11.9	13.2
2001	13.9	12.9	14.8
2007	13.4	12.5	14.1

2.4.3 Potential support ratio and Parent support ratio

The potential support ratio is an indicator of demographic ageing and of the degree of dependency of older persons on potential workers. Table 2.7 presents the potential support ratio and parent support ratio from three surveys. The potential support ratio is an alternative way of expressing the numerical relationship between those people more likely to be

economically productive and those more likely to be dependents (number of people in the working ages of 15-64 per person aged 65 and older). The potential support ratio in Myanmar decreased from 13.5 in 1991 to 10.9 in 2007.

The parent support ratio, in turn, is a measure commonly used to assess the demands on families to provide support for their oldest old members. It is the number of persons aged 85 years and over in relation to those aged between 50 to 64 years. The parent support ratio increased from 1.8 in 1991 to 2.8 in 2007. Urban areas had an increase in the parent support ratio than rural areas during the period 1991 to 2007.

Year	Potential Support Ratio			Parent Support Ratio		
	Union	Urban	Rural	Union	Urban	Rural
1991	13.5	13.7	13.4	1.8	2.2	1.6
2001	11.5	11.7	11.4	2.2	2.4	2.1
2007	10.9	10.4	11.1	2.8	3.2	2.7

2.5 Demographic profile of the elderly population

2.5.1 *The oldest old population*

The population aged 80 years or more is referred to as the 'oldest old'. With increasing longevity, more elderly are living to be 80 years and over. In many countries, the oldest old are now the fastest growing portion of the total population. In 2009, the oldest old (persons aged 80 years or over) constitute 14 per cent of the population aged 60 or over worldwide. The oldest old constitute one of the fastest-growing segments of the population and, by 2050, 20 per cent of the world's older population will be aged 80 years or over. According to the World Population Ageing report, more than half of the world's oldest-old population is accounted for by six countries, three of which—China, Japan, and India—are from the Asia region (UN, 2002).

Table 2.8 shows the percentage of the population aged 80 and above among the population aged 60 and over, taken from censuses and surveys. Overall this percentage increased by over 60 from 1973 to 2007: from 6.5 in 1973 to 10.4 in 2007. This percentage of the population aged 80 and above is higher in urban than in rural areas.

Table 2.8 Percentage of aged 80+ in Population aged 60+

Year	Union			Urban			Rural		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1973	5.9	7.0	6.5	5.8	7.1	6.5	6.0	6.9	6.5
1983	7.3	8.6	8.0	7.1	9.2	8.3	7.4	8.4	7.9
1991	7.0	8.7	8.0	5.4	9.7	7.8	7.7	8.3	8.0
2001	7.2	8.9	8.2	7.1	9.9	8.7	7.3	8.5	8.0
2007	9.0	11.4	10.4	8.9	12.2	10.9	9.0	11.1	10.2

2.5.2 Feminization of ageing

Globally, the majority of older persons are women because female life expectancy is longer than male life expectancy. It is estimated that at current mortality rates, men surviving to age 60 can expect to live another 18 years and women surviving to age 60 can expect an additional 21 years of life. The ratio of men to women at older ages is lower in developed countries (74 men per 100 women) than in developing countries (89 men per 100 women) because the differences in life expectancy between the sexes are larger in developed countries (United Nations, 2009).

Similarly, women outnumber men among the elderly in Myanmar. At birth there is an approximate balance in the sex ratio with 102 males to 100 females. Due to higher female life expectancy, the ratio of males to female declines with age, and women outnumber men in older age groups.

Table 2.9 presents the percentage of females in the population aged 60 and over and the percentage of females in the population aged 80 and over by residence. The data shows that the percentage of females increased from 1973 to 2007 – the percentage of women aged 60 and over increased from 52.2 to 56.9, while the percentage of women aged 80 and over increased from 56.2 to 62.7. In general, a similar pattern of increase occurred among those living in urban and rural areas. This increase may be due to a much higher proportion of older women than older men living without a spouse. The 2007 Fertility and Reproductive Health Survey reported that 48 per cent of older women, as against 25 per cent of older men, did not

have a spouse. Older Myanmar women face disadvantages relative to men including lower literacy rates, longer widowhoods, and a higher probability of living alone.

In a country where social security coverage is minimal, levels of economic activity reflect income security, while women’s lower rate of activity can be taken as a proxy for their being poorer and their more dependent status financially. Those who are single in old age are likely to receive less care when ill or if they become disabled compared to those women who have a spouse. The 2007 FRHS showed that 50.2 per cent of older women, as compared to 21.5 of older men, were widowed. Older women are thus more vulnerable than older men. Greater attention must be paid to their requirements for care, financial support, and social protection.

Year	Percentage of Females in 60+			Percentage of Females in 80+		
	Union	Urban	Rural	Union	Urban	Rural
1973	52.2	55.1	51.3	56.2	60.2	55.1
1983	53.0	55.8	52.2	57.0	62.0	55.4
1991	55.3	57.6	54.3	60.7	71.0	56.3
2001	56.2	57.8	55.6	61.2	65.6	59.4
2007	56.9	58.6	56.2	62.7	66.0	61.2

2.5.3 Spatial dimensions of ageing

Table 2.10 shows the geographic distribution of elderly and non-elderly by sex. The sex ratio (the number of males per 100 females) of the elderly population nationwide is 75.8, while it is 86.4 for the non-elderly. The predominance of females becomes more marked with increasing age. Looking at the table, it is apparent that a higher proportion of the population in urban areas are aged 60 and over when compared with rural areas. However, because the majority of the population in Myanmar lives in rural areas, there are more elderly people living in rural areas overall. Approximately 70 per cent of the elderly population lived in rural areas in 2007.

The percentage distribution among the elderly is similar to the distribution of the population in their working ages. Domain 7 (Rakhine State) was the residence for only 5.1 per

cent of the elderly population of the country. The two main urban areas, Mandalay and Yangon, have the highest proportions of elderly persons in the population.

	Non-elderly population (15-59)				Elderly population (60+)			
	Male	Female	Sex Ratio	Total	Male	Female	Sex Ratio	Total
Residence								
Urban	27.2	28.4	82.6	27.8	28.6	30.6	70.7	29.7
Rural	72.8	71.6	87.9	72.2	71.4	69.4	78.0	70.3
Region								
Domain 1	10.2	10.0	87.9	10.1	8.4	8.1	78.6	8.2
Domain 2	9.9	10.0	85.1	10.0	11.3	11.7	73.0	11.5
Domain 3	12.8	12.7	87.7	12.7	13.1	14.0	70.7	13.6
Domain 4	9.8	10.0	84.7	9.9	10.1	10.3	74.8	10.2
Domain 5	11.3	11.5	85.1	11.4	12.2	12.3	75.5	12.2
Domain 6	13.5	13.7	85.3	13.6	13.6	14.0	73.2	13.8
Domain 7	6.3	6.1	89.6	6.2	5.5	4.8	87.6	5.1
Domain 8	12.0	12.3	84.2	12.1	12.7	12.5	77.2	12.6
Domain 9	14.2	13.8	89.1	14.0	13.1	12.4	80.3	12.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	45734	52925	86.4	98659	5847	7715	75.8	13562
Domain 1	Kachin, Kayah, and Shan States			Domain 6	Mandalay Region			
Domain 2	Kayin and Mon States; Tanintharyi Region			Domain 7	Rakhine State			
Domain 3	Chin State and Sagaing Region			Domain 8	Yangon Region			
Domain 4	Bago Region			Domain 9	Ayeyarwaddy Region			
Domain 5	Magway Region							

2.5.4 Future trends

The global trend towards a decreasing proportion of young compared to the elderly is has begun to emerge in Myanmar. Figure 2.5 shows that elderly people 60 and over will outnumber children under age 14 before 2040. By 2050, it is projected that 22.2 per cent of the population will be aged 60 and over. The proportion of the population in the oldest old age group (80+) is growing much faster than the elderly population in general.

Table 2.11 shows the results of projections of the ageing population. The table shows a 13.1 percentage point increase in the proportion of the population aged 60 and above over the period 2010 to 2050, from 9.1 per cent in 2010 to 22.2 per cent in 2050. By 2050, one in every five persons in Myanmar will be age 60 or older.

There are marked gender differences in the projections of the aged population. The elderly female population is larger than the elderly male population in each age group. The male population aged 60 and over is projected to increase to 20.6 per cent in 2050, from 8.2 per cent in 2010. A greater increase is projected for females compared to males, from 10.1 per cent in 2010 to 23.7 per cent in 2050, which can be explained by the higher life expectancy at birth for women than men.

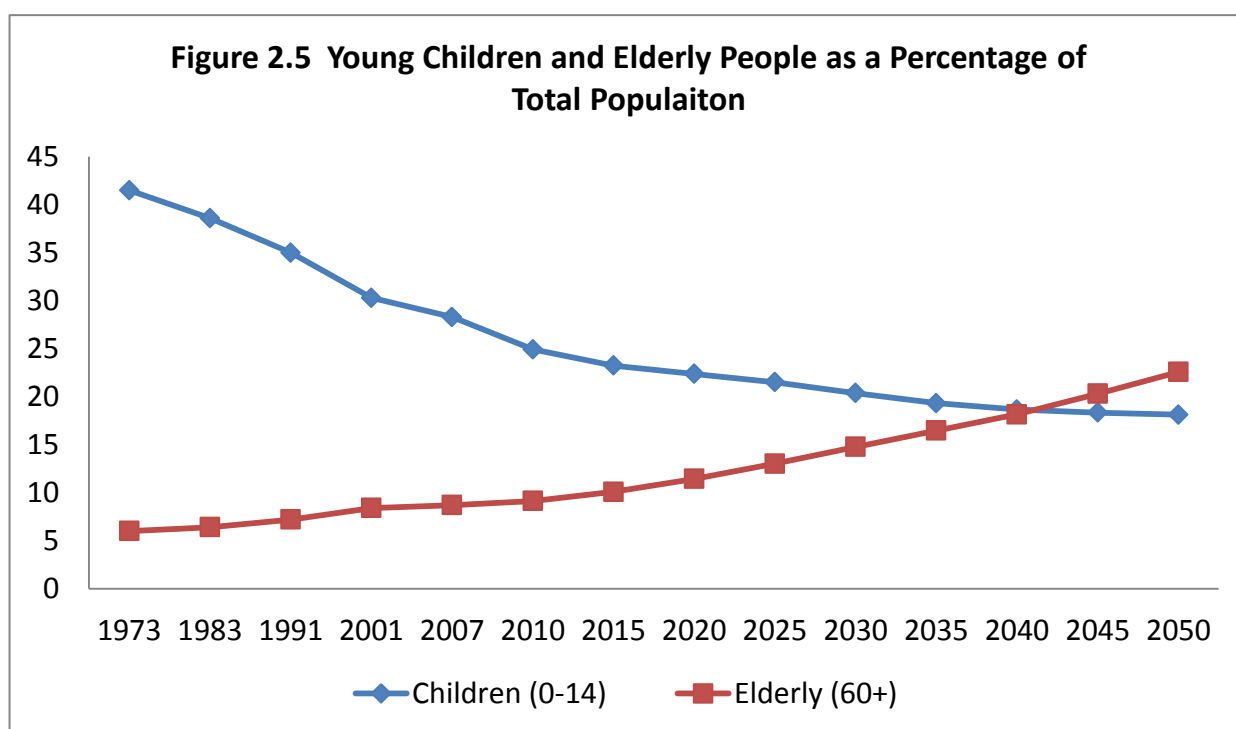


Table 2.11 also shows that the proportion of the population in the oldest old group—aged 80 and over—is projected to increase almost threefold, while the proportion of the population aged 60 and over is projected to increase more than twofold. Although the oldest old still constitutes a small proportion of the total population, their numbers are growing very rapidly. In Myanmar, the percentage of the population aged 60-64 is projected to be almost the same for males and females in the year 2050. However, by age 80 and above, there is projected to be a more than 1.0 percentage point gap in the proportion of females (3.4 per cent) to males (2.4 per cent).

Table 2.11 Proportion of the population which is elderly (2010-2050)

Year	Elderly population					Total (60+)	Ageing index	Old dependency ratio	Potential support ratio
	60-64	65-69	70-74	75-79	80+				
Total									
2010	2.9	2.3	1.7	1.2	1.0	9.1	36.7	13.9	7.2
2015	3.5	2.4	1.8	1.2	1.2	10.1	43.4	15.1	6.6
2020	4.0	3.0	1.9	1.2	1.3	11.4	51.1	17.3	5.8
2025	4.5	3.4	2.4	1.4	1.3	13.0	60.6	19.9	5.0
2030	4.9	3.8	2.8	1.7	1.5	14.7	72.6	22.8	4.4
2035	5.1	4.2	3.1	2.0	1.8	16.3	85.2	25.7	3.9
2040	5.5	4.5	3.5	2.3	2.1	18.0	97.3	28.8	3.5
2045	6.3	4.9	3.8	2.6	2.5	20.0	110.7	33.1	3.0
2050	6.8	5.6	4.1	2.8	2.9	22.2	124.5	38.1	2.6
Male									
2010	2.7	2.0	1.6	1.1	0.9	8.2	32.0	12.4	8.1
2015	3.3	2.2	1.5	1.1	1.0	9.1	38.6	13.5	7.4
2020	3.8	2.7	1.7	1.1	1.1	10.4	45.9	15.6	6.4
2025	4.2	3.2	2.1	1.2	1.1	11.8	54.5	18.0	5.6
2030	4.6	3.6	2.5	1.5	1.2	13.4	65.4	20.5	4.9
2035	4.9	3.9	2.8	1.8	1.5	14.9	76.7	23.0	4.4
2040	5.3	4.2	3.1	2.0	1.8	16.4	87.5	25.7	3.9
2045	6.2	4.5	3.4	2.3	2.1	18.4	100.2	29.8	3.4
2050	6.7	5.4	3.7	2.4	2.4	20.6	113.4	34.6	2.9
Female									
2010	3.2	2.5	1.9	1.3	1.2	10.1	41.5	15.3	6.5
2015	3.8	2.7	2.0	1.3	1.3	11.1	48.4	16.8	6.0
2020	4.2	3.2	2.1	1.4	1.4	12.4	56.5	19.0	5.3
2025	4.7	3.7	2.6	1.6	1.5	14.1	66.8	21.9	4.6
2030	5.1	4.1	3.0	1.9	1.7	15.9	79.9	25.1	4.0
2035	5.4	4.6	3.5	2.3	2.1	17.7	93.9	28.4	3.5
2040	5.7	4.8	3.9	2.6	2.5	19.5	107.3	31.8	3.1
2045	6.4	5.2	4.1	3.0	2.9	21.6	121.4	36.4	2.8
2050	6.8	5.8	4.5	3.2	3.4	23.7	135.8	41.6	2.4

Note: Projections are undertaken based on vital rates calculated from the 2007 FRHS

By 2025, the old age dependency ratio will be 19.9, which is projected to almost double by 2050 to 38.1. Similarly, the ageing index will be 60.6 in 2025 and is projected to be 124.5 in 2050. The potential support ratio, the number of people in the working age group per person 65 and older, will be 2.63 in 2050.

Chapter III

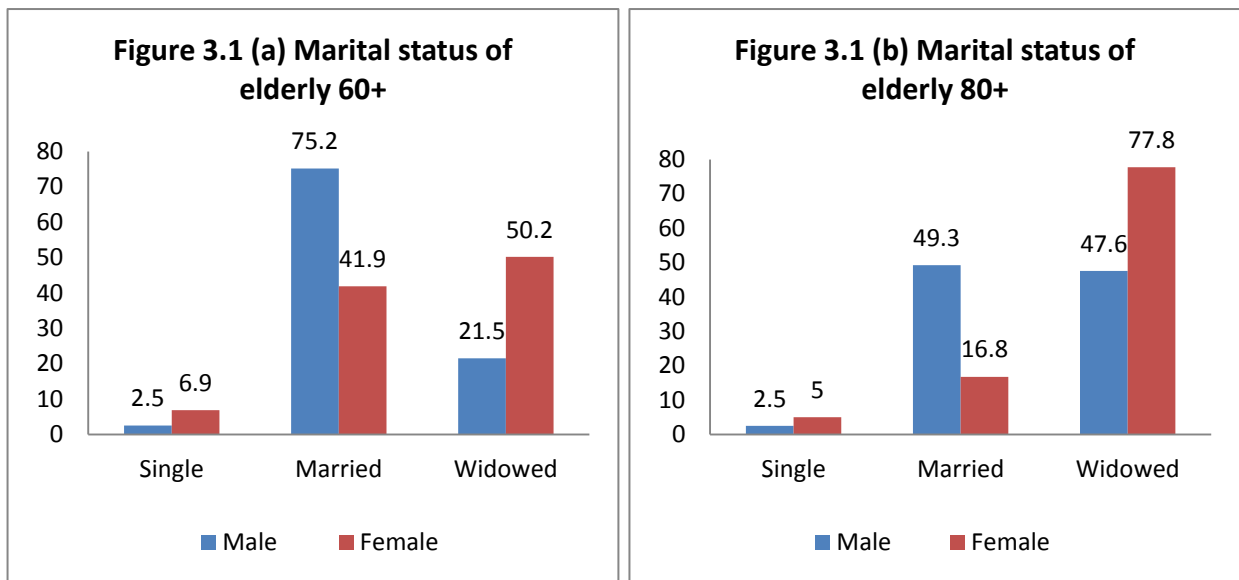
Socio-economic Characteristics of the Elderly

3.1 Marital status

For older people, marital status plays a very important role in living conditions and well-being. Older men are more likely than older women to still be married, because women marry younger than men do and the incidence of widowhood is higher among women. In addition, men are more likely to remarry after widowhood or divorce than women are. Globally, about 80 per cent of older men are married, compared to only 48 per cent of older women (United Nations, 2009). In most societies, single and widowed elderly women are more vulnerable to economic distress than are males who have lost a spouse (Légaré et al 2003).

As seen in Figure 3.1a and 3.1b, the majority of elderly people in Myanmar were married at the time of the 2007 FRHS. This may reflect an almost universal pattern of marriage among Myanmar people in the past. Marriage has been culturally expected at the 'proper' age, and remaining single until old age was uncommon. However, the majority of female elderly are widows, while their male counterparts are mainly married. Most widowed women live with family members, particularly their adult children (data not shown). In 2007, while 22 per cent of men aged 60 and over are widowers, over 50 per cent of the women of that age were widowed. Overall, elderly women are more than twice as likely as elderly men to be widowed. This ratio increases with increasing age. Only 11.1 per cent of males aged 60-64 are widowed and the proportion increases to 47.6 per cent for those 80 and older. For females, almost 35 per cent of those aged 60-64 are widowed and this increases to 77.8 per cent for those aged 80 and older. The proportion of divorced persons within the various age groups is negligible for both sexes during the period 1973-2007.

There is a small minority of elderly women who have never married and many of these women live alone in old age (44.7 per cent, data not shown in table). As the percentage of women never married who are between the ages 45-49 is increasing, after several decades there will be more unmarried elderly men and women in Myanmar. However, as women are more likely than men to remain single, there is a need to ensure that elderly women receive adequate support for their well-being in old age.



The difference between genders in widowhood may be attributed to the longer life expectancy of females (see Chapter IV). Another factor in the higher levels of widowhood for women compared is the tendency for men to marry women several years younger than themselves.

Results also show that the percentage of people aged 60 and over who have never married is lower among men (2.5 per cent) than women (6.9 per cent). This, in addition to the higher levels of widowhood for females, means that women are likely to spend a substantially longer period in their old age living without a spouse than are men. Higher proportions of single elderly women are found in urban areas.

Table 3.1 Percentage distribution of marital status of the elderly by age, sex and place of residence.

Marital status	Union						Urban						Rural					
	60-64	65-69	70-74	75-79	80+	60+	60-64	65-69	70-74	75-79	80+	60+	60-64	65-69	70-74	75-79	80+	60+
Male																		
Single	3.1	2.4	2.3	1.8	2.5	2.5	4.6	2.7	2.5	3.3	1.3	3.2	2.5	2.3	2.2	1.2	2.9	2.3
Married	84.8	79.0	72.5	65.4	49.3	75.2	86.4	80.6	76.6	65.4	58.4	77.8	84.1	78.3	71.0	65.4	45.7	74.1
Widowed	11.1	17.7	24.6	32.3	47.6	21.5	7.9	16.0	20.3	31.3	40.3	18.3	12.5	18.4	26.1	32.7	50.5	22.8
Divorced	0.9	0.9	0.7	0.6	0.6	0.8	1.1	0.7	0.6	0.0	0.0	0.7	0.8	1.0	0.7	0.8	0.8	0.8
Renounced	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Total	1849	1565	1189	719	525	5847	546	444	320	211	149	1670	1303	1121	869	508	376	4177
Female																		
Single	8.1	6.7	6.1	7.6	5.0	6.9	9.7	9.0	9.0	9.9	6.2	9.0	7.4	5.7	4.9	6.6	4.4	6.0
Married	55.4	47.8	38.0	27.4	16.8	41.9	54.6	45.8	34.8	25.7	19.4	40.5	55.8	48.7	39.3	28.2	15.5	42.6
Widowed	34.8	44.9	55.1	64.5	77.8	50.2	32.5	44.4	55.8	63.7	73.7	49.1	35.9	45.1	54.8	64.8	79.7	50.7
Divorced	1.6	0.5	0.9	0.5	0.5	0.9	3.1	0.7	0.4	0.7	0.7	1.4	1.0	0.4	1.1	0.4	0.3	0.7
Renounced	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.1	0	0.1	0.0	0.0	0.0	0.0
Total	2286	1991	1583	974	881	7715	711	602	457	303	289	2362	1575	1389	1126	671	592	5353
Number	4135	3556	2772	1693	1406	13562	1257	1046	777	514	438	4032	2878	2510	1995	1179	968	9530

3.2 Education

Educational attainment is an important indicator of well-being among the elderly, making them less dependent and widening the scope of their experiences. Higher educational attainment allows young individuals to prepare for old age by enhancing their ability to accumulate resources. This reduces potential levels of individual and societal dependence.

Gender differences in literacy in the aged are striking, with 83 per cent of males literate, with only 57.2 per cent of females so. Literacy levels in rural areas are lower than in urban areas. The current educational profile of the elderly reflects the country's educational system and the accessibility to education during the first half of the twentieth century, when women had more limited opportunities for education than men. This situation is reflected in the literacy rate for elderly men, which is almost double that of elderly women (see Figure 3.2). Compared with the working-age population (age 15-59), literacy rate varies little for men (83.0 for elderly and 88.6 for working-age people) but the gap between elderly and working-age women is much wider: 57.2 for the elderly compared to 80.7 for the non-elderly. This low literacy rate among the elderly population, especially in rural areas, needs to be taken into account for any programme designed to provide information for this population group.

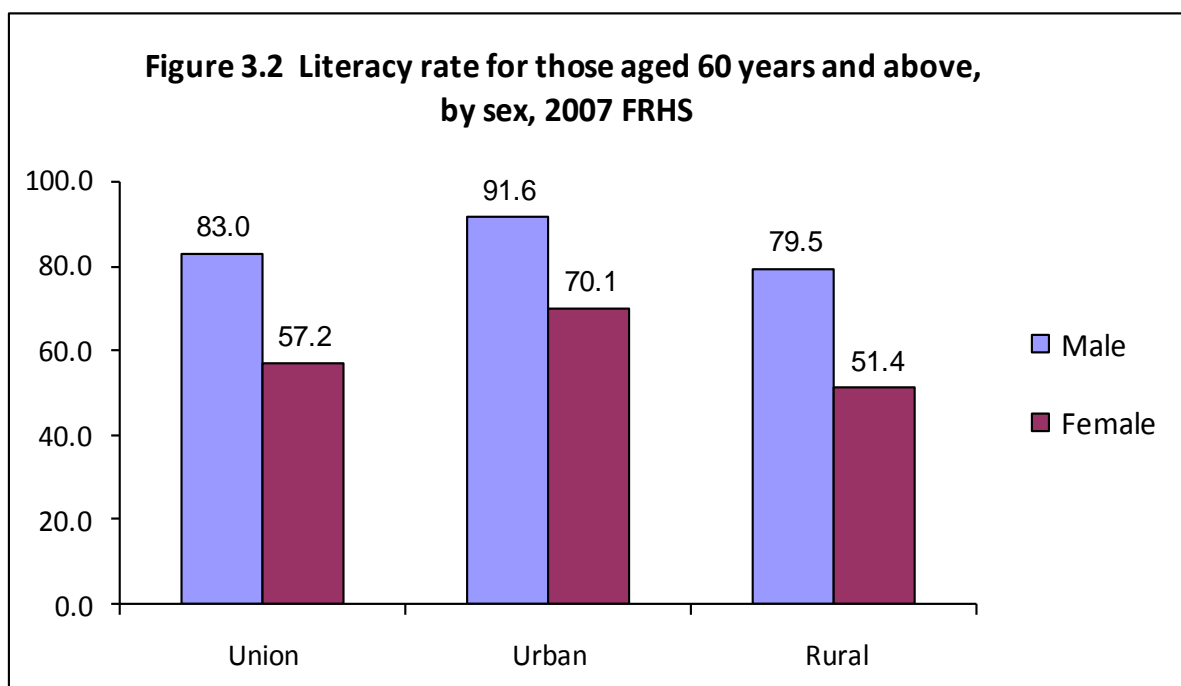


Table 3.2 Percentage distribution of the highest level of education attained by age, sex and place of residence

Level of education	Male			Female			Total
	15-59	60+	80+	15-59	60+	80+	60+
Union							
Literate	88.6	83.0	77.7	80.7	57.2	51.9	68.3
Illiterate	11.4	17.0	22.3	19.3	42.8	48.1	31.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	5.3	13.5	17.3	8.9	31.7	38.0	23.6
Primary	37.9	25.3	24.2	45.5	32.3	28.0	29.2
Middle School	25.6	14.3	9.2	18.0	7.8	5.8	10.7
High School	15.3	8.7	4.9	12.4	3.6	1.2	5.9
University	8.3	3.0	0.2	10.7	1.4	0.2	2.1
Others	7.7	35.2	44.2	4.4	23.2	26.7	28.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	45025	5675	509	51259	7071	805	12746
Urban							
Literate	94.6	91.6	85.9	90.1	70.1	65.7	79.0
Illiterate	5.4	8.4	14.1	9.9	29.9	34.3	21.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	2.2	5.4	9.0	4.1	19.0	26.5	13.2
Primary	18.6	19.0	20.1	26.4	38.2	36.9	29.9
Middle School	29.4	26.8	20.8	21.6	16.6	14.6	20.9
High School	27.6	22.5	16.0	22.0	9.6	3.7	15.1
University	20.1	9.6	0.7	24.4	3.8	0.4	6.3
Others	2.1	16.8	33.3	1.5	12.8	17.9	14.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	12327	1634	144	14779	2180	268	3814
Rural							
Literate	86.4	79.5	74.5	77.0	51.4	45.1	63.7
Illiterate	13.6	20.5	25.5	23.0	48.6	54.9	36.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No education	6.4	16.8	20.5	10.9	37.3	43.8	28.0
Primary	45.2	27.9	25.8	53.2	29.7	23.5	28.9
Middle School	24.2	9.2	4.7	16.6	3.9	1.5	6.3
High School	10.7	3.1	0.5	8.5	1.0	0.0	1.9
University	3.8	0.4	0.0	5.2	0.3	0.2	0.3
Others	9.8	42.7	48.5	5.5	27.8	31.1	34.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	32698	4041	365	36480	4891	537	8932

In Table 3.2, it is visible that the percentage of people with no education is higher among women than men. This differential exists irrespective of age. However, the differences between generations are clearer among women than men. Non-elderly males with no education comprise just 5.3 per cent of the population, while 13.5 per cent of elderly males have no education. The comparable levels of non-elderly and elderly females are 8.9 and 31.7 per cent respectively. Elderly women are in a particularly disadvantaged position regarding education when compared to both other elderly men and younger women.

This disadvantage is even greater in rural areas. In urban areas, where there is better access to the education system, 5.4 per cent of elderly males and 19.0 per cent of elderly females have no education, compared with rural areas, where 16.8 per cent elderly men and 37.3 per cent of elderly women have no education. However, this gender gap in the elderly will narrow as younger generations, who have higher access to education, ages.

At the national level, less than 1.4 per cent of female elderly had a university-level education, compared with 3 per cent of their male counterparts. A primary school education is the most common level of education for the older generations. In both urban and rural areas, male elderly have higher levels of schooling than do female elderly.

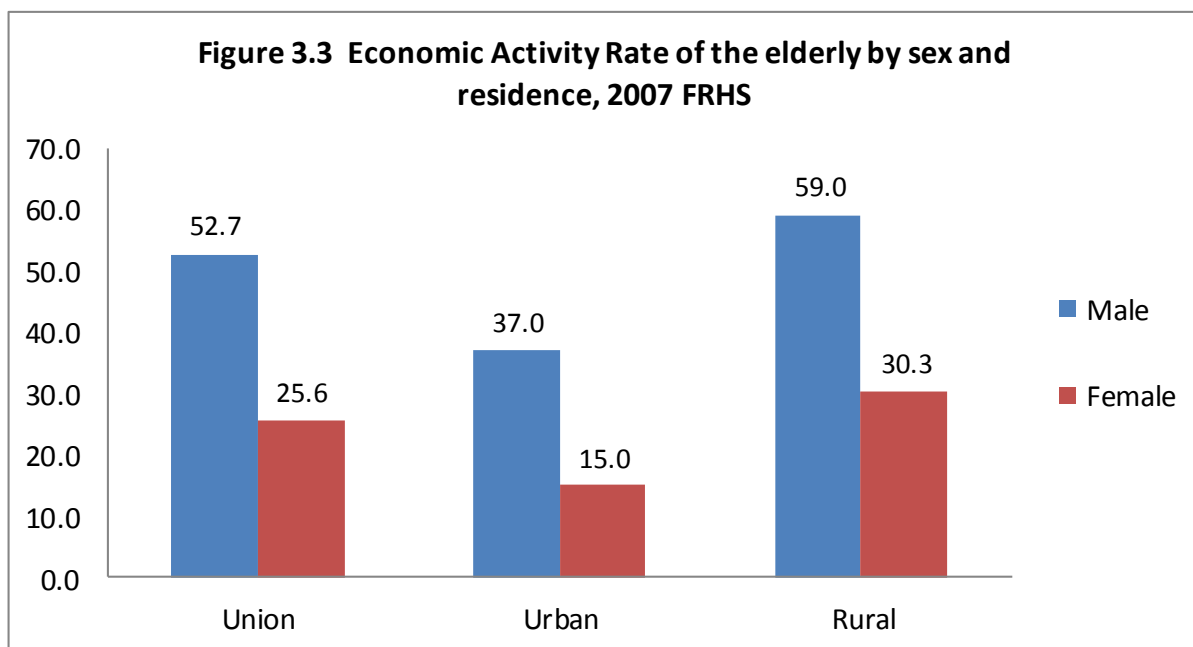
3.3 Active ageing and the employment of older persons

3.3.1 Economically active elderly

Economic activity is a measure of the economic status of the elderly. Globally, the percentage of male elderly in the labour force is double that of the female elderly, at 40 per cent vs. 20 per cent. Countries with high per capita income tend to have a lower labour force participation rate among older persons. In developed countries, just 24 per cent of men aged 60 or over are economically active, whereas 47 per cent of older men are economically active in developing countries. Among older women, 14 per cent are economically active in developed countries but 24 per cent work in developing countries. Older persons in developing countries work until advanced age because they are not covered under existing social security systems or because even when covered, they receive relatively low pensions (United Nations, 2009).

The household questionnaire of the 2007 FRHS provided information on employment during the 14 days prior to the survey, thus providing a picture of the levels of economically active elderly in Myanmar. People who worked during that time were treated as employed and otherwise were classified as unemployed. For those employed, further information on the type of occupation, the activity of the establishment where they worked, and their employment status were obtained. For the unemployed, reasons for not working were asked. The reasons were pre-coded and one reason was 'seeking a job'. The economically-active population in the 2007 FRHS, and also in this paper, included those who were working as well as those who were seeking work. Notably, housewives were not considered economically active because their work was not considered productive.

The economic activity among the elderly reflects the economic, social, and cultural situations of the population. The 'economic activity rate' of the elderly population refers to the number of economically active elderly expressed as a proportion of the total population aged 60 and above. In Figure 3.4, the elderly economic activity rate is displayed for men and women by current place of residence.



At all working ages, the economic activity rate is higher for men than women, and higher in rural than urban areas (Department of Population, 2009). In the elderly population, about one third remains economically active well into old age. Elderly men tend to be more

economically active than elderly women; over half of men aged 60 year and over are in the labour force, while only 26 per cent of elderly women were. For both elderly men and women, economic activity rates are much higher in rural than in urban areas. This probably reflects both the greater economic need for the rural elderly to remain economically active, and the greater availability of employment, primarily in agriculture, for the rural elderly compared to urban elderly.

Noticeable proportions—15 per cent of the elderly male aged 80 and over—remain in the labour force. Although many older persons are probably working because of economic need rather than desire, the promotion of employment opportunities for the elderly will decrease the burden of care for families and increase the independence of the elderly.

As seen in Table 3.4, levels of economic activity drop with increasing age. The economic activity rates for both elderly men and women decrease significantly with increasing age. For both sexes, the economic activity rate decreased 9 percentage points from 54 per cent at age 60-64 to 45 per cent at ages 65-69, and then decreased a further 19 percentage points to 27 per cent for the 70-74 age group. The decrease in economic activity is greater for women than for men. A similar pattern is found in both urban and rural areas. Among the oldest old, a small minority remain economically active, with slightly over 8 per cent of the elderly population aged 80 and over engaged in economic activities. It is clear that with increasing age, there is a switch from economic contribution to economic dependency. As a higher proportion of the elderly become concentrated in the oldest old ages, this will be an issue of increasing concern for policy and programmes.

In Myanmar, retirement age from public service is 60 years. Upon retirement from service, retirees are entitled to a gratuity and pension prescribed under the relevant rules and regulations. The state may continue to employ the retired skilled and experienced personnel or appoint them as advisors. A large number of elderly people are now serving in important positions in NGOs, voluntary social organisations, companies, and business firms. Through active involvement in the social, economic, and religious sectors of the country, they are able to continue to lead an active life in the society.

Table 3.3 Economic activity rates of the elderly by age, sex and place of residence

Age group	Union			Urban			Rural		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60-64	72.1	40.0	54.4	52.0	25.7	37.2	80.5	46.5	61.9
65-69	62.6	31.5	45.2	41.9	15.9	27.0	70.8	38.3	52.8
70-74	38.5	17.4	26.5	24.4	10.1	16.0	43.7	20.4	30.6
75-79	32.7	12.3	21.0	26.5	7.6	15.4	35.2	14.5	23.4
80+	14.7	4.3	8.2	9.4	2.1	4.6	16.8	5.4	9.8
Total	52.7	25.6	37.3	37.0	15.0	24.1	59.0	30.3	42.9

3.3.2 Employment status

Table 3.4 shows the employment status of the elderly by age, sex, and place of residence. In this paper, ‘employer’ refers to the elderly who run a business and hire more than four employees; ‘self-employed’ refers to the elderly who also run a business but have less than four employees; ‘government employee’ and ‘private employee’ are defined as people working for the government and private sectors respectively. The term ‘others’ includes all those who are not in other specified categories. Housewives, who were treated in the last section as not economically active, have been included here as ‘unpaid family worker’.

In Table 3.4, elderly self-employed workers stands out as the largest group among men and women in rural as well as in urban areas. The second largest group is employers in urban areas (11.6 per cent) and unpaid family worker in the rural areas (11.8 per cent). Out of the total population of all ages, self-employed workers also share the highest percentage among all employment statuses – about 47 per cent. However, the second-ranked employment status in the working age population was unpaid family worker at 23.6 per cent, while the third was private employee, at 19.4 per cent (data not shown). Compared to the working-age population, the people aged 60 and over were less likely to be either an unpaid family worker or a private employee, with only 10.6 per cent classified as unpaid family workers and 8.7 per cent as private employees.

Almost 10 per cent of the elderly are classified as employers. This is in contrast with only 3.6 per cent of the working-age population that are classified as employers (data not shown). This situation may be attributed to the current elderly's success in business when they were younger, while younger groups are still accumulating resources, such as a business. Another possible factor is that family businesses may be headed by a father or mother even into old age.

Gender differences in employment status are very obvious from the table: 1.2 per cent of women aged 60 and over are working for the government, compared to 2.2 per cent of men. It is interesting to note that 7.1 per cent of urban males age 80 and over are still working as government employees. Less than 2 per cent of the male elderly are unpaid family workers, compared to almost 25 per cent of women. These gender differences are similar both in rural and urban areas.

Compared to in urban areas, the elderly in rural areas are more likely to be self-employed. This is probably the result of the high proportion of rural elderly who still operate their own farms. Only 0.6 per cent of the elderly living in rural areas are government employees, compared to 7.0 per cent of those living in urban areas.

Table 3.4 Percentage distribution of employment status of the employed elderly population by age, sex and place of residence

Employment Status	Male						Female						Total
	60-64	65-69	70-74	75-79	80+	60+	60-64	65-69	70-74	75-79	80+	60+	
Union													
Employer	7.5	12.3	14.9	16.6	16.9	11.0	4.8	7.4	8.7	16.7	21.6	7.2	9.5
Self-employed	75.6	74.5	73.0	68.9	71.4	74.3	57.0	57.9	59.8	52.5	54.1	57.4	67.7
Govt. employee	3.4	1.6	0.7	1.7	1.3	2.2	1.9	0.6	0.7	0.8	0.0	1.2	1.8
NGO employee	1.5	0.9	1.8	1.3	1.3	1.3	0.9	0.8	0.7	0.0	2.7	0.8	1.1
Private employee	10.1	9.1	8.1	8.9	5.2	9.3	9.0	7.0	5.4	10.8	5.4	7.9	8.7
Unpaid family worker	1.4	1.3	1.3	2.6	2.6	1.5	25.9	25.6	23.6	18.3	13.5	24.8	10.6
Other	0.6	0.2	0.2	0.0	1.3	0.4	0.5	0.6	1.1	0.8	2.7	0.7	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1332	978	456	235	77	3078	914	625	276	120	37	1972	5050
Urban													
Employer	9.9	14.1	20.8	19.6	14.3	13.5	3.8	10.6	10.9	26.1	20.0	8.3	11.6
Self-employed	59.7	56.5	59.7	57.1	64.3	58.6	64.3	70.2	65.2	60.9	60.0	65.7	61.2
Govt. employee	10.6	7.6	1.3	5.4	7.1	8.0	7.7	2.1	2.2	4.3	0.0	5.1	7.0
NGO employee	4.2	3.8	3.9	1.8	0.0	3.7	3.3	2.1	2.2	0.0	0.0	2.6	3.3
Private employee	14.1	16.3	11.7	10.7	14.3	14.2	6.0	4.3	8.7	8.7	0.0	6.0	11.2
Unpaid family worker	1.4	1.6	2.6	5.4	0.0	2.0	14.3	9.6	6.5	0.0	20.0	11.1	5.3
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.1	4.3	0.0	0.0	1.1	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	283	184	77	56	14	614	182	94	46	23	5	350	964
Rural													
Employer	6.9	11.8	13.7	15.6	17.5	10.4	5.1	6.8	8.3	14.4	21.9	7.0	9.1
Self-employed	79.9	78.7	75.7	72.6	73.0	78.2	55.2	55.7	58.7	50.5	53.1	55.5	69.2
Govt. employee	1.4	0.3	0.5	0.6	0.0	0.8	0.4	0.4	0.4	0.0	0.0	0.4	0.6
NGO employee	0.8	0.3	1.3	1.1	1.6	0.7	0.3	0.6	0.4	0.0	3.1	0.4	0.6
Private employee	9.0	7.4	7.4	8.4	3.2	8.0	9.7	7.5	4.8	11.3	6.3	8.3	8.1
Unpaid family worker	1.3	1.3	1.1	1.7	3.2	1.3	28.8	28.4	27.0	22.7	12.5	27.7	11.8
Other	0.8	0.3	0.3	0.0	1.6	0.5	0.5	0.6	0.4	1.0	3.1	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1049	794	379	179	63	2464	732	531	230	97	32	1622	4086

3.3.3 Occupations

This analysis of occupations focuses on people employed at the time of the survey. The occupational distribution of the elderly population is shown in Table 3.5. As agriculture is the main occupation in Myanmar, a majority of the employed (64 per cent) are engaged in this work, with 66 per cent of employed elderly men and 61 per cent of employed elderly women working in the sector. There is a rural-urban differential in the occupational structure: in all occupational categories except agricultural workers, the proportional share of workers is greater in urban than rural areas, and this is true for men as well as for women.

The share of white collar occupations, namely administrators, professionals, technicians and clerks, is larger among elderly males, while the share of blue collar workers is substantially higher among elderly females. In urban areas, the proportion of the employed population that consists of white collar workers is high (9.6 per cent) compared to rural areas (only 0.8 per cent). More than 50 per cent of the urban elderly are blue collar workers, with the share of service workers the largest at 33.5 per cent, followed by craft and related workers at 10.8 per cent, and technicians at 5.7 per cent. In rural areas, blue collar workers comprise only 10.6 per cent of the employed population.

Table 3.5 Percentage distribution of current occupation of employed elderly population by age, sex and place of residence

Occupation	Male						Female						Total
	60-64	65-69	70-74	75-79	80+	60+	60-64	65-69	70-74	75-79	80+	60+	
Union													
White Collar	3.2	3.1	2.4	3.8	3.9	3.1	2.0	1.4	0.7	1.7	2.7	1.6	2.5
Blue Collar	19.0	15.8	16.9	20.9	11.7	17.6	23.7	18.2	20.3	23.3	24.3	21.5	19.1
Elementary worker	15.5	13.9	7.5	9.4	11.7	13.3	17.9	14.2	16.3	15.0	5.4	16.1	14.4
Agricultural worker	62.2	67.2	73.0	66.0	72.7	65.9	56.3	66.1	62.7	60.0	67.6	60.8	63.9
Others	0.2	0.0	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1332	978	456	235	77	3078	914	625	276	120	37	1972	5050
Urban													
White Collar	10.6	12.0	10.4	14.3	*	11.2	7.7	7.4	2.2	8.7	*	6.9	9.6
Blue Collar	58.3	48.4	51.9	57.1	*	53.9	59.9	52.1	54.3	60.9	*	57.4	55.2
Elementary worker	15.2	18.5	5.2	3.6	*	14.0	24.7	24.5	28.3	13.0	*	24.0	17.6
Agricultural worker	15.2	21.2	31.2	25.0	*	20.4	7.7	16.0	15.2	17.4	*	11.7	17.2
Others	0.7	0.0	1.3	0.0	*	0.5	0.0	0.0	0.0	0.0	*	0.0	0.3
Total	100.0	100.0	100.0	100.0	*	100.0	100.0	100.0	100.0	100.0	*	100.0	100.0
Number	283	184	77	56	*	614	182	94	46	23	*	350	964
Rural													
White Collar	1.1	1.0	0.8	0.6	3.2	1.1	0.5	0.4	0.4	0.0	3.1	0.5	0.8
Blue Collar	8.4	8.3	9.8	9.5	6.3	8.6	14.8	12.2	13.5	14.4	15.6	13.7	10.6
Elementary worker	15.6	12.8	7.9	11.2	9.5	13.1	16.3	12.4	13.9	15.5	6.3	14.4	13.6
Agricultural worker	74.8	77.8	81.5	78.8	81.0	77.3	68.4	75.0	72.2	70.1	75.0	71.3	74.9
Others	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1049	794	379	179	63	2464	732	531	230	97	32	1622	4086

3.4 *Reasons for being economically inactive*

As 37 per cent of the aged population is economically active, we can assume that this portion of the ageing population may not have serious health problems. However, another area in need of exploration is how many ageing people who are economically inactive are still physically and mentally active. It is therefore important to understand the reasons for this segment of the population to not be working in order to plan social support programmes for the elderly.

During the 14 days prior to the survey, those people who did not work were treated as economically inactive. The reasons for their not working were asked - these were pre-coded as doing housework, being disabled, having income, ill health, being a dependent, job seeking, and other. 'Having income' refers to those who receive money from any source, meaning that those people did not have to work. For the elderly retired from government services, 'income' may mean a pension. Those who were 'dependent' were those who were taken care of, either physically or economically, by others, including their close relatives. As seen in a previous section, being economically inactive is not uncommon for the elderly population.

In table 3.6, we can clearly see that among the reasons for being inactive, the most frequent response was being dependent, at 69.3 per cent. It is probable that most of these elderly were being taken care of by their adult children. However, being a dependent does not necessarily mean that those people were not active in other ways, such as in social or religious activities. They may have also been active members looking after the welfare of the household, on standby for their economically active family members in case of an emergency, or they may be doing household work.

The percentage of elderly reporting that they are dependent as the reason for being economically inactive is higher in rural than urban areas for both men and women. In rural areas, when work is no longer possible, most elderly do not have the resources to look after themselves and therefore rely on others, particularly their families, for assistance. In urban areas, many elderly have access to other resources.

Table 3.6 Percentage distribution for reasons for not working of the elderly by age, sex and place of residence

Reason for not working	Male						Female						Total
	60-64	65-69	70-74	75-79	80+	60+	60-64	65-69	70-74	75-79	80+	60+	
Union													
Housework	1.7	2.0	1.4	0.4	0.7	1.3	32.6	24.4	12.7	8.4	3.1	18.2	12.7
Disabled	3.5	2.6	0.8	1.4	0.9	1.8	0.7	0.7	0.5	0.5	0.4	0.6	1.0
Have income	32.1	25.9	22.4	14.9	9.8	21.6	7.9	6.1	5.9	6.8	3.2	6.2	11.2
Ill health	8.3	5.3	6.4	9.3	10.9	7.8	2.6	3.6	4.3	5.9	7.0	4.3	5.5
Dependent	53.4	63.0	68.3	73.8	77.5	66.8	55.9	64.9	76.3	78.5	86.1	70.5	69.3
Seeking job	0.2	0.3	0.3	0.0	0.0	0.2	0.1	0.2	0.0	0.0	0.1	0.1	0.1
Other	0.8	0.9	0.4	0.2	0.2	0.5	0.2	0.1	0.3	0.0	0.1	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	517	587	733	484	448	2769	1372	1366	1307	854	844	5743	8512
Urban													
Housework	1.5	1.5	1.2	0.0	0.0	1.0	31.0	23.0	13.6	7.5	2.5	18.1	12.3
Disabled	4.9	4.2	2.1	1.9	2.2	3.3	1.3	1.6	0.2	0.4	0.7	0.9	1.8
Have income	43.7	37.7	36.2	25.8	17.0	34.5	11.9	9.3	7.5	7.5	3.5	8.5	17.5
Ill health	6.5	3.8	2.9	7.1	5.9	5.0	2.3	2.6	3.4	2.5	5.3	3.0	3.7
Dependent	42.2	50.4	56.4	65.2	74.8	55.0	53.1	63.0	74.9	82.1	87.7	69.0	64.2
Seeking job	0.4	0.8	0.4	0.0	0.0	0.4	0.2	0.4	0.0	0.0	0.4	0.2	0.3
Other	0.8	1.5	0.8	0.0	0.0	0.8	0.2	0.2	0.2	0.0	0.0	0.1	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	263	260	243	155	135	1056	529	508	411	280	284	2012	3068
Rural													
Housework	2.0	2.4	1.4	0.6	1.0	1.5	33.6	25.2	12.3	8.9	3.4	18.2	12.9
Disabled	2.0	1.2	0.2	1.2	0.3	0.9	0.4	0.1	0.7	0.5	0.2	0.4	0.5
Have income	20.1	16.5	15.5	9.7	6.7	13.7	5.5	4.3	5.1	6.4	3.0	4.9	7.7
Ill health	10.2	6.4	8.2	10.3	13.1	9.5	2.7	4.2	4.7	7.5	7.9	5.0	6.4
Dependent	65.0	73.1	74.3	77.8	78.6	74.1	57.7	66.0	76.9	76.7	85.4	71.3	72.2
Seeking job	0.0	0.0	0.2	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Other	0.8	0.3	0.2	0.3	0.3	0.4	0.2	0.1	0.3	0.0	0.2	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	254	327	490	329	313	1713	843	858	896	574	560	3731	5444

The fact that in urban areas, many elderly have access to other resources is reflected in the second and third ranked reasons for being economically inactive: doing housework (12.7 per cent) and having income (11.2 per cent). Having an income is more commonly cited in urban areas, while housework is more commonly cited in rural areas. Gender differences are seen very clearly in the distribution between these two categories. For women aged 60 and over, undertaking housework was the second ranked reason (18.2 per cent) and having income was the third ranked reason (6.2 per cent) for not working or looking for a job. In contrast, 21.6 per cent of the elderly male population aged 60 and over cited having an income for not working, while only 1.3 per cent said that the reasons for not working was undertaking housework.

Having an income was a much more prevalent reason for not working among the elderly living in urban areas than in rural areas. A significant proportion of the urban elderly likely have access to government pensions, allowing them to take care of themselves. However, this access to pensions is largely confined to males. Irrespective of age or place of residence, elderly women are much more likely than elderly men to be a dependent. Where females are not dependent, the main reason they are not working is that they are engaged in housework, and hence it could be argued that they remain in a type of dependent situation. A total of 6.5 per cent of the elderly are not working, either because of their being disabled or being in ill health. This is more pronounced among elderly men, both for those in the younger age groups and the oldest of the old.

The analysis of the economic situation of the elderly presented in the previous section has been hampered by the limitations of the data. Future research should focus on reasons for working, working conditions, type of work, and sources of income. More information is also required on disability and ill health. Such information is required to fully understand the support systems of the elderly.

Chapter IV

Changing Family Structures and Living Arrangements

4.1 Changes in family structure

The ageing of the population of Myanmar is not as dramatic as that being experienced by other Asian countries. It will, however, remain the dominant change that Myanmar will experience in its population over the first half of this century. The high proportion of people never married in the younger generations together with an increase in the trend to remain single will likely mean that more government support care services will be needed for these elderly. To ascertain the potential number of elderly in this situation requires detailed information about changes in family structure and in the living situations of older populations and their families in order to ensure that the elderly continue to be well cared for.

Changes in the structure and formation of the family are central to discussions of the dynamics of social change within a country. The structure of the family may be expected to change drastically as a nation develops. While many older people have children, grandchildren, and siblings, in countries with very low birth rates, future generations will have few, if any, siblings. As a result of this trend, people will get less familial care and support as they age. This in turn has ramifications for providing care to older people.

Since Myanmar society is mostly made up of extended families, every elderly people receive care from their children, grandchildren, and relatives. It is not uncommon for one child, often the eldest son or daughter, to remain unmarried in order to take care of their parents in their old age (Department of Population, Myanmar, 2001, p. 24). In such a family structure, elders often have authority over family members through control of family resources, such as a family enterprise or land. The following section attempts to quantify the proportion of elderly living in this situation.

4.1.1 Household size and relationship to head of household

In Myanmar, household size has remained more or less constant at around five people from 1973 to 2007. The mean household size of the elderly is 5.1 (see Table 4.1), with the mean household size slightly higher for elderly males than females (5.2 vs. 5.0). The data from this table also confirm that elderly women are more likely than elderly men to be living in single-member households.

Relationship to Head of household	Male	Female	Total
Head	92.2	42.0	63.6
Spouse	0.5	37.6	21.6
Son/daughter	0.2	0.6	0.4
Son/daughter in law	0.2	0.0	0.1
Parent	3.8	11.1	7.9
Other relative	2.7	7.8	5.6
None - Relative	0.5	0.9	0.7
Total	100.0	100.0	100.0
Size of Household			
1	2.6	4.9	3.9
2	10.6	11.5	11.1
3	13.7	14.0	13.9
4	16.2	15.8	16.0
5	16.5	15.8	16.1
6	14.1	13.5	13.8
7	9.6	9.2	9.4
8	7.1	6.3	6.6
9+	9.7	8.8	9.2
Total	100.0	100.0	100.0
Mean household size	5.2	5.0	5.1
Number	5847	7715	13562

Over 85 per cent of all elderly are either the head of their households or the spouse of the head: 64 per cent are head, while 22 per cent are spouses to the head. This implies the respect given to the older generation in the family and may also reflect the control over household resources that many older persons may have. Over 92 per cent of elderly men are heads of households, while only 0.5 per cent of them are the spouses of the head.

Differences in gender roles are reflected in the low percentage of women that are household heads. The data indicate that women are less likely to be the household head, although they are likely to be the household head when they are not living with their husband, for example, when they are single or widowed. Regardless of marital status, 42 per cent of women are household heads and 38 per cent are spouses of the household head. In only about 20 per cent of the households in which an elderly woman lives is she not the head or the spouse of the head. It appears that when an elderly man dies, the role of household head often passes to his spouse rather than to the adult children, in-laws, or other members of the family.

Table 4.2 displays the marital status of elderly household heads. As suggested above, the majority of male heads are married, while the majority of female heads are widowed. The data in Table 4.3 confirm this pattern. The same pattern is observed in both urban and rural areas. More than 7 per cent of elderly female household heads are single. This is rather large and warrants closer investigation since it is possible that this proportion will continue to grow. Only a very small proportion of male household heads have never married, 1.3 per cent.

Sex	Single	Married	Widowed	Divorced	Total	Number
Male						
Urban	1.1	82.2	16.1	0.5	100.0	1480
Rural	1.3	76.9	21.1	0.7	100.0	3910
Total	1.3	78.3	19.7	0.6	100.0	5390
Female						
Urban	7.9	8.9	80.9	2.2	100.0	1033
Rural	7.1	3.4	88.4	1.1	100.0	2206
Total	7.3	5.1	86.0	1.5	100.0	3239

Table 4.3 Percentage distribution of households headed by elderly men compared to elderly women (ever and never married) by size of household and place of residence

HH size	Men	EMW	NMW	Total	Number of case
Union					
1	28.4	59.2	12.4	100.0	532
2	55.9	39.7	4.4	100.0	1091
3	60.5	36.4	3.1	100.0	1280
4	63.4	34.3	2.3	100.0	1400
5	65.5	32.7	1.7	100.0	1326
6	70.1	28.8	1.1	100.0	1071
7	70.0	28.6	1.4	100.0	711
8	72.2	26.8	1.0	100.0	493
9+	68.0	31.7	0.3	100.0	726
Total	62.5	34.8	2.8	100.0	8630
Urban					
1	24.3	57.0	18.7	100.0	107
2	54.8	39.1	6.1	100.0	294
3	56.3	39.3	4.4	100.0	364
4	58.2	38.9	2.8	100.0	388
5	62.9	35.1	2.0	100.0	402
6	69.3	29.6	1.1	100.0	277
7	62.4	36.7	0.9	100.0	218
8	65.5	32.2	2.3	100.0	177
9+	57.7	42.3	0.0	100.0	286
Total	58.9	37.8	3.3	100.0	2513
Rural					
1	29.4	59.8	10.8	100.0	425
2	56.3	39.9	3.8	100.0	797
3	62.1	35.3	2.6	100.0	916
4	65.4	32.5	2.1	100.0	1012
5	66.7	31.7	1.6	100.0	924
6	70.4	28.5	1.1	100.0	794
7	73.4	24.9	1.6	100.0	493
8	75.9	23.7	0.3	100.0	316
9+	74.8	24.8	0.5	100.0	440
Total	63.9	33.5	2.6	100.0	6117

Note: EMW - Ever-married women; NMW – Never-married women

As household size increases, elderly women are less likely than elderly men to be heads of household (see Table 4.3). Women, either ever- or never married, are most likely to be household heads when the household size is small. Single-member households are more common for women who have ever been married, most likely a result of them living alone after their spouses have died or of having never married. Among large households, the percentage of women, either ever- or never-married, being the head of household is smaller than for the respective male populations. This means that when there are other male family members available, women are unlikely to be the head of their household.

Attention must be paid to the special requirements of elderly female-headed households. We could hypothesise that elderly female-headed households experience greater economic hardship than male-headed households, since it appears that most older women only take the headship when other family members are not available. This is an indication that households with elderly females as heads have more limited family support. The older age and lower levels of education of female heads are also likely to contribute to more limited economic activity.

4.1.2 Proportion of people never married

Table 4.4 shows changes in the proportions of people never married by broad age group and sex between 1973 and 2007. This table clearly shows that the proportion never married has increased gradually for both men and women. The increasing proportion of people never married over the last 30 years will lead to changes in the family structure in Myanmar. The proportion of never married (PNM) men aged 45-49 and women aged 45-49 rose overall between 1973 to 2007: 3.5 per cent and 5.9 per cent in 1973, 3.8 per cent and 5.9 per cent in 1983, 4.3 per cent and 9.1 per cent in 1991, and then 7.5 per cent and 14.8 per cent in 2007. The rising proportion of those never married, combined with a continued rise in the age of marriage has contributed towards a fall in the level of fertility.

Year	Male			Female		
	15-19	20-24	45-49	15-19	20-24	45-49
Union						
1973	92.2	55.2	3.5	78.0	35.5	5.9
1983	93.3	60.1	3.8	83.2	42.1	5.9
1991	96.7	69.9	4.3	89.3	56.0	9.1
2001	97.4	75.4	5.7	91.6	64.9	11.8
2007	95.6	76.7	7.5	92.8	67.9	14.8
Urban						
1973	93.3	65.8	4.5	81.3	42.8	7.6
1983	92.5	67.7	4.7	85.6	50.5	7.8
1991	97.3	77.1	5.6	92.2	66.5	11.1
2001	97.5	80.3	9.1	92.6	70.9	16.7
2007	96.6	79.5	13.4	93.4	72.1	20.3
Rural						
1973	91.9	51.4	3.2	76.9	33.1	5.3
1983	93.6	57.2	3.5	82.3	39.0	5.3
1991	96.5	66.7	3.7	88.0	51.1	8.2
2001	97.3	73.7	4.4	91.3	62.8	9.9
2007	95.7	75.7	5.2	92.7	66.3	12.4

4.2 Living arrangements of the elderly

Living arrangements are an important component of the overall well-being of the elderly and play a crucial role in the system of familial support. It can provide an indication of the amount of potential support available to the elderly and the degree to which they may experience loneliness and social isolation (Andrews & Hennink, 1992). In the absence of well-developed systems for providing social services to the elderly, the elderly must rely on those with whom they live in close proximity for economic, social, and physical support as their economic productivity and health decline (Domingo & John, 1992).

Western industrialised countries have developed social security, pensions, and public health systems to support older adults to supplement their personal and family resources. In

contrast, in many developing countries little government-funded institutional support is available. Older adults in the developing countries of Africa, Asia, and Latin America often require social, economic, and physical assistance, but many are ill-equipped to provide for themselves because of poor health and a lack of private savings (Bongaarts & Zimmer, 2001).

As seen above, older persons in Myanmar rarely live alone. More common is co-residence with an adult child, usually the daughter. Where a family has older relatives to look after, the three generation household is the norm. This underlines the mutual support provided by older persons and adult children within the family. The elderly, particularly older women, make important contributions in terms of helping with housework, taking care of grandchildren, and providing guidance and advice.

4.2.1 Co-residence status

It is generally assumed that exchanges (economic and social) among close kin are more reliable and intensive than with distant kin or non-kin. For the elderly, many of whom need various kinds of assistance on a daily basis, it may be especially important to live together with close kin. In fact, parents and children may both benefit from living together. Older adults receive the social, financial, and health support they require from younger generations. Older adults assist with the care of younger children or look after the home. In the Asia region, there are higher rates of co-residence, with nearly two-thirds of both men and women living with adult children. Although rates of co-residence are high in Africa, where nearly 50 per cent of older adults live with an adult child, the elderly in Africa are more likely to live alone, be head of a household, and to live with adults who are not their offspring or spouses.

From the 2007 FRHS, it is possible to reconstruct the living arrangements of the elderly in Myanmar through looking at their co-residence status, which tells us the number of persons the elderly are living with, and their relationship to the co-residing person, whether spouse, children, grandchildren, relatives, or other. Traditionally in Myanmar, the elderly live in the residence they have occupied throughout their adult lives and at least one adult child lives with them until their death. This co-residence implies more than just living together: following Myanmar values, co-residence also involves care and support for the elderly.

The data presented in Table 4.5 suggest that traditional living arrangements are still very much the norm in Myanmar. Slightly over 60 per cent of the elderly live with a variety of family members, probably including one or more of the following: their spouse, adult children, or grandchildren. Less than 10 per cent are either living alone or only with their spouses, while 7.9 per cent live with just their children, and only 0.2 per cent live with non-relatives.

The high percentage of elderly living with family members implies that the extended family remains common in Myanmar, especially in rural areas where the percentage of the elderly living with more family members is highest. However, it is noticeable that the percentage of elderly living alone or only living with a spouse is higher in rural areas than in urban ones. This might be an outcome of increased urban migration of the younger generations for economic reasons.

The data from Table 4.5 suggest that the female elderly are more likely than the male population at the same age to live alone, or be living with only children or grandchildren. The male elderly are more likely to be living with family members, or only with their spouses. The prevalence of males living alone is extremely small. At the same time, there is small but significant proportion of older women who live alone. As a result of longer life expectancies for women and the tendency in the past for men to marry younger women, men are much more likely than females to have the benefit of a surviving spouse. At very advanced ages, the needs of widowed older women emerge as an area of priority for future policy considerations.

In Myanmar there is a widespread expectation that the elderly will be taken care of by their children and that at least one child will live with them. National estimates of the extent to which elderly parents actually live with their family and children and the nature of intergenerational exchanges of support, however, have been lacking. The findings presented above suggest that despite rapid and substantial social and economic changes over recent decades, the familial system of support for the elderly appears to still be largely intact.

Table 4.5 Percentage distribution of living arrangements of the elderly by selected characteristics

Background characteristics	Living alone	Spouse only	With child only	With grand-child only	With other relative only	Non relative	With family member	With family and others	Total
60-64	2.7	5.4	7.5	0.5	3.0	0.2	66.5	14.2	100.0
65-69	3.5	6.4	7.9	0.8	2.4	0.2	64.1	14.7	100.0
70-74	4.9	6.5	8.0	1.3	2.3	0.2	61.2	15.7	100.0
75-79	4.8	7.0	8.4	2.0	2.7	0.2	54.9	20.0	100.0
80+	5.9	4.3	8.5	1.8	2.6	0.1	51.1	25.6	100.0
Male	2.6	7.7	5.0	0.5	1.5	0.1	68.7	13.9	100.0
Female	4.9	4.6	10.2	1.5	3.5	0.2	56.5	18.6	100.0
Urban	2.7	5.2	7.7	0.9	3.5	0.4	56.5	23.1	100.0
Rural	4.5	6.3	8.0	1.1	2.3	0.1	64.0	13.8	100.0
Domain1	3.1	3.3	7.6	1.8	1.5	0.2	64.2	18.2	100.0
Domain2	5.1	6.5	7.0	2.0	1.5	0.1	62.7	15.2	100.0
Domain3	3.7	5.8	8.4	0.5	2.5	0.1	66.1	13.0	100.0
Domain4	3.9	6.1	6.5	1.0	2.6	0.0	61.5	18.3	100.0
Domain5	3.7	5.5	8.7	0.9	3.6	0.4	62.3	14.8	100.0
Domain6	3.5	6.1	10.3	0.8	2.8	0.3	65.4	10.8	100.0
Domain7	3.9	7.6	5.5	1.0	1.0	0.0	64.0	17.0	100.0
Domain8	2.8	5.0	7.5	0.6	3.9	0.4	55.3	24.6	100.0
Domain9	5.3	7.7	7.8	1.4	2.8	0.1	55.8	19.1	100.0
Total	3.9	6.0	7.9	1.1	2.6	0.2	61.7	16.6	100.0
Number	532	808	1077	146	356	25	8372	2246	13562

Domain 1	Kachin, Kayah, Shan states	Domain 6	Mandalay region
Domain 2	Kayin, Mon, Tanintharyi regions	Domain 7	Rakhine state
Domain 3	Chin state , Sagaing region	Domain 8	Yangon region
Domain 4	Bago region	Domain 9	Ayeyarwaddy region
Domain 5	Magway region		

Of the total 31,942 households enumerated in the 2007 FRHS, 32 per cent contained one or more elderly residents. Table 4.6 shows the percentage of elderly people living with children age 0-9 years old. The extent of co-residence of an elderly person with a young child provides an indication of the potential for the elderly to provide childcare to other family members, typically their grandchildren.

About half of the total elderly population lived with at least one child age 0-9 years old. The high percentage of elderly living with at least one child age 0-9 years old also reflects the high percentage of three-generation families. There was very little variation in the proportions of elderly living with children by age of the elderly. At all ages, about one-half of the elderly were living in households where there were also young children resident. While this co-residence does not demonstrate that the elderly were providing childcare, it indicates that most elderly have the potential to provide such care and hence contribute to the family.

Table 4.6 Percentage of elderly people co-residing with at least one child age 0-4 or 5-9 years old

Age group	60-64 (N=4135)	65-69 (N=3556)	70-74 (N=2772)	75-79 (N=1693)	80+ (N=1406)	Total (N=13562)
0-4	24.9	24.5	25.1	22.0	19.3	23.9
5-9	23.9	24.8	26.9	26.3	22.3	24.9

4.2.2 Housing facilities and quality

The 2007 FRHS provides information on housing, such as the source of water for drinking and other household use, sanitation facilities, access to electricity, and housing quality. It also provides information on ownership of consumer items such as televisions, radios, bicycles, and cars. These items can be used to assess the quality and living standard of the household.

Table 4.7 Per cent distribution of housing characteristic and household facilities by broad age group and place of residence

Housing characteristics	All ages			Elderly people 60+		
	Urban	Rural	Total	Urban	Rural	Total
Electricity	72.5	19.8	33.8	78.4	21.9	38.7
Source of drinking water						
Piped water	22.0	3.8	8.6	21.6	3.7	9.0
Well(protected)	47.0	49.1	48.6	49.5	53.2	52.1
Well(unprotected)	5.3	14.0	11.7	4.1	13.2	10.5
Others	25.7	33.0	31.1	24.9	29.9	28.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Source of water for household use						
Piped water	26.0	4.3	10.1	25.6	4.2	10.5
Well(protected)	38.4	26.2	29.4	39.8	28.2	31.7
Well(unprotected)	21.2	36.9	32.8	21.9	39.0	33.9
Others	14.4	32.5	27.7	12.7	28.6	23.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Sanitation Facilities						
Flush	2.1	0.2	0.7	2.7	0.2	0.9
Water seal	89.8	71.8	76.6	92.0	77.2	81.6
Pit/bucket	6.8	15.2	12.9	4.3	12.7	10.2
None	1.2	12.3	9.4	0.8	9.5	6.9
Other	0.0	0.5	0.4	0.1	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Main material of roof						
Tile/brick	5.7	0.8	2.1	6.7	1.0	2.7
Corrugated sheet	66.3	32.6	41.5	72.3	42.2	51.1
Wood/bamboo	5.1	6.7	6.3	4.2	7.5	6.5
Leaves/dhani/thetke/earth	22.0	57.9	48.4	15.9	47.7	38.2
Others	0.9	2.1	1.8	0.9	1.6	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.7 Continued

Housing characteristics	all ages			elderly people 60+		
	Urban	Rural	Total	Urban	Rural	Total
Durable goods						
Radio	36.5	20.5	24.7	45.6	23.1	29.8
Television	59.0	18.5	29.2	65.2	20.9	34.0
Sewing machine	30.4	14.2	18.5	36.9	16.7	22.7
Bicycle	56.3	44.5	47.6	56.1	44.3	47.8
Car	8.1	1.1	2.9	8.6	1.3	3.5
Tractor/ <i>tawlagyi</i>	4.2	41.7	31.7	4.1	47.0	34.2
Bullock cart	1.1	9.4	7.2	0.9	8.1	5.9
Canoe/boat	0.7	1.4	1.2	0.5	1.1	0.9
Number	41522	115016	156538	4032	9530	13562

In Table 4.7, characteristics of households in which the elderly are living are compared with the characteristics of all households. The table suggests that the living conditions of the elderly tend, on average, to be somewhat better than the total population, although these differences are small. Compared to the population of all ages, the elderly are more likely to be living in households with electricity, better sources of drinking water and better water used in the household, better sanitation facilities, and better roof materials. However, there is still a large proportion of the elderly and non-elderly who do not have accessibility to clean water, for example piped water and well-protected water, especially in rural areas. This lack of a clean water supply must affect the health status of people at all ages.

When comparing the elderly living in rural and urban areas, those living in urban areas, as expected, have better housing quality and facilities, with very high percentages having electricity, piped water, better sanitation facilities, better roof materials, and also a higher percentage who own durable goods, including televisions, radios, and vehicles.

Chapter V

Policies, Programmes, and Care for the Elderly Population

5.1 Government policies and programmes

Generally, Myanmar customs and social norms are conducive to coping with care of the aged. Following religious teachings, cultural traditions, and social norms, Myanmar people hold older people in high regard. To look after older people is considered noble in which people take pride. Therefore, the affairs of older people do not constitute a serious social problem in Myanmar. However, this tradition is subject to the impact of economic, social, and cultural changes, which might shift towards a less favourable situation in which the care of the elderly is perceived as an extra burden to the family. Such a negative attitude has emerged in many developing countries, and Myanmar may be no exception.

Myanmar is making concerted efforts to address the problems that may arise from the growing number of elderly in the future in collaboration with internal, regional and international organisations following the theme, '**Towards a society for all ages**'. In the constitution of the Republic of the Union of Myanmar, Article 32(a) states that the Union shall care for mothers and children, orphans, the children of fallen defence services personnel, the aged, and the disabled.

In undertaking the development of the social sector, the government has laid down plans for the care of children, disabled persons, and the aged. The care of older persons in Myanmar follows a tradition of providing social care, which in turn government policies reinforce. Myanmar upholds five fundamental principles for elderly persons to enjoy a better and pleasant life: independence, participation, care, self-fulfilment, and dignity, all of which have been adopted by the United Nations, while also caring for the aged in accordance with culture and traditions.

International bodies follow such models for taking care of older persons include home-care services and volunteer-based services; home-based care; community-based care; group-home care; day-care centres; and voluntary elderly homes or homes for the aged. Among the models, home-based care, community-based care service, and day-care centres are especially

suitable for Myanmar as they are cost-effective and are the best ways in ensuring the health and happiness of the elderly.

Official government policies for the promotion of the welfare of older people include a variety of measures to be implemented, including to:

- a. Form a National Committee for Older People.
- b. Establish a network on caring for the elderly within the country and abroad and to collaborate with other countries in the region, including ASEAN countries.
- c. Build a system of providing appropriate interventions for care and support of the older people in collaboration with NGOs, entrepreneurs, and private donors.
- d. Provide older people with the necessary assistance for their health, well-being, and improving their skills.
- e. Organise new homes for the aged and conduct activities for the sustainability of existing homes for the aged.
- f. Implement the model of Republic of Korea and ASEAN Home Care Service nationwide.
- g. Develop community-based home-care services.
- h. Develop home-care programmes based on religious institutions

Myanmar has begun to establish the necessary institutional infrastructure for responding to the issues of an ageing population. The government has provided homes for the aged and has implemented elderly health-care project and a social security scheme that provides entitled elderly workers with free medical care and cash benefits. Furthermore, to raise awareness about the need for care for the older persons, Myanmar observes **'International Day of Older Persons'** on 1 October.

Pension schemes in Myanmar, as in most Asian countries, mainly apply to those who have worked for the government and hence cover a relatively small segment of the population, although the Myanmar government is planning to broaden that coverage. Besides paying benefits directly to public employees, this system also provides pensions to dependents of deceased retired persons. In Myanmar, all government workers may serve until the age of 60,

the age for retirement. However, the state may, if necessary, continue to employ skilled and experienced retired personnel or appoint them as advisors. This enables the retirees to continue to serve the country by sharing their experience, knowledge, and skills with younger generations. On retirement from service, these retirees are entitled to a gratuity and pension as prescribed under the relevant government regulations.

Apart from government service, elderly retirees may also serve in other capacities. A number of elderly people who have retired from government service now serve in important positions in NGOs, voluntary organisations, and business firms. Through active involvement in the social, economic, and religious sectors of the country, this group of elderly are able to continue to lead an active life in the society.

5.2 Care for the elderly

The Department of Social Welfare (DSW), under the Ministry of Social Welfare, Relief and Resettlement, undertakes social welfare activities, including care for the aged. Homes for the aged have been established by religious and voluntary social organisations, for those who are aged 60 and above and in need of care. The first one, Minkun Home for the Aged was established in 1914 on Sagaing Hill by Daw Oo Zun.

At present, there are two ways of taking care of older people in Myanmar: homes for the aged and volunteer-based home-care service. Currently, there are 62 homes for the aged established by social organisations throughout the country, covering over 2000 older people, and provide food, clothing, shelter, healthcare services and general care to the elderly so that they are able to perform their respective religious activities and lead a peaceful life. Moreover, the Department of Social Welfare provides rice, funds for food, clothing, and salaries to administrators for these homes for the aged. The number of older persons currently being taken care are of is over 2000 in the homes for the aged, about 3000 in home care and about 30,000 in community based elderly care programmes.

However, there exist a certain phobia about institutions, be it hospitals or homes, and people are reluctant to use these facilities. Hence there are few elderly who voluntarily seek out homes for the aged. Furthermore, there is a negative social image related to people

sending their elderly relatives to such homes and thus people do not use these facilities even though they might need to, or realise the positive contribution to society of these homes.

Myanmar started implementing the *Republic of Korea-ASEAN Home Care for Older People Project* since 2004. The main objectives of this project are to improve the health and social condition of the poor and lonely older people in order to maintain a pleasant life style by looking after them in their homes and allowing them to remain integrated into the community. In this model, a trained volunteer goes to a vulnerable older person's home to take care of him or her, individually.

The National YMCA, in collaboration with the DSW, carried out the Phase One of the Republic of Korea and ASEAN Project in 2004 in Insein and Hlaing Thaya Townships in Yangon Region. Phase I covered 60 needy older people. The project was a great success because it was cost-effective and very beneficial, and has proven an effective way of taking care of older people. Similarly, Phase II (2006-2009) was successfully implemented in 17 targeted townships in 7 States and Regions. Phase II was organised and supervised by the DSW in collaboration with such national NGOs as the Myanmar Women's Affairs Federation (MWAF), the Myanmar Maternal and Child Welfare Association (MMCWA), the National YMCA, and one international NGO, World Vision (Myanmar), starting in July 2007. Phase II covered 562 needy people.

At present, the DSW is carrying out the third phase of the ROK-ASEAN Project (2009-2012) in 27 targeted townships in 8 States and Regions, with new partners, such as National YWCA, Global Vision (Korea) and Help-Age International (Myanmar).

5.3 Health care and services for the elderly

One's health deteriorates as one becomes older. Elderly people therefore need more health care and this burden impacts not only on the family but also on the state. The types of illness the elderly suffer are different from those of younger persons. Research based on successive censuses and fertility and reproductive health surveys reveal that about 6.5 per cent of the economically inactive elderly are disabled or in ill health. Some of these elderly may depend on spouses, children, relatives, or non-relatives. About 4 per cent of elderly who live alone may face difficulties in carrying out their daily activities when they are in ill health.

More women are likely to live alone compare to male elderly. The sizeable numbers of elderly women living alone is the result of an increase in the proportion of women who have never married, and of the longer life expectancy of women. This group of elderly women may have special needs when they fall into ill health or are incapacitated.

Care of the elderly is perceived as the responsibility of the family, community, and the state, and is considered an integral part of the primary health care system. Under the National Health Plan (NHP) 1993-1996, the health care of the elderly became one of the programs under the Community Health Care Program, which was continued to the National Health Plan of 1996-2000 and thereafter. As stated in the National Health Policy, the health care of the elderly project conducts activities related to health in close collaboration, and also in an integrated manner, with related ministries, organisations, non-governmental organizations and the community. Any emerging health problem that poses a threat to the health and well-being of the elderly in Myanmar can be detected early and appropriate measures taken to solve it.

The World Health Organization (WHO) gives support to the Elderly Health Care Programme implemented by the Ministry of Health. The community-based elderly health care programme, which was launched in 1994, expands to two to three new townships every year with technical and financial assistance from WHO. Currently the project covers 82 townships in 13 States and Regions across the country. In the project townships, elderly health care clinics have been opened in township hospitals, urban health centres, maternal and child health centres and even in rural health centres. The programme not only provides elderly health care services but also introduces the concept of active ageing, which is based on the health promotion approach. The services provided at these clinics include health education sessions, physical exercise sessions, and the treatment of ailments for elderly people.

The technical support provided by WHO to the elderly health programme includes the training of health staff, including medical officers, nurses and basic health staff as well as community volunteers. The WHO project also supports the monitoring of programme implementation and the supervision of the basic health staff providing elderly health care at the peripheral level. WHO further provides essential health care equipment and medicines, such as scales, blood pressure cuffs, stethoscopes, glucometers and test strips, anti-hypertensive drugs, and multivitamins. Basic health staff, local NGOs, and volunteers such as

community health workers and auxiliary midwives have been trained in basic elderly health care. Doctors and nurses from local hospitals have also been trained in the case management of elderly patients.

Health care services are provided by Rural Health Centres, while the Elderly Clinics are opened at Rural Health Centres once a week. Basic health staff at the Rural Health Centre, including health assistants, Lady health visitors, and midwives have been trained to detect major and minor illnesses of the elderly. They are encouraged to care for minor illnesses and refer the seriously ill to the nearest township hospital. Building the capacities of these basic health staff has also been part of the programme, which will help them understand the underlying causes of illnesses, and also the social, mental, and health problems that the aged face in order for the staff to better and sympathise with their elderly patients.

Health education and counselling is one mechanism to treat elderly patients, and so has been included in the trainings with a special emphasis on skills for educating elderly people. Another task is to train basic health staff in physical activity in order for them to demonstrate daily exercises to elderly patients.

Chapter VI

Conclusion and Recommendations

6.1 Conclusion

There has been a significant shift in the structure of Myanmar's population as a result of the rapid declines in mortality and fertility. Fertility is unlikely to rise and mortality rates are expected to improve further, or at least stabilise. All measures of the ageing process show that the Myanmar population is becoming older, with the proportion of those aged 60 years and above reaching 8.7 per cent in 2007, compared to 6.0 per cent in 1973. Older persons are themselves 'ageing' and the findings show that the proportion of the oldest old will continue to rise.

By 2050, it is projected that 22.2 per cent of the population will be aged 60 and over. For the first time in the history of the country, around 2040, the population of older persons will exceed the population of children. Some of the features of this ageing in Myanmar are a shift in the distribution of the aged, with an increasing proportion of the aged being found in the oldest of the old age groups; an increasing proportion of the aged that are women; and increasing old age dependency and potential support ratios.

Although the elderly population in urban areas has been increasing, most of the elderly population is still living in rural areas. Among the elderly population, the proportion of women is higher than men, especially in the population of the oldest old age group, most of whom are single or widowed. The literacy rate has been increasing and most of the elderly population in Myanmar is literate. However, the literacy rate for elderly men is almost double that of elderly women. The literacy rate for elderly women is especially low in rural areas. Elderly men tend to be more economically active than elderly women; over half of the elderly men aged 60 year and over are still in the labour force, while only 26 per cent of elderly women were engaged in economic activities. For both elderly men and women, the activity rates are much higher in rural than in urban areas.

Most of the elderly population in the country lives with their unmarried or married children. The support for the elderly population comes from their individuals saving or from their families. Despite the changing structure of the family and the higher proportion of people who have never married, kinship ties in Myanmar remain relatively strong and the care of older parents as well as older relatives continues to be seen as the responsibility of offspring and younger relatives.

Government pensions are limited to public employees and social security schemes are not well established. The social welfare and the old aged welfare projects of the government are partially directed towards the elderly population. Health care in Myanmar in the future may focus on older people as the health services they required are very different from those of others.

Due to the rapid changes in the age-sex structure of society, and in preparation for the impacts of globalisation, Myanmar should continue to make every effort to maintain its existing traditions related to the care of the aged, raise public awareness on the importance that older people play in society, and mobilize government agencies, NGOs, voluntary organisations, and the community to participate in the care of older persons, and to promote existing health care services. Data on the elderly in Myanmar are scarce, so demographic research in the future should pay more attention to the elderly population.

6.2 Policy recommendations

Although there still exist strong norms and values that emphasise care for the elderly, it is apparent that both demographic and socio-economic changes will place great stress on these values. Moreover, the ageing of the population will have dramatic effects on local, regional, and global economies. Most significantly, financial expenditures, the labour supply, and total savings will be affected. Thus, it is important to recognise, document, and plan for these changes. Based on the findings from the present research, the following recommendations are directed to both the government and other organisations:

- In providing and strengthening support for the elderly, policies, strategies, and programmes should be integrated into development planning, with special

attention focused on the needs of women, who form a majority of the older and oldest old populations.

- Preserve traditional family norms and values related to the care of the elderly. Intergenerational ties should be strengthened in order to preserve the quality of the relationship between the elderly and younger members of the family.
- Encourage active participation of the elderly in the community.
- Support employment opportunities that allow elderly workers to play a role in economic and social development.
- Promote healthy life styles for the elderly.
- Data collection should incorporate issues that are relevant to planning for an ageing population, and to provide a better understanding of population ageing and assessing its impacts.
- Conduct more research, both qualitative and quantitative, on the quality of life of the elderly and use of data for policy formulation, programming and monitoring and evaluation.

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