Disability and ageing in Myanmar

Contents

Key messages

- Globally, approaches to disability have increasingly shifted the focus away from personal attributes to also highlight the importance of environmental and attitudinal barriers that prevent full participation in society and realisation of rights.
- Older people are a large proportion of the world's people with disabilities. With most societies ageing, the population with disabilities will increasingly shift towards older age groups.
- Biological ageing as well as the accumulation of disadvantages and discrimination over the life-course can contribute to disability in later life. Prevalence of disability is generally higher among older women than older men, and higher among those who live their lives in poverty. But strong public policy and services can change the trajectory of both biological ageing and social disadvantage and thereby limit disability in older ages.
- In Myanmar, National Census data suggest that "disability is predominantly an old age phenomenon". As in other Asian countries, this trend will accelerate because the proportion of Myanmar's population above age 60 will double by mid-century.
- It is a societal norm for families to be the main caregivers for older people and people with disabilities in Myanmar. Disability-related services in Myanmar are still limited. The government has enacted a Law on the Rights of Persons with Disabilities and plans to expand government disability-related interventions in coming years.
- Older people and people with disabilities share rights and have many common interests, including expanding barrier-free environments and services to enable participation, and reducing discrimination and stigma in all aspects of life.

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What is disability?

Disability is complex, and related terminology is contested. These documents offer some guidance:

- The UN Convention on the Rights of Persons with Disabilities (CRPD) does not formally define disability but notes that disability is an "evolving concept" and that it "results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."[1]
- The *World Report on Disability* notes that disability is an "umbrella term" that relates to "the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)".[2]
- The *World Report on Ageing and Health* uses the language of "functional ability", which comprises the individual's intrinsic capacity, the environment, and the interactions between them.[3] "Intrinsic capacity" can be seen as a more neutral alternative to the term "impairment".

Despite the variations, current approaches to disability generally agree in highlighting the interaction between individuals and the world around them. The global discussion has moved away from basing disability simply on diagnosis of a bodily condition. In other words, "Defining disability as an interaction means that 'disability' is not an attribute of the person."[4]

The Convention on the Rights of Persons with Disabilities helped to shift perspectives on people with disabilities from recipients to participants. The Convention aimed to promote and protect the human rights of persons with disabilities as equal members of society. It focused attention on environments and attitudes that place barriers to accessing rights and full participation in society for people with disabilities. These barriers include, for example, negative stereotypes, discrimination, and inaccessible built environments, services and transport.

The International Classification of Functioning, Disability and Health (ICF) is a system developed to help integrate the major models of disability. The ICF recognises the role of environmental factors as well as associated health conditions in limiting an individual's ability to function.

Disability and age

Globally, a large proportion of the population with disabilities is older persons (age 60 and above), though the rate varies by country and pace of population ageing. The *World Report on Disability* puts it succinctly: "Global ageing has a major influence on disability trends. The relationship here is straightforward: there is higher risk of disability at older ages, and national populations are ageing at unprecedented rates."[5] The proportion of older people in the global population – the cohort with high rates of disability – will continue to rise in coming decades. In some rapidly ageing countries, such as China and the Republic of Korea, it has been estimated that older persons will account for 80 per cent of the people with disabilities by 2050.[6]

As many people with disabilities are older people, so it is also true that many older people have disabilities, although many do not. Prevalence of disability in lower income countries among people aged 60 years and above has been estimated at 43 per cent, compared to just below 30 per cent in higher income countries. Prevalence of disability rises with age. Among the oldest persons – age 80 and above, for example – rates of disability are especially high. Globally, women report higher rates of disability than men.[7]

Rising disability prevalence results in part from the epidemiological transition, meaning that "a population experiences longer life expectancies, declining deaths due to infectious disease, and increasing health problems due to non-communicable diseases (such as ischemic heart disease or diabetes) and age-related disability."[8] In fact, non-communicable diseases (NCDs) have been estimated to account for about two-thirds of all years lived with disability in low- and middle-income countries.[9]

1. UN General Assembly 2006, Convention on the Rights of Persons with Disabilities, preamble.
2. World Health Organization 2011, World Report on Disability, p. 4.
3. World Health Organization 2015, World Report on Ageing and Health, p. 28.
4. World Report on Disability, p. 4.
5. World Report on Disability, pp. 34-35.
6. Economic and Social Commission for Asia and the Pacific 2016, Disability at a glance 2015, p. 11.
7. World Report on Disability, pp 27, 31, 35.
8. Institute for Health Metrics and Evaluation (IHME) 2016, Rethinking development and health: Findings from the Global Burden of Disease Study, p. 13.
9. World Health Organization 2013, Global action plan for the prevention and control of noncommunicable diseases 2013-2020, p. 59.

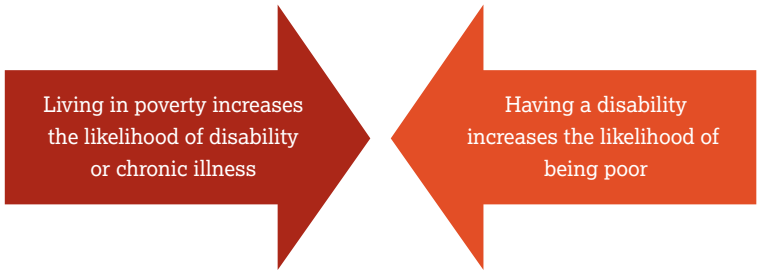
Having an NCD does not mean a person has a disability. Nevertheless, NCDs may lead to impairments related to the loss of mobility, sight or speech, for example, which may in interaction with the person's environment develop into disabilities.

The situation of disability and ageing in Myanmar

Disability in Myanmar's general population. The prevalence of disability in Myanmar is not very clear. The 2014 Myanmar Population and Housing Census found that "there were 2.3 million persons (4.6 per cent of the total population) who reported some degree of difficulty with either one or more of the four functional domains" included in the Census.[10]

However, as even Census reports note, "there is no doubt that the observed prevalence of 4.6 per cent seriously under-estimates the true prevalence level of disability in Myanmar".[11] (Global and Southeast Asia figures are generally much higher.) Among the various reasons for this probable under-count is that the Myanmar Census questionnaire asked only about seeing, hearing, walking, and remembering/concentrating. Two key activity domains – communication and mental illness – were not included in the questionnaire, despite their importance.[12]

The Myanmar Census data showed that disability prevalence was higher among women than men and that 77 per cent of people with disabilities live in rural areas. As in many countries, Myanmar's rural areas compared to its cities have limited access to health care facilities as well as physicians, specialty clinics, specialist practitioners, drugs and assistive devices. The combined effects of being poor, older and female and living with an illness or disability in a rural area create multiplier effects.[13]



Living with a severe disability can be challenging for persons with disabilities and also for their family members, who are usually the sole or primary caregivers. The Myanmar Census showed that people with disabilities and their families face various disadvantages associated with poverty, including lower labour force participation and education, greater need for care and higher health care costs. The Census found that there are twice as many people with disabilities in the poorest 20 per cent of the population compared to the richest 20 per cent.[14]

Disability among older people. The Census data noted that "disability is predominantly an old age phenomenon" in Myanmar, as the table below suggests.

Census: Prevalence of disability in Myanmar by sex and age groups[15]

Age groups	% With at least some difficulty		
	Both sexes	Male	Female
Under 15	1.4	1.4	1.3
15–59	3.4	3.5	3.4
60+	23.3	22.4	24.0
80+	43.2	41.9	44.0

Note: Percentage with at least some difficulty in one of the four functional domains asked in the 2014 Census

10. The Republic of the Union of Myanmar, Department of Population, Ministry of Labour, Immigration and Population (with technical assistance from UNFPA) 2017. The 2014 Myanmar population and housing census: Thematic report on disability. Census report volume 4-K; p. iv.
11. Census thematic report on disability, p. xv.
12. Ilene Zeitzer 2018, A situational analysis of disability and aging in Myanmar. The Census used questions based on self-reported difficulties and developed by the Washington Group on Disability Statistics. Prevalence data for mental problems are often the most common single cause for award of disability benefits under social insurance schemes in developed countries.
13. Zeitzer 2018.
14. UNFPA 2017, Press release: Census report: People with disability trapped in a vicious circle of poverty and exclusion.
15. Adapted from Table A1.1 (Myanmar Census 2014 Thematic Report on Disability, 2017). In Bussarawan Teerawichitchainan and John Knodel 2018, Situation analysis of disability and aging in Myanmar: Empirical evidence from the 2014 Census and 2012 Myanmar Aging Survey.

Research specifically on older persons, the Myanmar Ageing Survey of 2012,[16] asked in detail about various types of physical difficulties. Approximately 57 per cent of older persons in Myanmar reported having at least one physical difficulty. On average, respondents reported having about 2.5 types of physical difficulties. Across the board, older women reported higher rates compared to older men.[17]

Blindness and deafness[18]

Among the four domains measured in the Census, older people were most likely to report difficulty seeing. Multiple sources suggest that Myanmar's **blindness** prevalence rate is exceedingly high, although it is not clear precisely what that rate is. The National Eye Health Plan (NEHP) 2017–2021 states that "the most common cause of blindness in Myanmar is cataracts, accounting for 60 per cent of all blindness." Cataracts impact older people most heavily, and especially those living in rural areas. Cataracts are easily diagnosed and almost always treatable if caught early enough. But the longer the vision loss due to cataracts is left untreated by surgery, the lower the chances of being able to restore vision and prevent permanent blindness. Myanmar critically needs improved capacities in terms of eyecare personnel and service delivery.

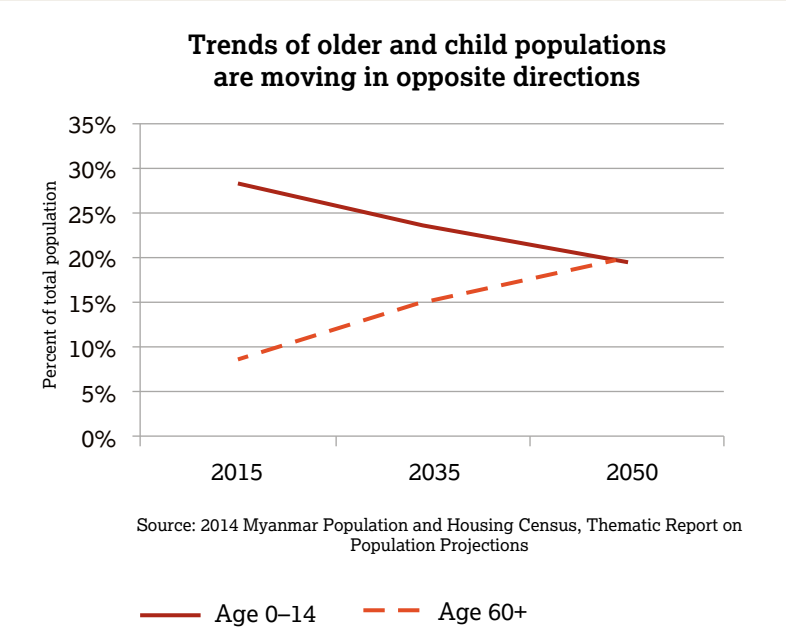
Especially in developing countries, **deafness** is often "the poor step-child", not considered as severe a disability as blindness despite potentially severe impacts. Even more so than for blindness, it is not possible to say with accuracy what the prevalence rate is in Myanmar. WHO's work on estimating global prevalence of disabling hearing loss suggests that the Asia Pacific Region has an estimated prevalence rate of 10 per cent. Disabling hearing loss increases with age and affects almost one in three adults older than 65 years. Deafness is particularly associated with poverty levels; among older people, prevalence decreases exponentially with rising incomes. As healthcare infrastructure is generally inadequate in terms of treatment of hearing problems, particularly in rural areas, disabling hearing loss among older people in Myanmar is probably much more common than presumed.

Older people and family. The Census and various studies show that living with family is still the norm in later life in Myanmar. The Myanmar Ageing Survey found that as of 2012, 86 per cent of older persons in Myanmar lived in multi-generational households, and that 95 per cent had at least one child who either lived with them, next door or in same community.[19] Although many older people face various physical difficulties in life, they are not necessarily heavily dependent on others. Many older people, whether people with disabilities or not, remain active contributors to their families – for example, through paid work or unpaid work including housework and grandchild care.

Given strong family ties in Myanmar, it is not surprising that when older people need care and support, their primary caregivers are usually family members. Of all primary caregivers, 47 per cent are daughters, while only 9 per cent are sons according to the Myanmar Ageing Survey. Together, immediate family members (spouses, children, children-in-law and grandchildren) constituted 94 per cent of primary care providers for older people in the survey sample.[20]

While it is still the current societal norm for families to be the caregivers for both older people and people with disabilities, as a social strategy, it may be unwittingly perpetuating the poverty of families as well as inadequate care. When a family member needs to provide care, that person may need to stop or reduce work, resulting in lower contributions to the family's income. In addition, most family members do not have any specialised training in how to provide proper care for those with disabilities and may unintentionally make the person's physical or mental well-being even worse.[21] This is an area where the government can play a role to fill the gap.

16. HelpAge International commissioned this first comprehensive survey of older persons in Myanmar in 2012, in collaboration with the Ministry of Social Welfare, Relief and Resettlement and UNFPA. The survey interviewed 4,080 persons aged 60 and older and covered the entire country except Kachin State.
17. Teerawichitchainan and Knodel 2018, from Myanmar Ageing Survey 2012 data. Physical difficulties includes difficulties in activities of daily living (ADL) and instrumental activities of daily living (IADL) as well as functional limitations. Their report describes the variables.
18. Zeitzer 2018, pp. 19ff.
19. John Knodel 2014, The situation of older persons in Myanmar: Results from the 2012 survey of older persons (revised 2014), p. 52.
20. Teerawichitchainan and Knodel 2018.
21. Zeitzer 2018, p. 33.



Source: 2014 Myanmar Population and Housing Census, Thematic Report on Population Projections

Population ageing in Myanmar

Compared to some of its most rapidly ageing ASEAN neighbours, Myanmar's population is ageing more moderately, but fast enough to have major implications for the country. The main force underlying the ageing of the population is the fall in fertility rates that has occurred since the 1970s, as well as an improvement in life expectancy. The pace of ageing has increased since the early 2000s. The Census indicated that the proportion of the population aged 60 years and older was about 9 per cent in 2014, with nearly 4.5 million older persons counted. Women constituted 57 per cent of Myanmar's older population. The proportion of older people will more than double to over 20 per cent of Myanmar's population by 2050, according to Census projections.

Government responses to disability. Myanmar's government has put in place some constitutional and legal underpinnings for assisting people with disabilities. The 2008 Constitution of the Republic of the Union of Myanmar stated: "the Union shall care for mothers and children, orphans, fallen Defense Services personnel's children, the aged and the disabled." In 2015, Myanmar enacted the Law on the Rights of Persons with Disabilities which is the legal framework to enact the Convention on the Rights of Persons with Disabilities. Myanmar also passed an Elder People Law in 2016, which mentions that care should be provided "particularly for the frail."

Public services for people with disabilities of all ages are quite limited currently, although the government has committed to expanding its response on disability in coming years. In Myanmar's National Strategy for the Development of Persons with Disabilities (2016–2025), the government laid out some basic steps to improve the lives of citizens with disabilities including a focus on prevention, protection, habilitation and rehabilitation, sector development and including people with disabilities in all poverty reduction activities.

The National Social Protection Strategic Plan of 2014 included eight flagship social protection programmes, including a cash allowance for people with disabilities. However, the disability allowance can be implemented only once a certification and registration process is established by the government. Building on the 2014 national strategy, a Medium Term Sector Plan for Social Protection will serve as government's costed plan for the period to 2022. Introducing a disability grant, universal by design but with limited geographic targeting initially, is planned during this period.

Overall responsibility for people with disabilities, older people and social protection lies with the Ministry of Social Welfare, Relief and Resettlement. In January 2018, the Ministry reorganised into three departments: Social Welfare, Disaster Management and Rehabilitation. The functions of the various departments in relation to disability and ageing are still under review. The Ministry of Health and Sports also plays an important role in the lives of people with disabilities and older people and their families, particularly through the public health system.

At the Global Disability Summit 2018, the Ministry of Social Welfare, Relief and Resettlement made seven commitments for the coming years:[22]

- Formulation of disability policy after a situation analysis and in cooperation with National Committee on Rights of People with Disabilities
- Training teachers in pre-service teacher education institutions to teach Children with Disabilities and Special Education Needs
- Discussion of CRPD with employers and private sector to promote inclusion at workplace
- Working with development partners and IT companies to explore how people with disabilities can be assisted with technology in their access to state education
- With support of DFID and other development partners, conduct a national disability survey
- With findings from the national disability survey results and with the formulation of disability policy, design more inclusive plans for women and girls with disabilities
- Work with existing programmes or design new programmes with the support of DFID to address the needs of people with disabilities in Rakhine and Kachin conflict areas

Civil society responses to disability. Quite a few international NGOs as well as domestic civil society organisations including national NGOs and disabled people's organisations (DPOs) work on disability issues in Myanmar. But most of their work has focused on issues more pertinent to younger generations such as children with disabilities and prime working age adults – for example, access to schooling. A Myanmar Ageing Network of civil society organisations works on issues of older people in general, including the provision of care services. But there are no DPOs focusing on or led by older people in Myanmar, and there has been little investigation of their priorities.[23] Especially as disability shifts more towards older age, this is both a gap and an opportunity for DPOs. "Nothing about us without us" should increasingly include older people with disabilities.

22. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728220/National_Government_-_Myanmar_Ministry_of_Social_Welfare_Relief_and_Resettlement.pdf
23. Zeitzer 2018.

Case study: Health care and disability

When he was about 50, a man from Mandalay Region was injured by a water buffalo while farming. In hospital, he found out that he had severe diabetes, and a toe had to be amputated. After the operation, he was discharged but his feet felt numb. Some people suggested to soak his feet in hot salt water. He followed their advice and ended up with blisters that became heavily infected. Doctors said it was now necessary to amputate his right leg below his knee. When in hospital for rehabilitation, a charity supplied him with a cane and a prosthetic limb. While practicing with them, he tripped and injured his amputated leg. The doctors didn't notice and discharged him. Soon after returning home, the wound broke open and he was rushed back to the hospital. The right leg had to be amputated again, two inches higher. The family sold all their farmland and cattle to pay the hospital fees. Now he does not step outside of the house. He depends on his wife for his daily essentials including meals and toileting. His wife does odd jobs to support him and herself.

Case study: Dependence on family

An older woman from Yangon Region was born with some type of congenital deformity of her limbs and weak muscles, which was never diagnosed. She never had any schooling, and her poor family never took her to medical facilities. Her siblings eventually got married and lived separately with their families, leaving only her mother and her at home. In 1999, a bamboo pole she was leaning on collapsed and she fell down, hurting her back badly. As she already had disabilities, the severity of her back injury was not taken seriously. In addition, as she was not very articulate, no one took her for a consultation to the clinic or hospital. After a week, she found she couldn't even sit up. For nearly 20 years, she has been bedridden. Two years ago, her mother, on whom she had totally relied, died at the age of 90. After this, her 74-year-old elder sister came to look after her, and her younger sister brings meals daily. But these sisters have no income of their own. Apart from them, she gets occasional support from neighbours, relations and the monastery.

Conclusions

Older persons are not necessarily persons with disabilities, and persons with disabilities are not necessarily older persons, yet there is overlap and common ground. Although often portrayed as a negative trend, population ageing has also been called a "triumph of development", as years are added to lives.[24] Population ageing will also bring higher rates of disability. Inevitably, an individual's longer life results in physical and mental ageing, although at a varying pace depending on life experience. People who accumulated disadvantages throughout their lives have a much higher likelihood than others of spending their later years with disabilities.

A critical question with both ageing and disability is whether environments and social attitudes will put up barriers to full participation or, alternatively, allow older people and people with disabilities to experience rich, full lives with the same rights as other citizens. It has been argued that health and social programmes and policies are segmented into age and disability "silos", creating inefficiencies and duplication. People needing services can even be left unserved, stranded between the ageing and the disability silos – not eligible for services restricted to one group or the other.[25] There are areas of potential common interest and collaboration between people with disabilities and older people. For example:

- Combatting discrimination, stigma and abuse associated with ageing or disability
- Creating barrier-free environments

24. UNFPA and HelpAge International 2012, Ageing in the twenty-first century: A celebration and a challenge.
25. Jerome Bickenbach 2017, Bridging ageing and disability: An introduction. http://www.badinetwork.org/perspectives-on-bridging/bridging-ageing-and-disability-an-introduction

- Providing skilled long-term care services based on home and community-based care
- Expanding rehabilitation services and responsive health care
- Providing aids and assistive devices, with trained support
- Reducing or limiting impairments and disabilities – for example, through health screening
- Promoting a rights-based approach to disability, inclusive of older women and men

Government, donor and civil society actors in Myanmar should expand their efforts on disability with a person-centred approach, informed by the voices of people with disabilities of all ages. In doing so, they should anticipate the ageing of Myanmar's population and the implications for disability response. The country's systems need to adapt quickly to the changing needs of the population.

About this brief

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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