
Health Seeking Behaviour of Elderly in Myanmar

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Abstract

Introduction: Improvement in health technologies and socio economic conditions increase life expectancy of people leading to higher proportion of elderly in total population of every country worldwide. Developing countries have less comprehensive policy and elderly health agenda, and Myanmar is not an exception. The World Health Organization highlighted that aging process and problems related to elderly should be better understood so that effective elderly health prevention can be planned and implemented. However, there are very limited studies in Myanmar for aging health care.

Objective: 1) To identify the Health status of aging population in selected townships of upper and lower Myanmar. 2) To identify the health seeking behavior of elderly. 3) To find out the association between the health seeking behavior of elderly and socio-demographic characteristics.

Method: This is a cross sectional survey to study health status and health seeking behavior of the elderly people in Myanmar. Study areas are Taungu from Lower Myanmar and Ye Oo from Upper Myanmar both of which are not under cover of elderly project and have no adequate data for elderly health care. Sample size calculation was done by Epi Info StatCalc. Total 729 elderly were under study. According to elderly population in Taungu and Ye Oo, 1/3 of the sample was taken from Taungu and 2/3 taken from Ye Oo.

Result: Male, Female ratio of study population is 1:1.44. Around half of elderly population has primary or lower level education, only one third are working but with low income. One third of male and female elderly perceived that they are in good health. Regarding illnesses present at the time of interview, three percent of male and thirteen percent of female did not get treatment. Significant difference between the health seeking behavior of upper and lower Myanmar was

seen with chi square value 1155, $P = <0.00000001$. Health seeking behavior was not associated with Gender, ethnicity, religion. However it is related to income and education level.

Conclusion: Since this is a preliminary study in the non-project area it revealed many knowledge gap. Therefore further study on elderly morbidity and health seeking behavior is recommended with emphasis on triangulation of study methods as well as triangulation of data collection methods.

Keywords: Elderly, Morbidity, Health Seeking, Myanmar

Introduction

Due to the improvement in health care technologies and socio economic conditions, life expectancy becomes longer and elderly population is increasing worldwide. One third of countries in Asia Pacific Region are now occupied with elderly population from 8%, including Myanmar, to 26.4% of total population in Japan.¹ As the globalization interconnected between many countries, such effects have many impacts on health and wellbeing of older people.² Unlike industrialized countries, developing countries have less comprehensive policy and elderly health agenda. These need to be addressed as there will be potential threat for burden of aging. Although Old Age Right was proposed since UN general assembly 1948, it become inactive until 1991 when the charter for the UN principles of older persons was adopted.³

As major interest of international agencies focus on diseases control and primary health care activities, governments have to take sole responsibilities for elderly health care comprehensively. However, elderly programmes have many challenges in both technical and resource efficiency. In developing countries, socio-economic and gender development issues that interact elderly health are less addressed in political as well as public agendas. Furthermore, there are many unequal facilities in basic health, medical care and social support for elderly those live in rural areas in many countries, including Myanmar.⁴

As the demographic time bomb is clicking, elderly contributes 8.79% among 58.38million of Myanmar population.⁵ The proportion of elderly increased four times between twenty-thirty years, from 2.14% in 1980-81 to 8.79 % in 2008-2009.⁶ Though healthy aging policy have considered since 1978 People health plan, Myanmar⁷, the Ministry of Health could launched healthy aging project in 1992-1993.⁸ Up to 2011, due to resource limitation and donor constraints, only 88 townships⁷, only a quarter of the nationwide, are covered under the project. The majority of elderly in rural area which are not covered by the projects still tolerate many challenges for their health care.

Justification

Due to the negative global paradigm, longer time and higher cost is estimated for chronic aging diseases. However, relationship between aging and health expenditure is unclear, especially in developing country. In addition, access to basic health services remain a key issue for older in

poorer parts of the world.⁹ There is no adequate reason why Primary Health Care overlooked the needs of aging population.¹⁰ Similarly, the Millennium Development Goals, which changed the public health era in developing countries, also fail to emphasize on elderly health development.

Although the epidemiology is different, elderly in rural developing regions face both pre and post transitional risk factors. The World Health Organization highlighted that “The implications of healthy ageing –and their associated problems – need to be better understood”¹⁰. Understanding the morbidity pattern is the back bones for elderly health prevention. However, there are very limited studies in Myanmar for aging health care.

Regarding treatment seeking, older people have more underlying factors such as illiteracy, family composition, misconception and financing for accessing health care.¹¹ As elderly are economically unproductive, there is a tendency that they might face with financial burden and develop social dependency due to illnesses and health care for that. The attitude of health care providers and that of elderly will reflect treatment seeking pattern in long term aging health care.

This study explored socio demographic status, morbidity patterns and health seeking practice of elderly people in rural areas in upper and lower Myanmar, Yae Oo and Taungoo townships which have no elderly project and less specific elderly health information.

Objective

- 1.To identify the Health status of aging population in selected townships of upper and lower Myanmar.
- 2.To identify the health seeking behavior of elderly
- 3.To find out the association between the health seeking behavior of elderly and socio-demographic characteristics

Materials and Methods

This was a cross sectional survey and study areas were randomly selected township from Lower Myanmar ; Taungu and randomly selected township from Upper Myanmar ; Ye Oo. Sample size calculation was done by Epi Info Statistical Calculator. Total 729 elderly people were under study. One third of the sample was taken from Taungu (233 respondents) and the rest two third taken from Ye Oo (496 respondents). Village tracts were randomly selected to visit and face to face interviews were done to the consented elderly till the desired sample sized was obtained. Pretested and pre-coded questionnaire was used as Data collection tool. SPSS 17 software was used for data editing and analysis.

Results

Demography

Out of the total 729 population, 59 percent of the study population was female with the male to female ratio of 1:1.44. The 60-74 years age group constituted 59.2 % where 31.7 % was 75- 85

years age group and the rest (9.2 %) was above 85 years age group. Regarding marital status, 54.6% represented the still-married population and 40.1% were widowed and 4.1% were never married. The highest proportion (ie.42.1%) of elderly in the study had 4-6 children followed by (24.1%) having 1-3 children. The majority of the study population nearly 95% was Burmese and Buddhist. One third of the study population was still working whereas another two third was dependent. The highest percentage of education group was found as primary (35.5%) followed by Read & Write (28.3%). Among study participant, 19.1 has no income, 45.1 % had Low income and only 16.7 had moderate income.

Perceived Health status and morbidity

Thirty five percent of male elderly perceived that they were having good health status while 22.9% of them perceived as poor health status. Similarly, 34.3 percent of female elderly perceived that they were having good health status while 24% of them perceived as poor health status. The rest answer as average meaning neither good nor poor health status.

The morbidity of diseases within one year of study population showed no different result between the two genders. However, the morbidity of diseases at the time of interview was slightly higher in female population. The highest morbidity of diseases was respiratory diseases followed by heart diseases and hypertension.

Health Seeking Behaviour

Regarding illnesses within one year, the most frequent health seeking place was rural health centre followed by private practitioners. Regarding illnesses present at the time of interviewed, the majority of the study population, both male and female consulted to medical doctors followed by self and familial consultation followed by basic health staff. Only three percent of male and thirteen percent of female did not get treatment for their illness.

Significant difference between the health seeking behavior of upper and lower Myanmar was seen with chi square value 1155, $P = <0.00000001$. (See Table. 1)

Health seeking behavior and associated factors

Health seeking behavior was not associated with Gender, ethnicity, religion. However, 19 out of 278 (6.8%) elderly who are below poverty line took treatment while 67 out of 541 (14.8%) elderly who above poverty line took treatment for current illness. Poor elderly are more likely to skip treatment than those elderly whose income above poverty line. It is statistically significant (OR=1.921, CI=1.143- 3.341) Chi square= 5.979 $P = <0.02$)

For current illness, 53 out of 605 (8.8%) with lower education status get treatment and 33 out of 124 (26.6%) with middle and higher educational status get treatment. Elderly with lower duration status are more likely to skip treatment than that of middle and higher education status. It is statistically significant.

(OR=3.777 (CI = 2.319, 6.152¹) Chi square= 31.52 P= <0.0000001)

Discussion

Despite Myanmar have Life expectancy¹ of 60-64 and the study area is not under the elderly project, nearly 41% of elderly above 75 years old and 9.2 % are above 85. It is quite interesting to explore the questions of "How community takes care of their elderly to ensure longevity? and What is the quality of life of elderly?"

Half of them may not have companionship as they are widow or divorced or never married, which can be related to QOL. Nearly 80% have low education level, 38.2% have low income. These are risk factor for morbidity.⁴ Although proportion of perceived poor health is low (22.9% M & 24%F) the proportion of elderly who had illness within last year was 43.8%M, 41.4%F. Low perception of ill health or low perceived seriousness of symptom may lead to low health seeking.¹² The proportion of elderly with diseases is lower than other study.^{14,15,16,17}

Hypertension was the common morbidity, followed by respiratory-, Diabetes Mellitus and stroke, that finding similar to study in Korea and Malaysia¹⁴. Proportion of illness within one year is significantly higher in Taungu and further studies will be needed to explore factors contributed to this difference. Regarding Past illness all took treatment.

Nine elderly has current illness but not taking medication. This study only explore the health seeking pattern thus could not answer the reason for not seeking health. Private practitioner is more commonly used by elderly in Taungu but this study cannot explore the reason for that. It is also interesting to find out how they can manage to pay for the fees despite low economic status.

Although many studies pointed out gender differences in health seeking and influences of socioeconomic factors in health seeking^{15,16,17,18}, this study fails to show the significant association between gender education and family income to health seeking as well as health seeking pattern of elderly.

Significant differences in health care utilization pattern were seen in Upper and lower Myanmar so need to explore the cause.

Limitation of our study

- This study explores the physical morbidity of elderly but did not explore the psycho social well being and quality of life.
- This study could not measure the risk of the elderly related to culture and life style.
- This study explores the health seeking patter of elderly but could not explore the reasons behind their choices.

Conclusion and Recommendations

Since this is a preliminary study in the non-project area it revealed many knowledge gap. Therefore further study on elderly morbidity and health seeking behavior is recommended with emphasis on triangulation of study methods as well as triangulation of data collection methods. As significant differences in health seeking pattern is seen in upper and lower Myanmar appropriate comparative study on morbidity pattern and health seeking behaviour of elderly in Upper Myanmar and Lower Myanmar is also recommended.

Although this is a quick cross sectional study it revealed that rural elderly people has unsafe socio demographic condition and potential for low health care seeking. Therefore it is highly recommended to extend elderly project over whole country.

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Conflict of Interest: None declared.

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Table 1: Health Seeking Behaviour of Elderly in Lower Myanmar and Upper Myanmar

Health Seeking Place	Lower Myn	Upper Myn	Total
Hospital	16(14%)	31(16%)	47(15%)
RHC	15(13%)	137(70%)	152(49%)
Private	76(67%)	25(13%)	101(33%)
>1 place	6(5%)	3(2%)	9(3%)
Total	113	196	309

Chi Square=115.5, Df=3 Pvalue = <0.0000001