

**SOCIOCULTURAL DETERMINANTS OF WELL-BEING
OF THE ELDERLY PEOPLE IN SANCHAUNG
TOWNSHIP, YANGON CITY**

PhD DISSERTATION

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ABSTRACT

Aging is an important issue for both developed and developing countries including Myanmar and, the role of sociocultural factors upon well-being of elderly is also the issue that need to be investigated. This study attempted to point out some factors influencing upon the well-being of the elderly population in Sanchaung Township, urban area of Yangon City. The objective of this study was to describe the situation of well-being of the elderly people in Sanchaung Township, urban area of Yangon city and their determinants. This study is a community-based cross-sectional descriptive study with analytical component. The method used in this study is a combination of quantitative and qualitative methods as mixed method. In this study, data were collected from 296 elderly people and used with face-to-face interview questionnaire covering well-being of the elderly. In-depth Interview (IDI) was used as data collection technique for the qualitative findings. The majority of respondents (48%) were in medium well-being group. Significant differences were found three out of four demographic variables, gender, age group and marital status. Moreover younger age group and married couples were experiencing more well-being than older age groups and unmarried, widowed and divorced groups. Of all of the socio-economic variables , only three variables educational levels, employment status and own income were found significantly associated with the well-being of the elderly respondents. In this study, no one of support was associated with the well-being of the elderly respondents. Furthermore, there was significant association between cognitive function of the elderly respondents and their well-being. The quantitative findings were supported by the qualitative findings of the informants' reports with five main themes; income (their own or family), types of the social support (family or relatives), perception of the elderly concerning the attitudes of their younger generation towards them, religious practice and belief in fate. In the qualitative finding, it was learnt from the elderly population that their children become lesser respect to most elderly people. Thus, as for the community or society, it needs to find the ways to maintain the traditions of the respect to the elderly by the younger generation in Myanmar culture.

Key words: Sociocultural Determinants, Well- Being, Elderly, Socio-economic variables, Perception

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LIST OF ABBREVIATIONS

ADL	= Activities of Daily Living
ASEAN	= Association of South East Asian Nations
CLHLS	= Chinese Longitudinal Healthy Longevity Survey
EHC	= Elderly Healthcare Clinic
MCWA	= Maternal and Child Welfare Association
MOH	= Ministry Of Health
MWAF	= Myanmar Women's Affairs Federation
QOL	= Quality Of Life
SEA	= South-East Asia
SPSS	= Statistical Package for the Social Sciences software
UN	= United Nations
WHO	= World Health Organization
YWCA	= Young Women's Christian Association

CHAPTER (1)

INTRODUCTION

Aging is a biological process with its own dynamism. There is no country in the world that does not have old aged people. Whether the population is large or small, a certain portion of that population would be the aged. The aging process advances from second to second. The pace is so slow that it is not noticeable. The nature of aging itself is gradual. Actually, today could be regarded as “the Age of the Older People”. As the world is entering into the 21st century, aging population is becoming one of the global challenges. Ageing population is the result of rapid declines in fertility as well as increased life expectancy. The rapid growth in the number of older people worldwide is creating an unprecedented global demographic change. As consequences, the proportion of the world’s population over 60 years is increasing more rapidly than in any previous era. In the year 2000, there is about 550 million and by 2025, the number of over 60 is expected to reach 1.2 billion (Myanmar Academy of Medical Science, 2000).

Aging has significant changes in daily life. It is best understood within a life-course perspective. Persons do not suddenly become old at age 65; rather, aging represents the accumulation of a lifetime of interacting social, behavioural, and biomedical processes. Aging is dependent on the social context in which people grow older (Ory and Bond, 1989). With advancing age, elderly people have declining functions, increasing disability and dependence with functional impairments such as loss of mobility, sight, and hearing (Hla Myint, 2002). Advances in medicine and technology now allow people to live longer, but there have been major further needs to promote well-being of these elderly people.

Well- being is open to the whole range of human experience, bio, psycho, social, and spiritual as well as material. According to the World Health Organization definition (WHO 1993, cited by Utian, 2007, p.101), “well-being is an individual perception of one’s life status in the context of the culture and value systems in which one lives and relates with individual goals, standards, and concerns”. Thus, when considering the well-being on elderly, it is important to recognize sociocultural factors in relation to their aging experiences. In addition, anthropology is the study of human life within their sociocultural context. Therefore, research on well-being of elderly has been exploring the differing experiences in different culture and societies.

This chapter introduces the research topic by describing the context of the problem under study. Firstly, theoretical background of the study is described. And then, a description about the problem that was interested to study is delineated. Based on the problem, research questions are generated and stated. Moreover, practical and theoretical significance of the study problem is presented to provide a rationale for studying that problem. Besides, the significance of the problem for anthropologists and for a field of knowledge is presented. A conceptual model is developed and then illustrated by reflecting upon the relationships among independent variables and outcome of the study. And then, the general and specific objectives of the study are described. Then, the operational terms for study variables are stated. Finally, the body of the thesis appears at the end of this chapter.

1.1 Background to the study

1.1.1 Defining the elderly

Aging is inevitable and irreversible. It can be defined differently from different perspectives on the social context in which they lived. Aging can be defined as progressive, generalized impairment of function resulting in a loss of adaptive response to a stress and in a growing risk of age-associated disease (Kirkwood, 1996). From the socioeconomic point of view, the elderly people are entered into the age of depending upon others. Also it can be specified by different age. Typically, the "aged" are defined as all persons 65 years old and over, with further distinctions made between the "young-old" (65-74 years old), the "old-old" (75-84 years old) and the "oldest-old" (85 and above) (Czaja, 1990; Giddens, Duneier and Appelbaum, 2005). Both developed and developing countries tend to define old age at a certain pre-established point, usually retirement from full time gainful employment, and that is used as the artificial cut-off point at which an individual is known as an elderly or an old person. The United Nations defines 60 years as the age transition of people to the elderly segment of the population (Department of Population, Myanmar and United Nations Population Fund, 2005).

1.1.2 Elderly in Myanmar

In accordance with The United Nation's definition and based on the retirement age in Myanmar, the ageing population is defined as 60 years and above (Department of Population, Myanmar and United Nations Population Fund, 2005).. The elderly population (aged 60 and above) constituted around 10% of the total population (Ministry of Health, 2006_a). At present, there are the supports of the government for the elderly, including the provision of homes for the aged, the elderly health care project that provides entitled elderly workers with free medical care.

1.1.3 Well-being of the elderly

Well-being is important for a human being. Well-being can be described as the experience of good quality of life (Chamber, R., 2000). Each person can define well-being for herself or himself. Theoretically, well-being can be described by three aspects; physical, emotional and social (Myint Myint Khin, 2000). Physical well-being can be expressed by their health status, living standards, access to basic services, education, occupation and working conditions. Social security, love, peace of mind, happiness, satisfaction and gratification are component of emotional well-being. Person who can make good relationships with others and friendship possess good social well-being. According to these concepts, not only physical well-being but also emotional and social well-being will be vigilant in this research. Therefore to reveal the well-being of elderly, sociocultural factors will be considered fundamentally.

1.1.4 Sociocultural values of Myanmar on their elderly

Religion and culture are closely related and play a vital role in shaping the value system, the norms of social organization in most societies. All major religions revere the family as the basic unit and natural frame-work in which children and adults receive the material, emotional and moral support, they need for their well-being and development. Several centuries of influence of Buddhist Culture, there have a great impact on Myanmar society. Myanmar culture is one of which flourished from Buddhism and literature. Myanmar traditional culture considers old age as one of the stages of human development, wherein a person attain maturity, wisdom and economic and social stability

which leads to social recognition and emotional fulfillment. In Myanmar society, elderly people have been accorded a place of respect, honor and importance in family (Saw Naing, 2000).

In Myanmar social life, the aged plays a vital role. No matter how much they old, they are looked after well by their sons and daughters at their homes. They in turn looked after their grandchildren. They have to take responsibility to hand down the Buddhism to their grandchildren. And the grandchildren are used to give their grandma and grandpa a relaxing massage before they go to bed. During massage giving time, the grandma and grandpa tell folktales, the dos and don'ts of the community. The folktales told by them have rooted deeply in their hearts till death. As such doing, the norms and values of the society have passed down to next generations (Chit San Win, 2003). Moreover in Myanmar family, the most important thing is family spirit. Myanmar people have strong family attachment. There are very close ties between family members: parents and children, between the siblings and thus caring the older persons are a tradition and a good culture in Myanmar.

Traditionally, Myanmar people are socialized to take care of the elderly people within the family since their young age. Myanmar people pay respect to all those who are older than them even by a second. Myanmar spirit has been born out of the Lord Buddha's teachings. Buddha taught the moral and social disciplines for both people and the monks. In those teachings, parents are one of the respectful persons and every son and daughter has obligations to look after their parents. Buddha's teachings highlight the merits of caring the parents and demerits of neglecting them. Moreover, there are thirty-eight rules for good life (Mingala sermons of Buddha) in Myanmar. One of the points in Mingala sermons was to care for one's mother and father: this is the highest blessing (SILANANDABHIVAMSA, 2001). Myanmar observes these rules for the present life and the next existence or life after death. Generally, Myanmar customs, culture and social norms are conducive to coping with the care of the elderly. In Myanmar society, since time immemorial, older people have been accorded a place of respect, honour and importance in the family and these are good indicators for well-being of the elderly.

1.1.5 Challenges of breaking up the cherished Myanmar culture

Although the family members are considered to be the primary caregivers and protectors of the elderly, the traditional support base of the elderly in Myanmar is gradually diminishing. Despite the fact that all families in Myanmar society wish to have children, there has been a noticeable decline over the years in the number of children desired. Almost all parents consider as the difficulties for their child to develop well with adequate facilities. In addition, smaller family sizes will mean that there are fewer children available to take care of elderly parents. Moreover, increased life expectancy and increased dependency ratio may be one of the challenges. According to the National Health Plan (2006-2011), life expectancy for male was estimated as 62.1 years and for female as 66.2 years in 2003 (Ministry of Health, 2006_b). As the dependency ratio arises, the working age group will be unable to support the growing population of elderly people. However, we must remember that those at the other end of the life cycle, the infants and children, are also dependent on the working population.

Furthermore, industrialization may be another challenge. Effects of industrialization, the greater involvement of females in employment outside the home also limit the amount of time available for caring of the elderly.

Globalization is one of the most fundamental challenges breaking up the cherished Myanmar culture. Today world is a global village and cultural transmitting is spontaneously occurred. Most of Myanmar society changes their life styles and social values on older people and responsibilities of the young were gradually changed. All these factors have contributed to the gradual decline of the traditional family-based support system and cherished Myanmar culture.

Institutions for the care of elderly have been established and run by government as well as by voluntary organizations and religious organizations. However, the number of institutions was considered insufficient and the programmes for the elderly are needed to be expanded in view of the growing aged population. All of this may have certain effect on well-being of the elderly.

1.2 Statement of the problem

Advances in medical technology and improved standard of living have contributed to an increase in the elderly population. In 2025, there will be a total of about 2 billion persons aged 60 and over, with 80% of them living in developing countries (World Health Organization, 2002). It is estimated that the proportion of older people over 60 years in Southeast Asia will triple between 2000 and 2050, which effectively means that the caring needs of older people will dramatically increase. The rate of growth of this population segment will be greater in developing countries as compared to the developed countries.

The increase in the elderly population in the developing countries will particularly be marked in Asia especially in China and India. It is estimated that by the year 2020, there will be 274 million persons over aged 60 in China alone - more than the current population of the entire United States (WHO, 1998). In India, the aged population (60 years and older) is the second largest in the world. It is estimated that the proportion of elderly people will increase 11% (142 millions) in 2020 (Dey, 2000). The populations of countries in the ASEAN region are ageing at a rapid rate. In developing countries, definitive problems are emerging in relation to aged population that is the social, health and economic dependence of the aged on their families, community and government (WHO, 2002).

In Myanmar, according to 1973 censuses and 2001 survey, elderly dependency ratio increased from 11.47 to 13.81 over 28 years, with a faster increase in urban than in rural areas (Department of Population, Myanmar and United Nations Population Fund , 2005). Out of the estimated population at 55 millions in 2006, 60 years and above age is about 4.46 millions (Ministry of Health, 2006_a). Moreover, not only is the aged population increasing, but the elderly population is itself getting older as more and more people survive longer. Today, about 80% of older adults have at least one chronic condition, and 50% have at least two (British Columbia Ministry of Health, 2005). Chronic diseases disproportionately affect older adults and are associated with increased cost for health care and long term care, disability, diminished quality of life and overall well-being.

In addition, the effect of industrialization, urbanization and globalization the social, economic and cultural changes are taking place in the present world. Shifting the

roles and statuses of elderly takes place and well-being of present generations of elderly differs from the past aged population.

Furthermore, the sociocultural context of urban area has a very wider context and totally different from that of rural area. The urban lifestyles are less likely to be close family relationships, more social isolation, less inter-generational authority within the family, greater alienation, more normless (O'Donnell, 1994). The problems associated with urban lifestyles, thus, will have more effects on the well-being of urban elderly than that of rural. Moreover, although many studies from various areas have investigated including aging, the study on sociocultural determinants of well-being of elderly is limited. Therefore, the role of sociocultural factors upon well-being of elderly is the issues that need to be investigated.

1.3 Research questions

A research question is a statement of the specific enquiry that the researcher wants to answer to address the research problem. The research questions guide the types of data to be collected in the study (Polit and Hungler, 1999). In order to clarify and elaborate the research purpose, the following main research questions arose from the above context are:

- (i) To what extent is the well-being of elderly in Sanchaung Township, Yangon City?
- (ii) What are the influencing factors on well-being of the elderly?

1.4 Rationale for the research

Growing old is a part of every human's life cycle and it has significant implications on their well-being. The very first century of the new millennium will face several major issues in the health area, of which one of the most important is the "graying of the world population". Ageing becomes a common feature of population worldwide as fertility rates decline and life expectancy increases (Myanmar Academy of Medical Science, 2000).

In western countries, people are living longer and many of them are being cared for in the institutional environment. However, 80% of the care provided to elderly in

United States of America (USA) is provided by family members (Modnick and White, 2007). In accordance with the tradition and culture of the Myanmar people, major support for the elderly is provided by their families and family members play the responsible person and front line caregivers for their elderly.

However, as Myanmar is a developing country, effects of rapid urbanization, industrialization, almost all of the family members have to work outside home. And then, younger persons are moving out for greener pasture. Thus the opportunity for looking after to elderly family members is diminishing. Furthermore, cultural transmission is taking place by effect of globalization in today Myanmar. As a result, changes in socioeconomic status, attitudes of younger generation upon their elderly and traditional social values and culture are taking place. These changes are more occurring in urban than that of rural area.

All of these interesting issues of elderly drive the researcher to do a research on the sociocultural influences of the well-being of elderly people in urban area. There are many studies concerning about the elderly from different aspects in social sciences in other countries of the world. However, fewer attempt of scholarly research, except other disciplines such as medical science, psychology, economics etc., on the well-being of elderly in Myanmar, has been made. Totally lack of elderly research in anthropology in Myanmar also urged the researcher to conduct a kind of research through which is hoped to explore the existing conditions of the older people in the country. This study would enlighten the current opportunities and obstacles that the elderly faced in this urban area.

1.5 Significance to profession

Population demographics have also affected on the sociocultural patterns of society. It is estimated that there are roughly 600 millions elderly populations worldwide, two-thirds of which are living in the developing countries including Myanmar (Ministry of Health, 2006_b). In this situation, sociocultural values placed on the aged people are important in the well-being of the elderly. Thus sociocultural determinants of well-being of the elderly are essential issue in anthropological field.

Anthropology is the study of human and their ways of life. Traditionally, anthropology has concerned on examining past cultures and present simple societies. Today, however, it is also concentrates on complex societies and anthropologist want to

know for deeper knowledge about human nature and behaviors. It is thus anthropology is the science of mankind and culture, and anthropologists are busy gathering the worldwide inventory of human social and cultural invention (Hoebel and Frost, 1976).

In the field of Anthropology, cultural anthropology concentrates on social relations, such as family and kinship, age groups, and economic activities (Hoebel and Frost, 1976). It can be stated that anthropologists are concerned with the well-being of the elderly based on deeper understanding of their sociocultural system.

In applied anthropology, other scholars are also interested in applying anthropological approaches to analyzing and solving real-world problems such as alcohol and drug use, disaster research, geriatric services, industry and business, social impact assessment, urban development or wildlife management. As industrialization and urbanization spread globally, anthropologists increasingly study these processes and the social problems they create. Urban anthropology is the cross-cultural and ethnographic study of global urbanization and life in cities. Therefore, this study is essentially contributed to anthropology and can be useful to support to the well-being of the elderly and cherished Myanmar culture.

1.6 Conceptual framework for the well-being of the elderly

The conceptual framework of research study is very important in order to make research findings meaningful. A framework is the conceptual underpinnings of a study (Polit and Hungler, 1999, p-110). Not every study is based on a theory or conceptual model, but every study has a framework. In a study based on a theory, the framework is referred to as the theoretical framework; in a study that has its roots in a specified conceptual model, the framework is often called conceptual framework (Polit and Hungler, 1999). In this study, the framework which is based on some conceptual models of well-being of elderly was applied.

Firstly, Park, (2005) stated that ‘well-being’ of an individual or group of individuals have two components: objective and subjective component. Objective component, which is generally known by the term ‘standard of living’ or ‘level of living’ and Subjective component is referred to as ‘quality of life’. After that, according to definition of Wolman, (1989), well-being has three aspects; physical, emotional and social well-being and these are interrelated with each others.

Secondly, San Shwe (2000) stated that well-being of elderly highly depends on their health status. After that, the meaning of health is a state of complete physical, mental and social well-being not merely absence of disease or infirmity (World Health Organization, 1989 cited by American Nurses Association, 2003). Thus, well-being of elderly is strongly related with their health status.

Thirdly, Velkoff (2000) found that family structure, living arrangement and support system have an impact on the well-being of the older population, and family resources such as physical, emotional and economic care from family are also influenced upon well-being of elderly. Moreover, varieties of behavioral, economic, and sociocultural features of elderly lives are related to their health as well as higher level of overall well-being (Kaplan and Haan, 1989).

Fourthly, the amount and quality of family interaction or family support is a major correlate of well-being of elderly (George and Maddox, 1989). And then, physical and emotional support for Japanese elderly were received mainly from their family members living together followed by children living apart, neighbors and friends (Koyano, Hashimoto, Fukawa, Shibata and Gunji (2005).

By integrating above perspectives, the investigator conceptualized the basic framework for the study; it is that, well-being of elderly may be influenced by various sociocultural factors including health status, family structure and support system, economic status and younger's attitudes toward upon them. This conceptual framework is shown in figure (1).

The aim of the conceptual model that the researcher had developed is designed to promote the well-being of the elderly. The emphasis in this model is to increase the awareness of preserving cherished Myanmar culture which influence on well-being of Myanmar elderly.

Conceptual Framework

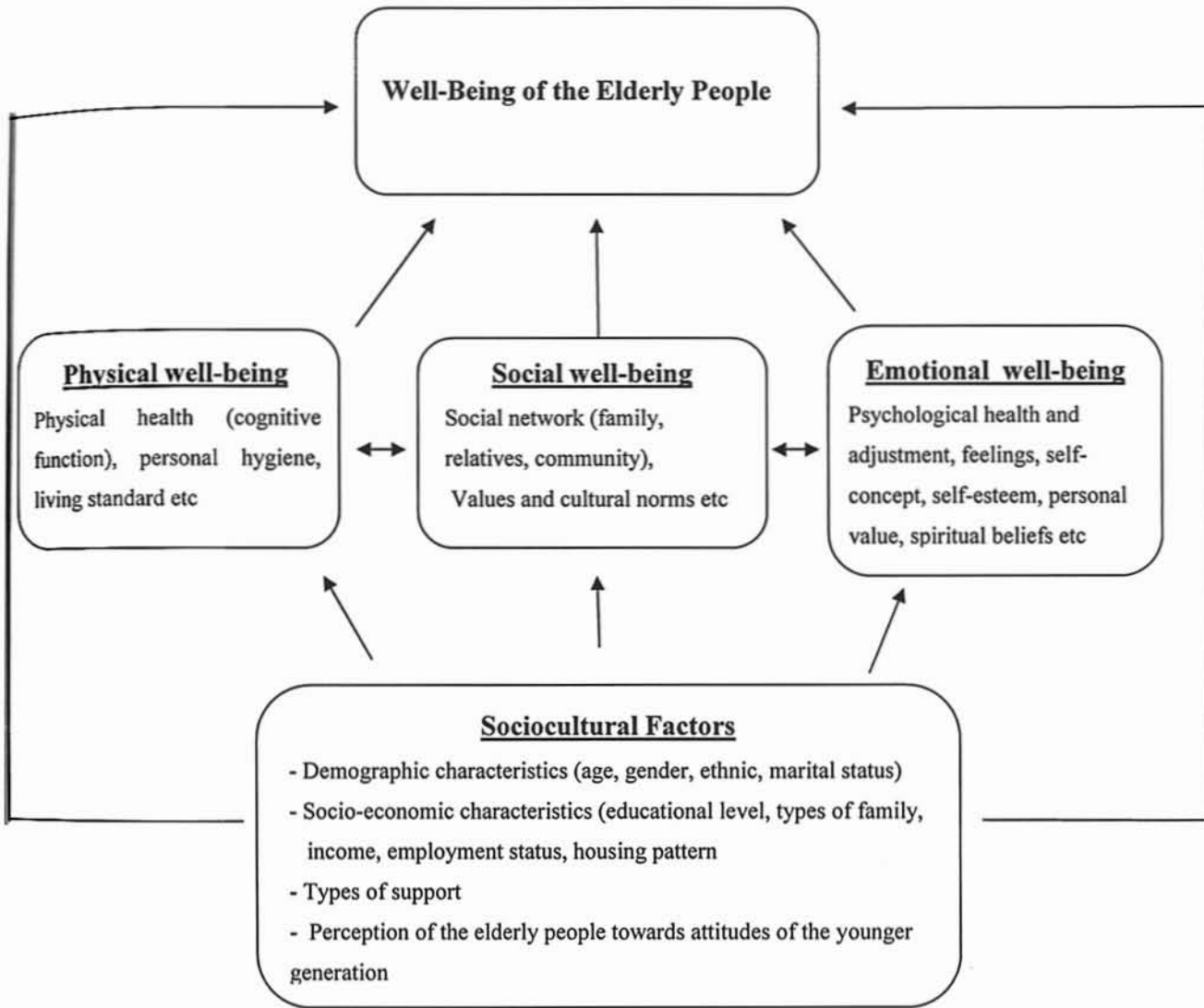


Figure (1) Sociocultural influences of the well-being of the elderly people

1.7 Objectives of the study

The general objective of this thesis is to describe the well-being of the elderly in Sanchaung Township, Yangon City.

The specific objectives of this thesis are:

- (i) to find out the demographic characteristics of the elderly involved in the study area;
- (ii) to explore the socio-economic characteristics of the study population;
- (iii) to examine the support types of the elderly people;
- (iv) to investigate the perception of the elderly people towards attitudes of younger generation;
- (v) to identify the cognitive function of elderly respondents;
- (vi) to assess the elderly's experiences that impact on their well-being in relation to their aging process; and
- (vii) to analyze how the key variables indicated in specific objectives (i) to (vi) are associated with the well-being of the elderly.

1.8 Operational definitions of the terms

Elderly person

Elderly person is a person who is above 60 years old.

Sociocultural

The term 'Sociocultural' is used as a short form of 'social and cultural', and the word 'social' means 'interaction'. In this terms society and culture form a complex system of interacting parts. Sociocultural systems are made up of different variables, such as environmental, demographic, technological, economic, social-organizational, political, and religious variables.

Well-being

Well-being is a term that refers to experiences of good quality of life and includes three aspects; emotional, social, and physical well-being.

Emotional well-being include: Psychological health and adjustment
Feelings
Self-esteem, self-concept and self-control
Personal values
Spiritual beliefs

Social well-being include: Social network / Intimate others
Family
Friends
Co-workers
Neighbourhood and community

Physical well-being include: Physical health
Personal hygiene
Nutrition
Exercise
Grooming and clothing
General physical appearance
Living standard

These definitional terms were adopted from Dictionary of behavioral science written by Benjamin B. Wolman, (1989), Harris (1995), Hiebert (1983) and Scupin (2000).

1.9 Body of the thesis

The chapterisation, made for the convenience of the study, includes six main arts.

Chapter (1) Introduction

This part deals with the background situation of the elderly, statement of the problem, research questions, rationales for the research, significance to profession, conceptual framework, objectives of the research, operational definitions of the terms and the body of the thesis.

Chapter (2) Literature review

This chapter includes theoretical perspectives of the elderly, elderly in historical context, elderly population in the world, elderly in Myanmar cultural context, elderly in research studies including international and national studies in general as a literature review.

Chapter (3) Research methodology

This chapter is expressed the research methodology including methodological justification, study design, study area, study population, criteria for selection, sample size, sampling method, data collection techniques, data collection procedure, data collection tools, variables and measurement, data analysis, study period, ethical considerations and limitations encountered in the field.

Chapter (4) Findings

This chapter depicts the description of the demographic and socio-economic characteristics, the types of the support, the perceptions of the elderly concerning the attitudes of the younger generations towards them and the cognitive function of the elderly respondents, and the association between sociocultural determinants and well-being of the elderly. And then, the qualitative findings were described.

Chapter (5) Discussions

This chapter covers the discussion on the sociocultural factors that influence on the well-being of the elderly people in this selected area.

Chapter (6) Conclusion and recommendations

This part presents a brief summary of the sociocultural factors of the thesis and conclusion thereof. It also contains the recommendations for the study.

CHAPTER (2)

LITERATURE REVIEW

Reviewing the literature is crucial in research to shape the research topic. Moreover, the literature review is a summary and critical evaluation of previous research and theory relevant to the problems which are intended for investigation (Polgar and Thomas, 1995). It is important to review literature for preventing duplication, knowing what others have learned and reported upon the study, identifying the gap and plugging the gap, familiarizing with various types of research methodology and justifying why the particular research is needed (Polit and Hungler, 1999). In this way, literature review both provides a conceptual background for the study and justifies the need for further interpretive and empirical evidence by identifying gaps in knowledge.

Aging is an inevitable occurrence in life. Along with this, the major problems emerge and then affect biological, psychological, and social aspects of life. Although human may experience similar problems, their well-being may be affected by their socioeconomic, family and social setting in which they lived. Furthermore, sociocultural concepts seem to influence upon well-being of the elderly. Thus, the context of present study is to explore the contribution of elder's sociocultural and economic status on well-being of the elderly.

This chapter, therefore, addressed upon critical review of studies concerned with well-being of elderly by extensive searching of literature in libraries, electronic database and internet. This chapter is intended to provide theoretical knowledge and general knowledge concerning well-being of the elderly.

2.1 Theoretical perspectives of the elderly

Social gerontologists offered a number of theories regarding the nature of aging. Some of the earliest theories emphasized individual adaptation to changing social roles as a person grows older. Later theories focused on how society shapes the social roles of the elderly, often in inequitable ways, and emphasized various aspects of age stratification. The most recent theories like symbolic integrationists' have been more multifaceted, focusing on the ways in which the elderly actively create their lives within specific institutional contexts (Hendricks, 1992).

According to activity theory, elderly people who are busy and engaged, leading fulfilling and productive lives, can be functional for society. Activity theory regards aging as a normal part of human development and argues that elderly people can best serve society, as well as themselves, by remaining active as long as possible. Although there may come a time in most peoples' lives when disengagement will best serve their interest as well as society's, activity theory argues that an active individual is much more likely to remain healthy, alert, and socially useful. In this view, people should remain engaged in their work and other social roles as long as they are capable of doing so. If a time comes when a particular role becomes too difficult or taxing, then other roles can be sought - for example, volunteer work in the community (Giddens, Duneier, and Appelbaum, 2005).

Activity theory finds support in research showing that continued activity well into old age is associated with enhanced mental and physical health. For example, there is some evidence that continued part-or-full-time employment is associated with higher morale and happiness, possibly because of the expanded friendship networks that result from continued work. Social networks play an important role in providing life satisfaction for the elderly. According to Christine Adamski-Mietus 1983, as cited in Schaefer and Lamm (1998) the participation in ethnic, cultural, and community activities contributed to the life satisfaction for the elderly.

In social exchange theory supported by Levis-Strauss stated in Abraham (1999) pointed out that the individual always receives more than he gives, and gives more than he receives in the sphere of culture. In exchange terms, the elderly have few bargaining chips to use in claiming social resources. Their bargaining power is based chiefly on the care that they once gave their own children and the productive roles that they played earlier in their lives. In exchange, then, adult offspring have an obligation to care for their own parents. Thus, the caring of the elderly can be regarded as the obligation to repay the gratitude of the elderly to the younger in the form of reciprocity duties or social exchanges.

With these assumptions in mind, this study will be analyzed the well-being of the elderly caused by sociocultural factors which exist in Myanmar cultural context reflecting with some other context and will find out how the elderly and their younger generation interrelate with each other.

2.2 Elderly in historical context

Throughout history aging persons have been portrayed in literature and art as wise individuals, strong in character, and leaders of their people. Older people are the gatekeepers of the nation's history, values, culture, and traditions (Stone, Eigsti and Mcguire, 1995).

In the *Social Gerontology and Aging Revolution*, the author restated the quotation of Cicero, great Roman Politician that "If there were no old men, there would be no civilized states at all". And the author mentioned that in 44 B.C., Cicero argued how "Old men -- as they become less capable of physical exertion, should redouble their intellectual activity, and their principal occupation should be to assist the young, their friends and above all their country with their wisdom and sagacity" (<http://www.trinity.edu/mkearl/geron.html>).

In some human societies, old men and women still possessed of their faculties have been dominant in social control and direction. In an early account of foragers in the Andaman Islands off the coast of India, Radcliffe-Brown (1964) described the reverence and honor given to older males. Older people in hunting and gathering societies generally have a higher status because of their accumulated knowledge, which is needed for subsistence activities, political decision making, and intellectual and spiritual guidance to their societies. Control of information is one important basis of esteem for the elderly in non-literate societies. Among the Kung San of the Kalahari, there was a little material security at old age, the elderly were not abandoned and have a relatively high status. Through reciprocal exchanges within the economic system of these foraging societies, older people are able to maintain a relatively secure existence (Thomas, 1959; Lee, 1984, as cited in Scupin,R., 1998).

In civilized societies ancient and modern the dominance of the aged appears to be the consequence essentially of their greater experience and balance in judgment as compared with that of younger persons, chiefly as a results of their more extensive experience with facts, human nature and social techniques, their control of the family and the family wealth and therefore the aggregate social wealth, and the fact that they have established themselves in power to the consequence exclusion of the younger groups (MacLeod, 1953). In the culture of the Andaman Islands of Australia, older members hold dominant positions in the social structure. They get the best available food, and their

judgments are valued highly in their communities' informal decision making. Anthropologists have classified Andaman society as the example of "gerontocracy" or ruled by the elderly (Schaefer and Lamm, 1998).

However, there are some societies that viewed older people as burdens rather than assets. Some practiced Senilicide - the killing of the aged - because of extreme difficulties in providing basic necessities such as food and shelter. In the past, Eskimo culture encouraged elderly members to leave the settlement and die quietly in the cold. And among the Fulani of Africa, older men and women move to the edge of the family homestead. Since this is where people are buried, the elderly sleep over their own graves, for they are already viewed as socially dead (Schaefer, and Lamm, 1998). In early part of twentieth century, some African tribes like 'Bush man' of very harsh environment, as they move frequently from place to place, the older people were given food enough to only one week and were left behind to perish. It can be imagined that hundreds of thousands of years the lives of elderly people of the Old Stone Age were similar situation to that of Bush man (Kyaw Win, 2007).

With industrialization and modernization, elder veneration decayed as did the notion of elder wisdom. Japan being a country where Buddhism is widely practiced, the Japanese used to regard the aged with respect and think of them as people rich with life's experience. However, after the Second World War, the Japanese youth are found to be less respectful of the aged than they were before and showed less concern about them. Furthermore, modern Japanese tradition has it that when a groom requests for a maiden's hand in marriage, he has to meet three requirements: 1) must own a house, 2) must own a car, and 3) no live-in parent. This change in view of the aged commenced at the end of the Second World War when many rural inhabitants move to urban areas and started facing housing problems. Youth could not afford to keep their parents with them anymore (Hnin Si Kone Home for the Aged, 1974).

Being aged often means losing interaction and relations with other people (Gidden, 1989) and the strong social status of aged has been lost in today's world (Riley, 1987). The more people become older, the less they use their contacts around the social environment. Attitudes toward elderly people differ from society to society. Not all societies have traditions of caring for and valuing the elderly. One society may treat old people with great reverence while another may see them as "unproductive" or "difficult". For instance, the elderly were highly regarded in the culture of traditional China.

However, as China has become more urbanized and less traditional, older people without children have been given special assistance by trade unions and have also been granted limited welfare benefits (Foner, N., 1984). Simultaneously, there can be seen the unequal treatment or discrimination of older people particularly the older women in some societies. Yet with changes of cultural and social circumstances in human society over time, the social values on older people were gradually changing within societies. In the investigation of the treatment of the elderly in a wide variety of foraging societies, the practices directed against the elderly, such as abandonment, exposure, and killing, occur only under severe environmental circumstances. In most foraging societies, the young have moral obligation to take care of the elderly (Glascok and Feinman, 1981, as cited in Scupin, 2000).

These literatures showed not only the valuable and honorable attributes of the older people to their society but also the devaluation of elderly veneration. It can be interpreted that the highest physical and psychosocial well-being of elderly is mainly relied upon the sociocultural factors and the values placed on the elderly by their younger.

2.3 Elderly populations in the world

Rapid declines in fertility rates and mortality rates, medical advances along with substantial improvements in health care systems have resulted in longer life expectancy and in the growth of elderly populations in both the developing and the developed world. In Asia, life expectancy for male is 68.3 years and 72.9 years for female (Shrestha, L B 2000). According to the United Nations (1996), the population aged 60 years and older is estimated at nearly 1 person in 10 worldwide, with a gender ratio of 302 million women to 247 million men. At the same time, birth control has reduced the size of the younger population. These achievements in the 20th century have changed the world's demographic proportions. More than 248 million of the roughly 418 million persons age sixty-five and older in the world (59 percent) now live in the developing countries. In the coming decades the distribution of the world's elderly will continue to shift considerably, with a growing proportion residing in the developing countries (67 percent by 2020) (Shrestha, L B 2000). These demographic changes also pose as one of the key challenges in social policies and human services in the 21st century.

With the definition of an elderly person as aged 60 years and over, the medium-variant population projections of the United Nations show that the number of elderly people will increase from 672 million in 2005 (or 10 percent of the world population) to around 2 billion people in 2050 (or 22 percent of the world population) (United Nations, 2007). Particularly for the developing countries that will grow old before becoming rich, population aging in the coming decades poses various challenges to governments' public policies for protecting the elderly. Under such changes as well as profound social and economic changes stemming from modernization and urbanization, the weakening of family bonds also suggests an urgent task for the old age security in developing countries, because most of them have underdeveloped social security systems with extremely limited coverage (Schwarz, 2003).

2.4 Elderly in Myanmar cultural context

As one of the fastest growing economies in the world, the Republic of the Union of Myanmar is also experiencing the changes just described. In 1988, life expectancy of urban males in Myanmar was 59 years, 62.1 years in 2003 and in 2008, their life expectancy increased to 65.1 years. For urban females, life expectancy in 1988 was 63.2 years, 66.2 years in 2003 and it has increased to 70.5 years in 2008 (World Health Organization, 2012; Myanmar News Agency, 2012). In the Republic of the Union of Myanmar elderly population above the age of 60 years was about 6.4% of total population in 1990-1991 and it has risen to 8.05% of the population by the year 2002-2003 (Ministry of Health, 2006a). Generally, Myanmar customs, culture and social norms are favorable to cope with care of the elderly as old people are usually kept as special privileged persons of the household. Even then, with the social and economic burden upon the growing population, elderly people might be neglected by their families where men and wives have to struggle for their survival and thus shifting towards less favorable scenario in which elderly people would perceived as extra burden to the family. Such negative attitude is visualized to have emerged in many developing countries including Myanmar.

For these reasons, Health Care of the Elderly Project was included in the Community Health Care Program of the National Health Plan (1993-1996) with the aim

of promoting the health of the elderly through Primary Health Care approach to reduce socio-economic burden of elderly upon family, community and country. For the successful implementation of the Community Health Care Program and fulfillment of the objectives of the Elderly Health Care Project, the following strategies were established.

1. Provision of training to basic health staff on prevention and management of common disease and timely referral of elderly.
2. Provision of training to basic health staff on physical exercises.
3. Provision of training to basic health personnel for counseling the elderly people and their family members to let people understand the basic health and socio-economic problems of elderly people.
4. Provision of training to members of the families and community to look after the elderly and encouraging and promoting the practice of caring of elderly by the family members and community within their own houses.
5. Supporting the elderly people who are ill, lack of accessibility to health care facilities and having financial and social problems by various related government agencies, non- governmental or organization and the community.
6. Identifying the elderly health problems concerning pathological and social components furthermore by conducting researches on elderly.

With the objective of promoting the health of elderly, the elderly project was initiated in Myanmar in 1992-93. From that time on, it was expended yearly and up till now there are 70 project townships (Ministry of Health, 2007). In 2007-2009, volunteer-based home care for older people, the model replicated by Help Age Korea, will be implemented by MCWA, MAAF, and World Vision (Myanmar) National YWCA in 28 townships. Social Welfare Department is focal point and health department (Elderly Health Care Project) is for technical assistance to this activity. Now, there are many elderly researches that focus on various dimensions to the life of the elderly in Myanmar (Ministry of Health, 2006_b).

The linkage between the social relations of older adults and their well-being has been studied extensively in the Myanmar literature. In Myanmar, among the network of social ties, the household provides a crucial context where household members enjoy varied levels of social integration as well as emotional and instrumental support, promoting good health outcomes. At the same time, relations between household

members can create tensions and may involve unpleasant interactions, and therefore can be damaging to individuals' well-being.

There are numerous articles in Myanmar Literature on the life, feelings and family aspects of the elderly people from different approaches. In "The sixty-year-old (Chau hse ajiwe) by Chit Khaing (2008), a compilation of writings by various elderly authors, the life and experiences of authors over 60 years of age, their feelings and attitudes towards the life of the aged are portrayed. In that book, the article, "old age and strength" (Zaja hnin a: man) by author Leh Dwin Thar Saw Chit describes his attitude toward aging as having advantages. He describes that there is no need to be discouraged for getting old. Hand in hand with age comes a great number of experiences, broadened scope of knowledge, analytical thinking, greater wisdom, and strong reasoning power, forbearance of worldly turbulences, maturity, and wise decision-making. This is the time when a person has gathered all these virtues in him. As a person gets older, his physical strength may have decreased but his mental strength has grown to where he could cope better in advising and leading his family as well as others in his society.

And in Maung Thein Lwin's article, "End of one's life and karma" (mi: za goun hsi khan pji la:) the author describes the revival of his drive and zeal after his retirement from service. He expressed this drive as arising from the opportunities to disseminate his knowledge at will, and this drive and will helped him to stay healthy. He also mentioned that reunion with old friends refreshed the mind and health that began to deteriorate at his retirement. He felt pleased at this chance to feel useful. Further on, he describes the attitudes of the children of the elderly towards their parents. Parents who had not saved up for their old age would face their children's reluctance to take care of them. They regard parents as burdensome.

Saya Chit San Win, in his article stated that the pensioners above sixty years of age are like lamps that give out light to today's society. Passing the sixty year margin is not having spent the best part of life but entering the best part of life with wisdom. Being so, they should continue serving others using their vast experiences and ideas.

In "Our Ancestors", (Dou bou: bwa:) (2009), a publication by various authors, Myanmar customs and traditions concerning the aged and the feelings and attitudes of the aged are presented. In this book "Dou bou: bwa:" author Thukha in his article mentioned that having old people in the house makes it dignified. The religious chanting of old people in their worship gives dignity to the house. Therefore, young people are urged to

take care of the aged with respect and kindness, with supportive evidence from Myanmar customs and traditions.

Author Khin Maung Toe (Moe Meik) discussed that in earlier days, young people took satisfaction in attending to the old people, believing that they get merit in the next life by doing this. Contrary to that, young people of today regard aging people as ‘cast outs’ (Pe thi). Fewer young people have respect for the aged. They would make remarks such as, “It is too troublesome to stay with old people” or “They are getting too old. Just leave them aside”.

Author Thwe Thwe Sitt recommended that elders try to understand the pace of life in the modern days. Due to advancements in science and technology, the lifestyle of the people is changing very fast. To keep up with the changing standard of living, everyone young or old has to be striving to earn more money. Time has become a scarcity. Children have their tuitions. There are no more family meals and family members have become less attached to each other, so much that sometimes one member would not know what another member is doing. There is no time to get close to the aging grandparents, or parents. However, there is no way to convert the modern lifestyle to that of the olden days. Therefore, the author suggests that old people should guard their feelings and try to understand. She urges old people to apply religious practices and thoughts to get peace of mind. Moreover, it will make people around them comfortable as well.

In Dr. Dagon Khin Thazin’s book (2011), “Will I have a fortunate old age?” (ou kan kaun: hma la:), she defines a fortunate old age as:

1. Living and eating well
2. Living in peace and happiness
3. Having good health, and
4. Having a loving caring family

She regards that having a comfortable life from birth to death is a good life. Having peace of mind and health is also marked as features of a good fortunate old age. In this book, Dr. Khin Aye Win who wrote the preface for this book pointed out the significance of the psycho-social support, particularly at the time when one is getting old and losing energy. The support may be given mostly by family, relatives, friends, and the society. Those who have good interaction with the family can be regarded as having a fortunate old age. The support and care of the family is highlighted here.

In Dr. Dagon Khin Thazin's book, advice is given on how to live and behave to have a fortunate life, with ample supportive examples. She states that one needs to prepare ahead for a good life from a young age. The good and bad future all depends on one's own self. The best way for an aging person is to have a flexible mind. She focuses on relationship within the family in her book. She suggested that co-residence with children is beneficial while others find it detrimental to elderly well-being; some find living alone disadvantages individuals on a range of health measures whereas others indicate that it does not pose any risk to an elders' mental or physical well-being. In Myanmar families where a strong emphasis is placed on parent-adult child relationships and co-residence with adult children is normative, living alone can be highly undesirable for the elderly. Recommendations are given for the elders such as the 'Dos and Don'ts' but guidelines are few for the younger people on complying. It is important that the younger people be made to have awareness of the gratitude they owe to parents and thus try to understand them. Only then will the aging parents will have the sense of well-being.

2.5 Elderly in research studies

2.5.1 International research studies

Internationally, there are some literatures concerning well-being of elderly and their influencing factors.

A study on "Gender differences in economic support, well-being and satisfaction of the rural elderly in Naogaon district, Bangladesh" was conducted by Rahman, Tareque and Rahman in 2008 with a sample of 743 elderly. The objective of the study is to examine the multiple economic indicators of elderly and their economic satisfaction. Data were collected by using lahiri's method of probability proportional sampling with face to face interview method. The data were analyzed by using spss 10.5 programs. The findings showed that male elderly who were widower were less likely to be satisfied with their income than the reference category. Female elderly who were widow were 0.57 times significantly and less likely to be satisfied with their income than the reference category. Regarding family type, male elderly living in a nuclear family were less likely to be satisfied with their income than those living in joint families but in the case of female elderly who lived in nuclear family were 0.36 times less likely to be satisfied with

their income than the reference category. The findings showed statistically significant results that mean those whose family's monthly income were higher, were more satisfied. This study highlighted the effect of economic status upon well-being of elderly. The effects of sociocultural factors upon well-being of elderly, however, are still needed to investigate.

To investigate the conditions of social relationships between aged and other family members, "the study of social relations between aged and other family members" was conducted by Zorofi and Tabrizi (2008) in Iran by applying Parson's social actions theory. In this study (350) respondents were selected by simple random sampling and participant observation was used as data collection method. For analyzing the findings, Bill's main scale categories were used. The findings showed that the old people showed affection in 84 % while children show only 35% of affection. In more than 65%, children behaved toward the aged according to (performance) while the old people behaved toward in 78% according to being (quality). The children often act toward the aged in 61% according to the (ascription) while the aged act toward them in 75% according to the (specific and achievement). The rest of family members in 88% act toward the aged on the basis of (self-orientations) but the aged act toward them in 53% on the basis of (collectively-orientation). This study illustrate that the behaviours of children toward the aged is according to not accepting them to be involved in their activities particularistic standard while the age act toward children according to the rule of universality and the status of aged has been decreased and they aren't paid any attention by other people. This study was conducted at Iran which has different sociocultural system of Myanmar. Thus, well-being of elderly should be explored based on our sociocultural system.

A study of "the support system of the Japanese elderly" was conducted by Koyano, Hashimoto, Fukawa, Shibata and Gunji (2005). It was a descriptive study and observed from a national representative sample of community residents. This study found that physical and emotional support for Japanese elderly were received mainly from their family members living together followed by children living apart, neighbours and friends. In this study, authors pointed out the family are the major support system for elderly population. This study showed only support system of elderly. It is thus other sociocultural factors concerning well-being of elderly are needed to explore.

"Gender and Well-Being among the Elderly: Evidence from Thailand" was conducted by Sobieszczyk, Knodel and Chayovan (2002). It was an analytical study to

examine the association between gender and various demographic, economic, psychosocial and health variables. It was found that Thai women do face certain disadvantages in comparison to their male counterparts, including lower education and literacy, far greater chances of experiencing widowhood and living alone, and lower likelihood of receiving formal retirement benefits. Elderly Thai men, however, face other disadvantages compared to women, including worse survivorship, a lower likelihood of receiving money from adult children, and a greater probability of debt and other financial problems. Well-being of elderly is not only affected by gender differences but also on their sociocultural factors. It is thus sociocultural determinants of well-being of elderly is still needed to study.

Velkoff (2000) in his study on "Living arrangements and well-being of the older population: Future Research Directions" enumerated the factors which associated with well-being of elderly. Firstly, the author said that family structure and support system have an impact on the well-being of the older population now and future. Secondly, he stated that family resources such as physical, emotional and economic care from family are also influenced upon well-being of elderly. Finally, the author pointed out the condition of living arrangement is also major influencing factor on well-being of elderly. This literature is based on the different cultural aspects of different societies so that sociocultural determinant of well-being of elderly in our East nation culture is needed to study.

In "Ageing in India", Prakash, (1999) has analyzed that mental health of the older persons is influenced not just by aging changes in the body and brain, but by socioeconomic and psychological factors. Problems related to health and economic conditions lead to suicides in older people. In India, certain sociocultural and religious beliefs act as deterrents to suicidal behaviour. Nearly 60-75% of all elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement. There is strong cultural pressure to look after the parents in the family. With urbanization, families are becoming nuclear, smaller and are not always capable for by their families. Old aged homes are neither popular nor feasible. Living alone is usually due to widowhood, childlessness or migration of children. Urban males are in the most advantageous position compared to urban females, rural males and rural females. With modernization of the country, older values are being

replaced by 'individualism'. This report showed that socio, economic, religious and psychological factors influenced the overall well-being of the elderly.

Jitapunkul and Bunnag (1999) made an attempt to study "ageing in Thailand". In their study, they presented population dynamics and aging, socioeconomic implications of aging, health status of elderly, national long-term plan of action for the elderly in Thailand. They remarked that in the twenty-first century the aged dependency ratio will be inevitably higher than the child dependency ratio. Fifty-five percent of Thai elderly are women. A high proportion of Thai male elderly lived with their spouses. Sixty percent of Thai female elderly live without their spouses. Thus female elderly need support from their children more than male elderly. A decline in multi-couple households has been attributed to the recent decline in household size in highly urbanized areas. The proportion of nuclear family households is high. Use of family networks by nuclear households becomes an important informal care of Thai elderly. Thailand, a developing country, is in the epidemiological transition period. The diseases, which are increasing in frequency, are definitely diseases of the elderly. In this study, the authors remarked that although Thailand has national policies for older persons, it does not have a policy for people for old age. Thus, all critical aspects of life: health, education and financial security, are necessary factors to get the elderly well-being.

Holt and Winston (1995) in his book "the study of human relationships" opines that a social network is the web of relationships that is formed by the sum total of an individual's interactions with other people. For the elderly, strong social networks are extremely important. Most elderly people wish to remain independent as long as possible. One way in which independence can be maintained is through establishing reciprocal networks with their families. In this exchange process, the elderly receive affection, comfort, help, and support from their families. In return, the elderly provide help to their children in the form of gifts and money, baby-sitting services, affection and advice. Furthermore, grandparents, particularly grandmothers, often become the centre of the family activities, serving to hold the family together. Therefore, the situation of the elderly social network will affect in the elderly social activities of daily life and emotional well-being.

A study on "Social support system and well-being of elderly women - Indian context" was conducted by Thekkedath, S. H and Joseph, M.V (2009). An overview situation of elderly women in India was presented in this study. It emphasized significant

role of social networking in promoting well-being of elderly women. Study also pointed out that both men and women are vulnerable to age related tribulations; however, severity of problems was more among elderly women. In this study, it was also described that in India, even though the policy has been formulated to ensure the well-being of elderly, how far it is successful in addressing the needs of elderly women remains unanswered. So that authors discussed the proactive measures that need to be taken to empower the elderly women at various individual, community and government levels.

Raymo, J M, Kikuzawa, S, Liang, J and Kobayashi, E (2008) conducted a study “Family Structure and Well-Being at Older Ages In Japan” aiming to describe the relationships between family structure and the physical and emotional well-being of Japanese men and women aged 60 and above. In this study it was found that marriage was positively associated with self-rated health and emotional well-being among older men but it was not for women. After that it was also found that the presence of children contributed to well-being. As a result, authors pointed out that decline in marriage and decline in fertility in Japan may have negative implications for the well-being of older Japanese.

“Determinants of Elderly Poverty in Vietnam” was studied by Giang and Pfau, in 2008 aiming of to examine the current status and determinants of poverty incidence of the elderly by using household data in 2004. In this study, it was found that urban and rural elderly were substantially different. The results for urban areas generally showed that higher ages, unmarried status, residential regions, and working status have significant impacts on the likelihood of poverty for the elderly. In rural areas, higher ages, female, unmarried status, ethnic minorities, residential regions, household composition, and household size were determinant factors of the likelihood of poverty for the elderly. It was also found some factors which are less important for both areas, including characteristics of household heads. Remittances and social security benefits appear to be important for reducing poverty of the elderly households, particularly in the rural areas. Thus, the authors pointed out policy priorities, including reducing regional disparities, promoting the rural economy, and reforming the social security system should be performed in order to reduce elderly poverty.

Chen, Murayama and Kamibeppu (n.d) studied on “Factors related to well-being among the elderly in urban China focusing on multiple roles”. It was a cross-sectional survey with 356 adults aged 60 and older who retired from one university and lived in

urban China. The data were collected with a self-administered questionnaire and returned it by mail. This study aimed to explore predictive factors contributing to well-being, focusing on multiple roles, among elderly Chinese subjects. Well-being, the dependent variable, was measured by the Satisfaction with Life Scale. Independent variables included demographics, physical health, financial status, self-efficacy, and the number and frequency of multiple roles. Gender-segregated multiple linear regression analyses were performed. For males, factors related to better well-being were older age, absence of chronic diseases, better financial status, higher self-efficacy, absence of conflict with others, and having grandchildren. For females, factors relating to better well-being were absence of severe illness of a significant other, absence of conflict with others, more roles, more contact with neighbors, and engaging in more group and personal recreational activities. In conclusion, the results highlighted predictive factors contributing to well-being among elderly Chinese subjects, and indicate the presence of gender differences. In terms of multiple roles, having more roles, having more contact with neighbors, and engaging in more group activities were significantly related to better well-being for women, but not for men; having grandchildren was significantly related to better well-being for men, but not for women. Thus, it is necessary to consider gender when providing livelihood support to elderly subjects.

A study on “Childlessness, Psychological Well-being, and Life Satisfaction among the Elderly in China” was conducted by Zhang, W and Liu, G (2006). This paper examined the effects of childlessness on the well-being of persons aged 65 and above in China. It is based on an application of ordered-logit regression in the analysis of the data from the 2002 wave of the Chinese Longitudinal Healthy Longevity Survey (CLHLS). It was conducted in 22 provinces of China including 13,447 subjects. It compared parents with the childless elderly, focusing on three dimensions of psychological well-being, namely feelings of anxiety, loneliness, and uselessness, and on life satisfaction. The findings include the following. First, with control of social demographic variables of age, gender and education, childlessness is significantly associated with life satisfaction, feeling of anxiety and loneliness, but not feeling of uselessness. The childless elderly are less satisfied with their lives and feel more anxious and lonely than do parents, but they do not necessarily feel significantly more useless. Second, when controlled with social-demographic variables and additional socioeconomic variables of residence, living arrangement, availability of pension and medical services, childlessness is no longer

significantly related to anxiety and loneliness, and it is related at only a marginally-significant level to life satisfaction. Third, individual education, place of residence, living arrangements, economic security and access to medical services are consistently related to life satisfaction and psychological well-being among the elderly. The authors highlighted that providing social investments in education in early life and economic security and medical insurance in later life are crucial for improving individual psychological well-being and life satisfaction for the all elderly including childlessness.

Furthermore, "Divorce, Current Marital Status and Well-being in an Elderly Population" was studied by Solomou, Richards, Huppert, Brayne, and Morgan, (1998). The aim of this study was to describe the prevalence of divorce and remarriage in the sample and investigate housing, social integration, health and well-being in relation to earlier divorce and current marital status. In this study, British samples of 2,041 individuals aged sixty-five and over were included. The findings were that just over 9 per cent of the respondents had been divorced, of whom almost two-thirds had remarried. It was found a clear association between experience of an earlier divorce and reduced likelihood of home-ownership for both men and women. There was no association between the experience of divorce and long term effects on health but there was association between divorce and lower levels of social engagement and life satisfaction, however, it was not for elderly who were currently remarried. After that, it was found that there was no significant association between an earlier divorce and perceived social support.

"Ageing Population and Gender Issues" was investigated by Cheung, F (2000) aiming to do gender analyses of the growing ageing population and support system. This study found that women constitute the majority of the oldest old age group; they were more likely to lack financial support; they are more likely to be living with family members without their spouses, and cared for by female family members. A life-cycle approach is adopted to examine the impact of the growth of the ageing population on women's well being. The challenges for setting gender-sensitive policies for women and the elderly are discussed in the context of Hong Kong and the Asia Pacific region. "Gender-neutrality" may lead to bias in the policy outcome. Sex-disaggregated data and gender analyses are necessary tools for research and policies on ageing.

Saidatulakmal, MOHD (2010) made a study on "Establishing the Well-being of the Rural-Urban Elderly Population: a Case Study of Indonesia" to examine the influence

of various demographic factors (age, marital status, social class and perceived health) and economic conditions as well as living and familial arrangements on the well-being of the elderly. Data was collected from 302 elderly people covering the rural and urban areas of Jakarta, Yogyakarta and Bali using a survey-interview method. The participants were: 157 elderly with a mean age of 70 in the urban areas; and 145 elderly with a mean age of 74 in the rural areas. A causal model of well-being was employed to analyze the data obtained. The model of well-being was then tested using path analysis to test the causal relationships among the variables. In general, the well-being of the elderly in the urban and rural areas did not show much difference. The causal model of well-being of elderly in the rural areas indicated direct relationships between well-being and age, living arrangement and social status. The causal model of well-being of elderly in the urban areas were more complex, showing direct relationships between well-being and age, familial arrangement, social status and perceived health.

“Dynamics of Family Support for the Elderly in Rural India: The Influence of Co-Residence with Children” was undertaken by Mazumdar, P G & Mazumdar, S (2004). The major objective of the paper focuses on understanding the differentials in attaining family support for elderly in rural India, based on their co-residence living status with children. The data for this paper has been sourced from the 60th Round of the National Sample Survey in India during 2004. Information was collected from 34831 individuals of older ages, 22265 from rural areas and 12566 from urban areas, out of a total individual sample of 383338. In this study, it was found that in rural India, a majority, 47% of the elderly stay with spouse and others. The other (33%) elderly stay with children, mostly counting the children or without spouse. The rest, (11%) stay with only their spouse. Thus, living arrangement of the aged suggest significant co-residence with children, apart from spouse. Further, co-residence with children was also found to increase along with the age of elderly, among females, for the lesser educated, and to a certain extent among the poorer incidence of illness was comparatively lower (33%) among the aged who live with children than other groups. Among them 71% of elderly also reported that they were ‘currently’ in good/fair state of health. The present paper sheds considerable light on the pathways of influence of living arrangement patterns of the elderly on the degree of familial support, which can be viewed as a facilitating factor improving the general well-being of the elderly. The findings, which involve examining the effect of co-residence with children on a composite index of familial support indicates

that such form of living arrangements, empower the elderly with increased familial support, which, in turn is more likely to lead to improved well-being. The paper highlights the important role of traditional modes of intra-family support systems for the aged in developing country settings that seems to withstand the ongoing process of erosion of joint family norms and the encompassing ‘cultural flux’ witnessed by many contemporary developing societies.

A Study on “Religion and Subjective Well-Being among the Elderly in China” was made by Brown, P H., & Tierney, B (2008). Evidence from developed and developing countries alike demonstrates a strongly positive relationship between religiosity and happiness, particularly for women and particularly among the elderly. The data for this study come from the Chinese Longitudinal Healthy Longevity Survey. This longitudinal survey covers nearly half of the counties and cities in 22 Chinese provinces, collecting detailed data on 11,199 elderly people. Using survey data from the oldest old in China, it was found a strong negative relationship between religious participation and subjective well-being in a rich multivariate logistic framework that controls for demographics, health and disabilities, living arrangements, wealth and income, lifestyle and social networks, and location. In contrast to other studies, it was also found that religion has a larger effect on subjective well-being on men than women.

2.5.2 National research studies

“The relationship between the society’s perceptions towards old age and control and self-esteem of Myanmar elderly” was conducted by Maung Maung Naing, (2007) including samples of 198 elderly and 304 societies. It was a descriptive, cross-sectional, analytical study and the objectives were to find out the relationship between society's perceptions towards old aged and control and self- esteem of elderly. In his study, the author observed that Myanmar society’s attitudes towards their older adults were highly positive. Myanmar elderly had high self-esteem and can control their environment. Though this study is very appropriate for the future elderly studies, there is a need to find out the causes which lead these positive attitudes/ results to better understanding for the overall well-being of the elderly.

Aye Thet Thet Khaing, (2006) undertook a study “the caring practices regarding elderly people among a group of Bamar in rural area”. It was qualitative ethnographic

study. The purpose of this ethnographic study was to discover health care practices for elderly people among a group of Bamar in rural area of Payagone village, Yelegalay group, Maubin Township, Ayeyarwaddy Division. The sample consisted of three elder people, three care givers, one village leader, one monk, one Health Assistance as general informants and one Community Health Worker as key informant. The data was collected by using conducting ethnographic interview with informants, doing participant observation, writing field notes, taking photographs and making maps. Ethnographic domain analysis was used to analyze the data, yield cultural domain regarding health care practices for elderly people in rural area. It was revealed that three major domains; care for family, community and health. In time of illness, traditional medicine and modern medicine as well as spiritual method were used to regain healthy life of elderly people. Traditional medicine was frequently used before, during and after seeking treatment in comparing with modern medicine. In addition, remedies were used for primary and secondary prevention for illness particularly hypertension, stroke and diabetes, etc.. This study highlighted the Burma health care culture that the despite advancement of modern medicine, remedies and traditional medicine were still relied for health of elderly people as Bamar culture. Material and methods used for this study is appropriate with the aim of the study. However this study only highlights health care aspect of rural culture and of sociocultural determinants of well being of elderly are needed for study.

Another cross-sectional, comparative study was undertaken by Wada, Okumiya, Suzuki, Cruz, Ishine, Sakagami, Kita and Matsubayashi (2005) to compare the findings of comprehensive geriatric assessments of community-dwelling elderly in Maubin Township, Myanmar with those in Japan by using a common comprehensive geriatric assessment tool including activities of daily living (ADL), medical and social history, quality of life (QOL) and geriatric depression scale. This study found that in Myanmar subjects had lower ADL and QOL scores than Japanese elderly where as prevalence of hypertension and strokes were higher in Myanmar. However there was no significance difference in prevalence of depression. Although QOL of elderly is included as a part, this study mostly emphasized upon medical aspects of elderly. Sociocultural aspects of well-being of elderly is necessitated for explore.

The qualitative study on “perception towards self-care among older women in rural area” was conducted by Saw Saw, Kyu Kyu Than, Mon Mon, Sabai Nyi, San Shwe and Thein Shwe (1999) at Taik - Kyi Township including 19 older women with

different background by using in-depth interview method. The objective was to find out the knowledge, attitude and practice related to self care among older women in rural area. It was found that most of the participants defined good health as being physical well-being though the basic concept was related to physical activity. All older women mentioned self care as prevention of accidents and fall. Regular medical check-up was not a usual practice among older women. Almost the entire participant in this study played active roles not only on their families but also in the community. This study only mentioned upon knowledge, attitude and practice of self care of elderly women and thus well-being of elderly is still needed to study.

Furthermore, Kathy Lone (1997) explored the another qualitative study, “the experiences of the Myanmar elderly people who had recently moved to the Home for the Aged”, in Yangon by using phenomenological approach. Unstructured interview method was used to collect the data from five participants. It was found that the Myanmar elderly people have a variety of experiences and feelings such as lack of choice about where they will live, fear of moving into a new situation, loss, grieving, dependence, loneliness, stress, increased interest in religion, meaningful life, depression, being a burden for others, wanting to die at home, and the hope of life in next existence. This finding indicates that there is a need to look more deeply into the elderly people in any setting in order to help them. However, the view points from quality of well-being of elderly are still needed to be explored to the full extent.

A cross-sectional community based study was undertaken by Than Lwin, (1997) to find out the health of elderly in urban area of Kyauktan Township including 852 elderly respondents who were 60 years and above. By using structured interview questions, physical examination and record review. This study showed that the common health problem of elderly in study area were hypertension, cardiovascular diseases, injuries and arthritis. In addition, 1/13 of the respondents utilized the elderly health care clinic (EHC) and 2/3 of the respondents unaware the EHC. This study was health system research and sociocultural determinants of well-being of elderly are still needed for study.

An epidemiological survey of “health status of the elderly population in Yangon” was made by Myint Myint Soe, Le Le Win, San Shwe, Thein Hlaing, Win Win Khine. Myint Tun, Nyomi Khine, Than Hlaing and Tin Maung Maung (1990) with 405 elderly sample. An in-depth interview method was used as data collection method. This study showed that 57% of elderly perceived that they were quite healthy, and 48% felt that their

health was better than other people of the same ages. Twenty nine percents of elderly were admitted because of some accident and 20% had conditions which necessitated care or treatment. Although this study highlighted perceived health status of elderly themselves, effect of sociocultural factors upon their perceived health status were neglected. It is thus sociocultural determinant of well-being of elderly was needed to identify.

In Myanmar, the studies regarding elderly people were conducted on different points of views, but sociocultural determinants of well-being of elderly are limited in study. Therefore, reviewing several literatures mentioned above lead the researcher to try to do a research on the sociocultural determinants of the well-being of the elderly that the conceptual framework and theoretical perspectives pointed out.

CHAPTER (3)

RESEARCH METHODOLOGY

“Methodology is not concerned with building substantive knowledge, but rather deals with the procedures by which knowledge is built conceptual, logic and research procedures. Research is expert, systematic, and accurate investigation. An expert researcher gathers data through systematic planning and correct execution of his plans. As such methodology is one of the main procedures to be adopted by the researcher” (Gupta, C. D., 1999).

The purpose of this section is to make known what the researcher did to solve the research problem or to answer the research questions. In this section, major methodological decisions were described and offer rationales for those decisions. Moreover, a description of study design, study area, study period, the population under study, specifying the criteria by which the researcher decided whether a person would be eligible for the study, the actual research sample, and how the samples were selected or recruited will be presented. Sample size was also delineated with calculation based on the formula for sample size determination. Furthermore, the descriptions about the strategies to measure research variables were reported with data collection techniques and data collection procedures. Then, how to analyze the data, and the study period were also described. Finally, ethical consideration for the participants and limitations of the study were stated.

3.1 Methodological justification

The choice of the methodology is based on an attempt to meet the objectives set out for the study. The main purpose of the present study is to find out the sociocultural determinants of well-being of the elderly. To achieve this objective, mixed method combining qualitative and quantitative research was carried out in this study. The reason for linking qualitative and quantitative data is to enable confirmation or corroboration of each other via triangulation (Rossman and Wilson, (1984, 1991), as cited in Miles and Huberman, 1994).

The quantitative approach views the respondent objectively, as natural objects, and attempts to identify and measure important variables which represent the causes and

expressions of a clinical condition (Polgar & Thomas, 1995). Quantitative research is weak in understanding the context or setting in which people talk and the voice of participants are not directly heard in quantitative research (Creswell and Clark, 2007). By contrast, qualitative approach views participant subjectively and attempts to explore feeling, experiences and the voice of participants (Polgar & Thomas, 1995). However bias may occur because of the personal interpretation of the researcher and the difficulty in generalizing findings to a large group because of limited number of participants studied (Creswell and Clark, 2007). To overcome these weaknesses, mixed methods research was used in this study.

In this study, the well-being of the elderly was explored by interviewing, observing and recording their feelings and experiences, voices and behaviors by qualitative method. After interpreting qualitative data, these were validated by identifying possible sociocultural factors for the well-being of the elderly by quantitative method. After that, the association between these variables and the well-being of the elderly was measured by using appropriate statistical methods. Moreover, the researcher tends to solve the research problem using both words and numbers. Therefore, in accordance with the objective and nature of the study, the research was consistent with mixed research methods including both qualitatively and quantitatively.

3.2 Study design

The present research was intended to determine the relationship between independent variables (sociocultural factors) and the dependent variable (the well-being of the elderly) in one period of data collection. According to Polit and Hungler (1999), cross-sectional studies are especially appropriate in identifying the phenomena or in determining the relationships among phenomena at a fixed point in time. For this reason, a cross-sectional design was the most appropriate one for this study.

Furthermore, the objectives of the study are to explore the feelings and experiences of the well-being of the elderly people on their words. Only qualitative approach can explore the real experiences of participants (Polgar and Thomas, 1995). It is thus, qualitative approach was also appropriate for the objectives of the study.

The design used in this study, therefore, was identified as a community-based, cross-sectional descriptive study with analytical component using quantitative and qualitative methods.

3.3 Study area

The subject matter selected for the research work is “Sociocultural determinants of the well-being of the elderly people in Sanchaung Township, Yangon City”. Though there are many towns and cities in all parts of Myanmar, Yangon City was chosen among cities in Myanmar as a research topic since it reflects the typical urban life of the people in Myanmar.

The elderly people live throughout Yangon City. Yet it is not possible to investigate about all the elderly in Yangon. Only the elderly of Sanchaung Township have been selected. Sanchaung is close to downtown Yangon City and also serves as an urban community. Like in other urban communities of Yangon City, all the facilities are accessible for community dwelling within Sanchaung Township. Therefore, generalization from the findings of this study can be enhanced to similar urban communities. Moreover, the distance and transportation to this community is convenient for research work and also appropriate for field management. Because of the feasibility for data collection, high quality data was obtained and then thorough and appropriate data management was performed for analysis of data.

There are (15779) households with (75224) population residing in (18) wards of Sanchaung Township. Out of which are about (4967), over 60 years old people and thus adequate number of the elderly are residing in the study area (Sanchaung Township Administrative Center, 2010). Thus, it was selected as a study area. See Appendix I for the Map of Yangon City and Appendix II for Ward Level Map of Sanchaung Township.

3.4 Study population

Before conducting this research, the population to be studied was identified. The elderly over 60 years were specified as attributes for study interest. The reason for choosing this age is according to World Health Organization’s definition (Department of Population, Myanmar and United Nations Population Fund, 2005).

Total population of Sanchaung Township which is made up of 18 wards, is 75,224 and that of the selected areas, Wailuwun (North), Wailuwun (South) and Monkeletsaungkon (South) are (4,454), (2,721) and (7,845) respectively. In Wailuwun(North) ward, there are (221) elderly people with (100) males and (121) females. A total of (301) elderly people with (159) male and (142) female elderly live in Wailuwun (South) ward. In Monkeletsaungkon (South), there live (146) male and (131) female out of (277) elderly (see table 1) (Sanchaung Township Administrative Center, 2010). Thus, those elderly over 60 years, living in Sanchaung Township became the designated accessible population of the study.

Table (1) Total population of Sanchaung Township and that of the study areas

Ward	Total population	60 years and above		
		Man	Woman	Total
Population for 18 wards	75,224	2,378	2,589	4,967
Wailuwun (North)	4,454	100	121	221
Wailuwun (South)	2,721	159	142	301
Monkeletsaungkon (South)	7,845	146	131	277

3.5 Criteria for selection

3.5.1. Inclusion criteria

- healthy elderly over 60 years
- Both male and female
- who are presently living in Sanchaung Township, Yangon
- who are willing to participate in this study

3.5.2. Exclusion criteria

- the elderly who is away from Township at the time of data collection
- the elderly who are having mental and severe physical illness
- the elderly with chronic alcoholism.

3.6 Sample size

It was a descriptive study and based on the one-sample situation. Therefore, the required sample size was calculated by the following formula.

$$\begin{aligned}n &= z^2 pq / d^2 \text{ (Lwanga \& Lemeshow, 1991, as cited in DMR 2007)} \\ &= (1.96)^2 (0.50) (0.50) / (0.06)^2 \\ &= 267\end{aligned}$$

Where, $z = 1.96$ at 95% Confidence Interval

p = population proportion

$q = 1-p$

d = how close to the proportion of interest the estimate is desired to be (within 0.06)

The minimum sample size was (267) at (95%) confidence level and (6%) precision. However, (300) respondents were selected to overcome the drop out. After excluding incomplete answers, a total of 296 respondents were included in this study.

For qualitative approach (In-depth Interview), 6 participants (2 per ward) who are willing to participate among 300 elderly were included in this study.

3.7 Sampling method

In the present study, multistage sampling method which is one type of probability sampling was used for community based sample of over 60 years old respondents. Among the townships of Yangon City, Sanchaung Township was purposively chosen. As a first stage, three out of eighteen wards from Township were selected from the list of Township by randomly. In the second stage, (5) streets from each ward (total fifteen streets) were selected by randomly to collect 60+ years old elderly subjects. In order to attain required sample size, (100) elderly were selected from each chosen ward and then, 20 respondents were selected from each chosen street (total 300 respondents) by using convenient sampling as a final stage. If a household has more than one eligible elderly,

only the oldest was chosen for interview. As in the same manner, selection of sample was carried out until the required sample size was obtained (see figure 2).

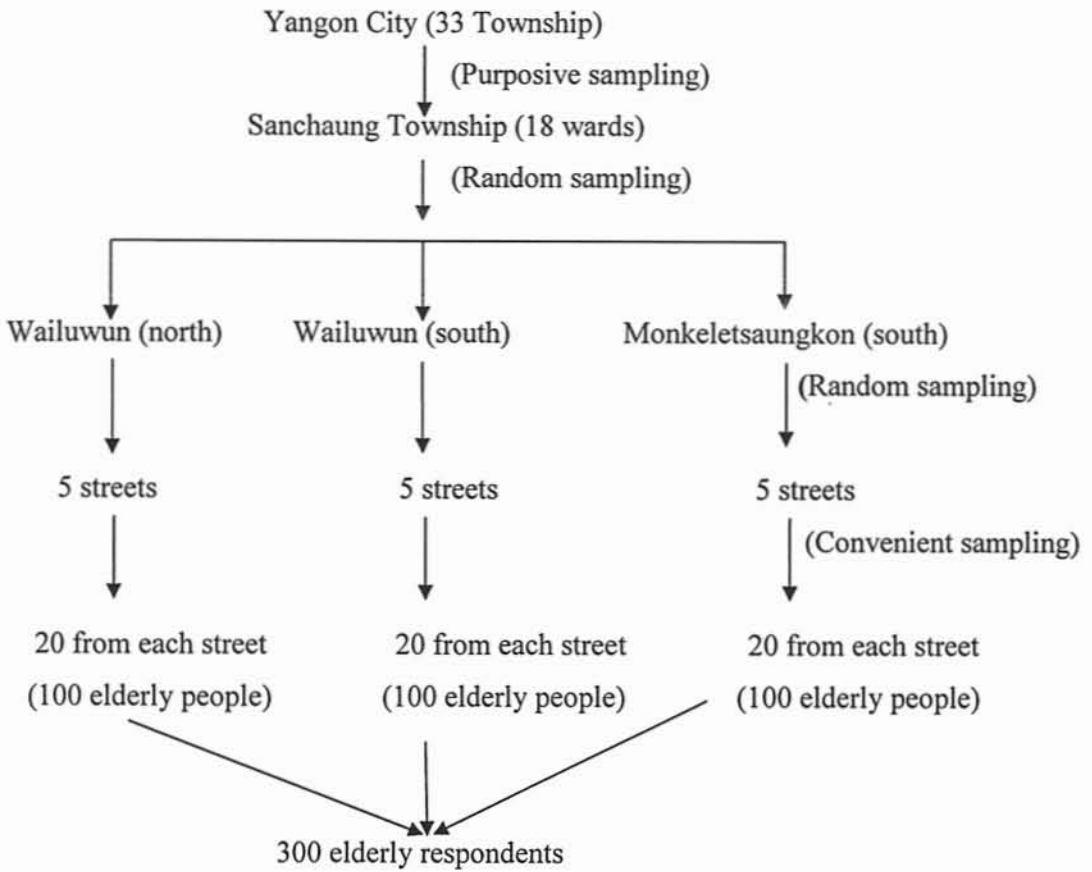


Figure (2) Sampling procedure

3.8 Data collection techniques

The main function of the investigator is to collect data in an accurate manner without committing errors. The primary data such as survey, experiments data were collected from the field work and the secondary data like vital statistics, hospital records from the available literature on various aspects.

3.8.1 For quantitative data

Data collection technique used in this study included face-to-face interview with structured interview questionnaire. In comparison with other data collection techniques, face-to-face interviewing is rather costly as it requires considerable planning, interviewer training, and tends to involve a lot of personnel time (Polit & Hungler, 1999). However, face-to-face interview technique was used to ensure the exactness of data and to facilitate the disclosure of personal information required. By using this, the quality of information and relatively high response rate for participation were obtained in the present study. Besides, the interviewers explained and clarified the research and the questions, as well as respondents had freedom to ask questions that they did not understand during the interview. Moreover, interviews were held at the convenient time and places of the respondents to ensure their comfort and privacy.

3.8.2 For qualitative data

The nature of qualitative research is to gain the realities of the phenomenon or the essence of the experience under the study. Fundamentally the qualitative research studies mainly focused on the emotion of human beings and therefore, verbal accounts are extremely important to those researches (Polit, and Hungler, 1999). In-depth interviewing technique and note taking were the most suitable techniques used as data collection techniques in this study.

3.9 Data collection procedure

Firstly, the list of the population, number of households, number of wards, and maps of streets were obtained from Township Administrative Centre. Secondly, the lists of elderly over 60 years residing in the selected street were obtained by household registration screening procedure. The subjects were individually contacted by researcher with the help of Township Administrative Centre. Before data collection, informed consent form (see Appendix IV) was also obtained.

3.10 Data collection tools

There were three types in the data collection tools. They are:

- (1) Proforma (see Appendix V) covering demographic and socio-economic characteristics of elderly respondents, and the perceptions of the elderly towards their younger attitudes upon them
- (2) Mini Mental State Examination Questionnaires (see Appendix VIII) for assessing cognitive function of the elderly respondents
- (3) The questionnaires for the assessment of well-being of the elderly (see Appendix VI) was developed by the researcher on the basis of Lehman Quality of Life Interview (Salatovic and Ramirez, 2003)

The questionnaires were designed to assess physical, emotional and social well-being of the elderly respondents. It is in the form of interview schedule containing 23 items (16 positive and 7 negative), each question having four possible answers, from Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD). The question was read to each respondent, and requested to indicate any one that was most fit with his/her feeling of SA, A, D and SD.

The content of the questionnaires were consulted with supervisor, co-supervisor for their inclusion in this study. After receiving the approval from them, pre-testing was done on twenty elderly residing in Kamaryut Township which is one of the urban areas of Yangon City, close to Sanchaung Township and has similar characteristics with Sanchaung Township. Then the questions were reviewed, revised and modified based on pre-test results as necessary. The questionnaire was designed as interview schedule; it was used in pre-testing on twenty elderly subjects by two experienced interviewers independently.

3.11 Variables and Measurement

A variable is a characteristic that can differ from one individual, group, or situation to another in a measurable way. Anything that can vary in amount or quality from case to case can be considered a variable. There are two types of variables: independent variables and dependent variables. An independent variable is a variable that

causes a change in another variable and a dependent variable is the variable that is changed by the independent variable (Holt and Winston, 1995). In this study, two types of variables; dependent and independent variable were included. Dependent variable is well-being of the elderly. The Independents variables and their measurement scales are presented in table 2.

The Independents variables measured in the study are as follows.

- Demographic characteristics of the respondents:

- Gender;
- Age groups;
- Ethnic groups;
- Marital status;

Socio-economic characteristics of the respondents:

- Educational levels;
- Housing patterns;
- Separate place;
- Types of family;
- Employment status;
- Own income;
- Family income;
- Types of support: family support
 - : relative support
 - : community support
- Perception of the elderly; and
- Cognitive function of the elderly

Table (2) Independent variable in terms of scales

No	Variable	Operational Definition	Scale of measurement
1	Gender distribution	Man and Woman	Nominal
2	Age groups of the respondents	Respondent's age categorized as: 60 - 69 70 - 79 80 and above	Nominal
3	Ethnic group	Respondent's ethnic groups categorized as : -Bamar -Others (Kayin, Mon,Rakhine and Chinese)	Nominal
4	Marital status	Respondent's Marital status categorized as : -Married -Widowed and divorced -Unmarried	Nominal
5	Educational levels of the respondents	Respondent's educational levels categorized as: -below primary (low) -Middle school and below(Middle) -High school and above (High)	Ordinal
6	Housing pattern	Housing pattern categorized as : -Apartment -Tiny individual houses -Separate houses	Nominal
7	Separate place	Separate place categorized as: -Yes -No	Nominal
8	Employment status	categorized as : -Own job -Pensioners -Dependents	Nominal
9	Types of family	Employment status categorized as: -Nuclear family -Extended family	Nominal
10	Own income	Own income categorized as: -Yes -No	Nominal
11	Family income	Family income categorized as: -Below 50000 -50000 -100000 -Above 100000	Nominal
12	Types of support of the respondents	Types of support of the respondents categorized as : -Family support - Relatives support - Community support	Nominal
13	Perception of the elderly	categorized as : -Positive -Negative	Nominal
14	Cognitive function of the elderly	categorized as : -Normal -Moderate -Severe	Ordinal

3.12 Data analysis

The analysis of data is a very important step. Even if the proper research design has been used and data have been collected, the accuracy of findings can be affected by how the data are analyzed.

3.12.1 For quantitative data

The collected data were coded, entered, and analyzed by using the Statistical Package for Social Sciences Software (SPSS version 13 software). Before analysis, data cleaning was done by checking frequencies and frequency distributions. And then, data summarization was done by measuring the central tendency, measures of dispersion and grouping of data. Descriptive statistics were computed for dependent and independent variables. Finally, the association between independent and dependent variables were found out by using appropriate statistical method, χ^2 test.

3.12.2 For qualitative data

Qualitative data were analyzed by using thematic analysis. After the data collection, the participants' expressions were extracted by listening and re-listening to the tapes and transcribed into written forms, and by reading and re-reading the transcripts. These activities were carried out frequently to get a sense of the whole, and to get units of meaning which are written as statements to express the implicit or explicit meanings.

All the concepts, themes and ideas in all transcripts were noted to form major categories and coded to each category in the margin. After that, these were redefined the coding scheme, and the categories. Every theme was read and the researcher determined what kind of data will fit into each category and can highlight these. Then, researcher assembles all the data coded according to each category: cut out transcripts and pasted these relating to each coding category in a separate sheet (Saw Saw, 2010; Polgar and Thomas, 1995). By sorting data in this manner, the data were understood fully and final themes were developed.

Thematic analysis of qualitative data resulted in five themes that were perceived by the old people as determining their well-being. They are:

- Income (their own or family)
- Types of the social support (family or relatives)
- Perception of the elderly concerning the attitudes of their younger generation towards them
- Religious practice
- Belief in Fate

Each of these can be dealt with the perceived reports of the elderly by themselves.

3.13 Study period

After obtaining permission to conduct this study, the study was conducted from 2009 up to 2013. The detailed time frame for this study was presented as Appendix IX for the Gantt Chart showing the implementation schedule of the study.

3.14 Ethical considerations

Ethical principles help to ensure that research is directed towards achieving worthwhile goals. As the objects of inquiry in interviewing are human beings, extreme care must be taken to avoid any harm to them. For protection of the participants' rights, an approval of PhD Steering Committee of Anthropology Department, University of Yangon was obtained.

To ensure ethical principle for respondents, the nature of the research, the objectives and its possible advantages were explained to those who participated in this research prior to data collection. They were explained that they would not be affected in any way, physically, mentally, culturally and religiously for participating in this study. They have the right to withdraw from the research at anytime unless they want to carry on and they signed in written consent. The detailed statement and informed consent form were attached as Appendix III and IV. For anonymity, the respondents' names were substituted by pseudo names. All the records were kept in a safe place for confidentiality. If the results of this research were published, permission would be taken from respondents and any facts that they want to omit were excluded.

3. 15 Limitations of the study

There are limitations inherent in this study. First, because the research was conducted in an urban area of Yangon City, the results cannot be generalized to the overall Myanmar elderly population. However, it is considered that focus on urban elderly is well justified because Sanchaung area is the most typical of urban life and thus it can be seen the elderly actual urban life.

Second, this study has limitations due to the fact that it is carried out in the city. Rooms in the city being rather small and compact, interviews with the old people are often interrupted by the family, sometimes just by watching and giving their own responses at times. There is also the difficulty of getting permission to get into the house even.

Because the quantitative interviews were made by a team of five data collectors, including the principal investigator of this study, there might be variations in asking questions and recording the responses as the participants might have a variety of attitudes toward the interviews. This was minimized by providing proper training and pre-testing the questionnaire of through participation of the interviewers.

CHAPTER (4) FINDINGS

4.1 Quantitative findings

4.1.1. Descriptive characteristics of the study population

4.1.1.1. Demographic characteristics

Out of a total of 300 respondents, eligible (296) elderly were included in data analysis. Demographic characteristics of the respondents were shown in table (3). Among the respondents, women were slightly higher than men (55.1% & 44.9 %) respectively.

Table (3) Demographic characteristics of the respondents (n = 296)

Demographic characteristics	No.	Percent
Gender distribution		
-Man	133	44.9
-Woman	163	55.1
Age groups		
-60-69	111	37.5
-70-79	118	39.9
-80 years and above	67	22.6
Ethnic groups		
- Bamar	263	88.9
- Others - Other nationals (Kayin, Mon, Rakhine)	25	8.4
- Chinese	8	2.7
Marital status		
- Married	121	40.9
- Widowed and divorced	157	53
- Unmarried	18	6.1

Among the respondents, the ages range from 60 to 92 years, with the mean age of 72.72 year and standard deviation of 7.75 year. They were divided into three age groups: 60 to 69 years, 70 to 79 years and 80 years and above. It shows that the majority of the respondents were either within 70 to 79 years group (39.9%) or between 60 to 69 years

group (37.5%) and the rest (22.6%) were 80 years and above. Concerning ethnic groups, the majority of the respondents (88.9%) were Bamar and the rest (11.1%) were others included Kayin, Mon, Rakhine and Chinese. Marital status was the next important variable in this study. The majority were either married (40.9%) or widowed and divorced (53%). Unmarried persons were the least (6.1%).

4.1.1.2 Socio-economic characteristics

4.1.1.2.1 Educational levels

Table 4 represents the educational levels of the respondents. The levels were classified into three groups; low, middle and high. The lower level included those who were illiterates and those who had no formal education. The middle level included those who did not finish primary education and those who had middle school level. In the high level, those who had high school level and those who were graduates or who had diplomas were included. It was found that the majority was either in middle level (40.9%) or in high school level (41.9%) and the rest (17.2%) were in low level.

Table (4) Educational levels of the respondents (n = 296)

Educational levels of the respondents		No.	Percent	Total %
Below primary (Low level)	illiterates	11	3.7	17.2
	No formal education	40	13.5	
Middle school and below (Middle level)	primary	58	19.6	40.9
	middle	63	21.3	
High school and above (High level)	high school	85	28.7	41.9
	graduate	39	13.2	
Total		296	100	100

4.1.1.2.2 Housing patterns and separate room or place

Table 5 shows housing pattern of elderly respondents. The majority (67.6%) lived in tiny individual houses cluttered together while as (29.7%) were in apartments. Only a few (2.7%) lived in separate houses. Regarding the residence of the respondents, more than half of the respondents (57.8%) had separate room or place for them and the rest (42.2%) did not.

Table (5) Housing patterns and separate room or place (n = 296)

Housing patterns	Separate room or place				Total	
	Yes		No		No.	Percent
	No.	Percent	No.	Percent		
Apartment	61	20.6	27	9.1	88	29.7
Tiny individual houses	106	35.8	94	31.8	200	67.6
Separate houses	4	1.35	4	1.35	8	2.7
Total	171	57.8	125	42.2	296	100

4.1.1.2.3 Types of the family

Apart from above variables, family type was the next important variable in this study. The highest frequency of respondents (69.6%) lived in as extended family type while (30.4%) were in nuclear family type (shown in table 6).

Table (6) Housing patterns and types of the family (n = 296)

Housing patterns	Types of the family				Total	
	Nuclear		Extended		No.	Percent
	No.	Percent	No.	Percent		
Apartment	35	11.8	53	17.9	88	29.7
Tiny individual houses	53	17.9	147	49.7	200	67.6
Separate houses	2	0.7	6	2	8	2.7
Total	90	30.4	206	69.6	296	100

4.1.1.2.4 Employment status

Regarding employment status, half of the respondents, (50%) were dependents, some (32.4%) were pensioners and a little, (17.6%) had own job (shown in table 7).

Table (7) Employment status of the respondents (n = 296)

Employment status	No.	Percent
own job	52	17.6
pensioners	96	32.4
dependents	148	50
Total	296	100

4.1.1.2.5 Income of the respondents

In addition to employment status, income was another important indicator of socio-economic characteristics. Income was categorized into own income and family income (see table 8).

Table 8 shows income status of the respondents. Regarding own income, half of the respondents (50%) had their own monthly income while the rest half (50%) did not. As a family income, a little more than half of the families were more than 100000 Kyats group (53.4%). Some were between 50000 and 100000 Kyats group (29.1%), and the rest were in less than 50000 Kyats group (17.6%).

Table (8) Income status of the respondents (n = 296)

Income of the respondents	No.	Percent
Own income		
- Yes	148	50
- No	148	50
Total	296	100
Family income		
- Below 50000 kyats	52	17.6
- 50000 and 100000 kyats	86	29.1
- Above 100000 kyats	158	53.4
Total	296	100

4.1.1.3 Types of the support of the elderly

Table 9 illustrates the types of the support received by the respondents. There were three types of support; family support, relatives support and community support that the elderly respondents received. The majority of the respondents (89.2%) were supported by their families and some were supported by relatives (17.9%) and the community (14.2%).

Table (9) Types of the support of the respondents

Types of the support	Yes No. (%)	No No. (%)	Total No. (%)
Family support	264 (89.2 %)	32 (10.8 %)	296 (100 %)
Relatives support	53 (17.9%)	243 (82.1%)	296 (100 %)
Community support	42 (14.2%)	254 (85.8%)	296 (100 %)

Table (10) Own income and types of the support of the respondents

Types of the support received	Own Income				Total	
	Yes		No		No.	percent
	No.	percent	No.	percent		
Only one type						
Family	90	30.40	100	33.78	190	64.19
Relatives	5	1.69	3	1.01	8	2.70
Community	1	0.34	0	0	1	0.34
Two type						
Family + Relatives	17	5.74	19	6.42	36	12.16
Family + Community	10	3.38	22	7.43	32	10.81
Relatives + Community	2	0.68	1	0.34	3	1.01
All support	3	1.01	3	1.01	6	2.03
No support	20	6.76	0	0	20	6.76
Total	148	50	148	50	296	100

Table 10 shows the types of the support that received by the respondents and their income. In no income group, most of the respondents received only one type of support; (33.78%) received family support, (1.01%) received relatives support. Moreover, (6.42%) received both family and relatives support, (7.43%) received family and community support, (0.34%) received relatives and community support respectively. However, only (1.01%) of the respondents received all types of support (family, relatives and community) in this study.

In the group of respondents whose have their own income, most of the respondents received only one type of support (30.40%) from their families, (1.69%) from their relatives and, (0.34%) from their communities. However, there were two types of support that the respondents received; (5.74%) from their family and relatives, (3.38%) from their family and community and (0.68%) from their relatives and community. But only (1.01%) of the respondents received all types of support while (6.76%) of the respondents received no support from their families, relatives and communities in this study.

4.1.1.4 Perception of the elderly

Perception of the elderly towards attitudes of the young upon them was another important variable in this study. This was assessed by asking nine questions. The first four deals with positive perceptions and the other five with negative perceptions. Items were so arranged that they can be answered in multiple responses. These are not exclusive to each others, so that anyone can response all of the questions according to their perceptions. Among 296 elderly respondents, the majority (84.1%) perceived positively on questions 1 to 4 while some (15.9%) perceived negatively on questions 5 to 9 (see figure 3 and table 11).

Table 11 shows the perception of the elderly respondents. In positive perception, a little more than half of the respondents (53%) perceived themselves as a person to honor. Some (39.2%) perceived as a person who should be carefully looked after, and (12.5%) and (3.7%) perceived themselves as a knowledgeable person and person who gives sense of security respectively. In negative perception, they perceived themselves as a fastidious person (4.1%), person who is a burden (4.7%), a busybody/ a meddlesome (4.1%), a troublesome person (2.4%) and others such as "Mice cease to fear the cat when she is too

old (Pe, H 1996)”, “Now, we are not able to do our earnings”, “ Since we have to depend on them, they will perceive as they like” 8.1% respectively.

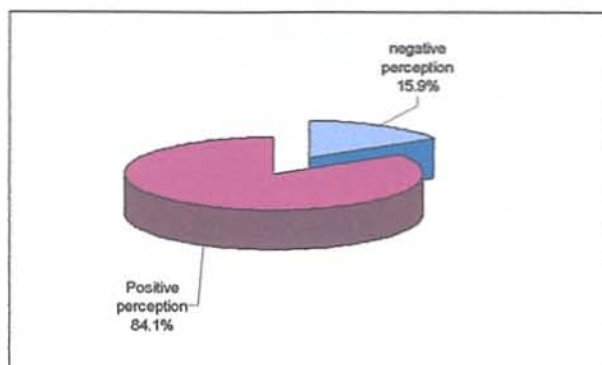


Figure (3) Perception of the elderly (n=296)

Table (11) Perceptions of the elderly (n = 296)

Perceptions of the elderly		N0.	Percent
Positive perception	1. Person to honor, respect and revere	157	53
	2. Learned / knowledgeable person	37	12.5
	3. Person who should be carefully looked after	116	39.2
	4. Person who gives sense of security/ refuge	17	3.7
Negative perception	5. A fastidious person	12	4.1
	6. Person who is a burden	14	4.7
	7. A busybody/ a meddlesome person	12	4.1
	8. A troublesome person	7	2.4
	9. Others (‘Mice cease to fear the cat when she is too old’ ‘Now, we are not able to do our earnings’ etc.)	24	8.1

4.1.1.5 Cognitive function of the elderly respondents

Cognitive function of elderly was assessed by using Mini Mental State Examination (MMSE) and the results were scored according to the WHO scoring instructions (World Health Organization, 2010). The range of scores was (11 to 30) with median of (24) and skewed negatively (shown in figure 4).

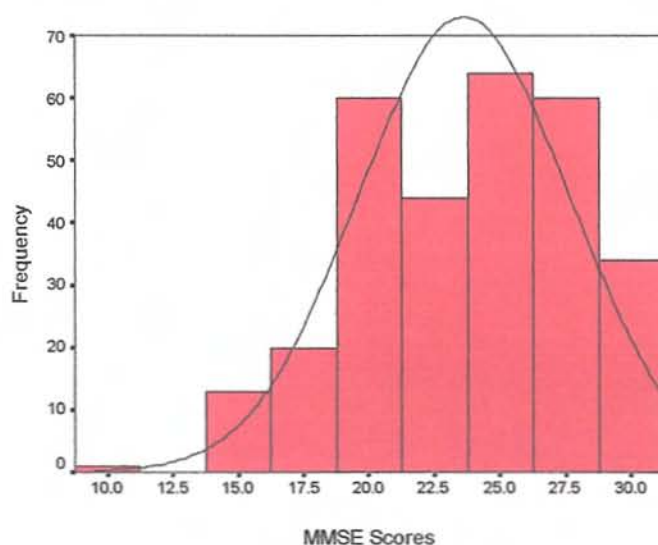


Figure (4) MMSE Scores of respondents (n=296)

According to World Health Organization (2010), the cognitive function of the elderly people was categorized into three groups: scores of 25-30 were considered as normal, 18-24 indicate mild to moderate impairment and scores of 17 or less were regarded as severe impairment. Among 296 elderly people, the majority (61.1%) were in normal group while some (20.9%) were in the borderline and only some (18%) were found in the impaired group (shown in table 12).

Table (12) Cognitive function of the elderly respondents (n = 296)

Groups	No.	Percent
Normal group	181	61.1
Moderately impaired group	62	20.9
Impaired group	53	18
Total	296	100

4.1.1.6 Well-being of the elderly respondents

The physical, social and emotional well-being of the elderly respondents were assessed with structured questionnaires including positive and negative statements. Percentages of responses for each positive and negative statement concerning their physical, social and emotional well-being were presented in the following sections.

4.1.1.6.1 Responses for positive statements of the well-being of the elderly

Table 13 shows the response for each positive statement, and it was observed that the majority (69.9%) of the elderly agree and (27%) strongly agree that “people are still behaving respectfully to grandparents” while only (2.7%) disagreed with it. Moreover, (65.5%) of elderly agreed that “they are satisfied their lives” where as (14.2%) disagreed with it. With the exception of these two, more than half of the respondents had agreement (agree and strongly agree) with other positive statements.

**Table (13) Responses for positive statements of the well-being of the elderly
(n = 296)**

Question no.	Positive statements	Percent of responses				
		SD	D	A	SA	Total %
1	At present the grandparent's health is perfect.	4.7	33.8	36.8	24.7	100
2	Compared to grandparents of same age, your health is good.	3.4	16.9	56.1	23.6	100
3	You can still look after your own needs/ do things for yourself.	1.7	8.1	53.0	37.2	100
5	You can still help in the children's affairs.	10.1	23.1	52.4	14.5	100
6	You can still earn a livelihood.	33.1	38.5	18.2	10.1	100
8	There are people who behave respectfully to the grandparents.	.3	2.7	69.9	27.0	100
9	There is a person to depend on in the neighborhoods.	3.4	10.8	64.2	21.6	100
10	He has friends to consult in times of need/ emergency.	12.2	30.4	47.3	10.1	100
11	You have intimate friends.	3.0	15.5	60.8	20.6	100
12	You can participate in human society or affairs.	20.6	31.1	34.1	14.2	100
14	Compared to people of the same age, you are a joyous person.	2.4	16.2	61.5	19.9	100
15	You feel that you can still work like the young people.	17.2	36.1	37.8	8.8	100
17	You are satisfied with the state of your life.	1.7	14.2	65.5	18.6	100
18	Your mind is strengthened by your faith in religion.	.3	4.1	60.5	35.1	100
20	The grandparent's advice and decisions are accepted and carried out in family affairs.	3.4	16.9	60.8	18.9	100
22	Life now is as happy as when you were young.	8.8	38.5	45.3	7.4	100

(SA= strongly agree, A=agree, D= disagree, SD= strongly disagree)

4.1.1.6.2 Responses for negative statements of the well-being of the elderly

Table 14 illustrates the percentage of responses for negative statements. It was evident that agreements (strongly agree and agree) were the highest (61.5%) for the statement that “they need a lot of extra aids in their daily movements”. Moreover, nearly half of respondents agreed (strongly agree and agree) with the statements that “they like to stay alone and quietly”. Relatively half of the elderly (49.7%) and (48.3%) disagreed the statements that “they feel mentally weak when they are alone” and “they feel alone and lonely”.

Table (14) Responses for negative statements of the well-being of the elderly (n = 296)

Question no.	Negative statements	Percent of responses				
		SD	D	A	SA	Total %
4	You need a lot of extra aids in your daily movements.	15.5	16.2	61.5	6.8	100
7	Your health is a hindrance to your daily activities.	16.2	46.6	30.1	7.1	100
13	You like to stay alone and quietly.	7.4	24.7	45.9	22.0	100
16	You feel that you have become useless as you grow older.	28.7	41.6	26.0	3.7	100
19	You feel mentally weak when you are alone.	26.4	49.7	18.2	5.7	100
21	The grandparent has had many fearful and sad things.	25.0	41.9	29.4	3.7	100
23	The grandparent feels alone and lonely.	31.1	48.3	15.2	5.4	100

(SA= strongly agree, A=agree, D= disagree, SD= strongly disagree)

4.1.1.6.3 Total well-being of the respondents

The questions for assessing the well-being relating to quality of life of the elderly consisted of 23 items (16 Positives and 7 negatives) with four points forced choice scale (Polgar & Thomas, 1995) and scored 1 to 4 for positive response and 4 to 1 for negative response so that the possible total well-being score ranges from (23 to 92). The obtained well-being score ranged from 36 to 84 and skewed negatively with the median of 64. The well-being scores were categorized into low, medium and high score by computing median (shown in figure 5). The score 36 to 59 was regarded as low group and the score 60 to 68 as medium. The high group ranged from 69 to 84. It was obvious that high scores were enjoying high quality of life with well-being while the reverse was true for low scores. Those in the medium group experienced well-being to a certain amount though not so great as those in the high category. The majority (48%) were in medium well-being group. Some (24.3%) were in low well-being group and (27.7%) were in high well-being groups.

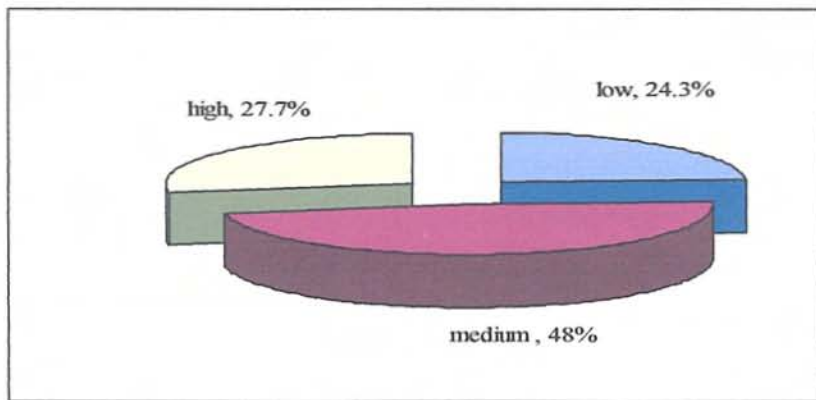


Figure (5) Total well-being of the respondents (n=296)

4.1.2 Association between sociocultural determinants and well-being of the elderly

The data obtained for outcome variable were not normally distributed and negatively skewed as population was chosen specific for research problem. Thus assumptions to use parametric tests were impossible. As a result, non-parametric methods were applied.

In the study context, most of the independent variables had two and three groups and dependent variables were ordinal in nature. Thus, Chi Square (χ^2) test was used as an appropriate non-parametric test. p value of 0.05 was set for statistical decision making for significant of test.

The next section will show the findings of association between the well-being of the elderly and their personal data including demographic variables and socioeconomic variables.

4.1.2.1 Association between demographic variables and well-being of the respondents

Significant differences were found among three out of four demographic variables: gender, age group and marital status (shown in table 15). In this study, the significant associations between gender and well-being of the elderly at $\chi^2 = 16.55$, $p < 0.001$ level. Out of a total of 296 elderly, (39.10%) men were in high well-being group while only (18.40%) women were in this group. However, in low well-being group, there were more (29.45%) women than (18.05%) men. This indicated that more men were enjoying quality of life with well-being than women in this study.

The differences were significantly associated between age group of the respondents and their well-being at $\chi^2 = 12.18$, $p = 0.016$ level. In the high well-being group, the order of (36.04%), (25.42%), (17.91%) were from age range of 60-69 years, 70-79 years, and 80 years and above. By contrast, in the low well-being group, the order of (15.32%), (27.12%), (34.33%) were from age range of 60-69 years, 70-79 years, and 80 years and above. So, it can be assumed that the younger age groups of elderly were experiencing more well-being than the older age group.

**Table (15) Association between demographic variables and well-being of elderly
(n = 296)**

Variables	Low well-being		Medium Well-being		High Well-being		Total	χ^2	p
	No.	Percent	No.	Percent	No.	Percent			
Gender									
-Man	24	18.05	57	42.86	52	39.10	133	16.55	< 0.001*
-Woman	48	29.45	85	52.15	30	18.40	163		
Total	72		142		82		296		
Age groups									
-60 to 69 years	17	15.32	54	48.65	40	36.04	109	12.18	0.016*
-70 to 79 years	32	27.12	56	47.46	30	25.42	120		
-80 years & above	23	34.33	32	47.76	12	17.91	67		
Total	72		142		82		296		
Ethnic groups									
-Bamars	62	23.57	126	47.91	75	28.52	263	1.11	0.573
-Others	10	30.30	16	48.48	7	21.21	33		
Total	72		142		82		296		
Marital status									
-Married	19	15.70	56	46.28	46	38.02	121	15.15	0.004*
Widowed/divorced	49	31.21	77	49.04	31	19.75	157		
-Unmarried	4	22.22	9	50	5	27.78	18		
Total	72		142		82		296		

(* Significance level 0.05)

(** Significance level 0.01)

Another important variable which determined the well-being of the elderly was marital status and they were statistically associated at $\chi^2 = 15.15$, $p = 0.004$ level. In the high well-being group, there were more married respondents (38.02%) than widowed and divorced (19.75%) and unmarried (27.78%). In the low well-being group, there were more widowed and divorced (31.21%) and unmarried (22.22%) than married (15.70%).

This finding suggesting married couples was experiencing more well-being than unmarried, and widowed and divorced group.

4.1.2.2 Association between socio-economic variables and well-being of the respondents

Socioeconomic variables consists of education, housing pattern, separate room or place, family type, occupation, own income and family income. Of all of these, only three variables (education, occupation and own income) were found significantly differentiating high scores from low scores suggesting well-being differences (shown in table 16).

The differences were statistically significant between educational level of elderly respondents and their well-being at $\chi^2 = 17.53$, $p = 0.002$. There were more high educational level (37.10%) than middle educational level (37.10%) and low educational level (15.69%) in the high well-being group. By contrast, there were more low educational level (41.18%) than middle educational level (25.62%) and high educational level (16.13%) in the low well-being group. So, more educated elderly were enjoying their lives with high quality well-being than low educated elderly.

Apart from education, the next employment status and (personal) own income were also significantly associated with the differences in enjoying well-being in the elderly. The elderly respondents having own job (44.23%) were more in the high well-being group than pensioners (35.42%) and dependents (16.89%). However, dependent elderly respondents (33.11%) were more in the low well-being group than pensioners (17.71%) and those with own job (11.54%). The differences were statistically significant at $\chi^2 = 23.65$, $p < 0.001$.

Similarly, the elderly respondents having (personal) own income were also significantly associated with their well-being at the level of $p < 0.001$ and $\chi^2 = 22.13$. There were more elderly respondents having own income (38.51%) than those of without own income (16.89%) in the high well-being group although there were more elderly respondents without own income (33.11%) than those of having own income (15.54%) in the low well-being group. Thus it can be concluded that socioeconomic status can influence the overall well-being of the elderly in this study.

Table (16) Association between socio-economic variables and well-being of the elderly (n = 296)

Variables	Low well-being		Medium Well-being		High Well-being		Total	χ^2	p
	No.	Percent	No.	Percent	No.	Percent			
Educational levels									
-low	21	41.18	22	43.14	8	15.69	51	17.53	0.002*
-middle	31	25.62	62	51.24	28	23.14	121		
-high	20	16.13	58	46.77	46	37.10	124		
Total	72		142		82		296		
Housing patterns									
- apartments	18	20.45	44	50	26	29.55	88	2.67	0.614
- tiny individual houses	51	25.5	96	48	53	26.5	200		
- separate houses	3	37.5	2	25	3	37.5	8		
Total	72		142		82		296		
Separate place									
- Yes	38	22.22	77	45.03	56	32.75	171	5.19	0.075
- No	34	27.2	65	52	26	20.8	125		
Total	72		142		82		296		
Types of the family									
-nuclear family	17	18.89	45	50	28	31.11	90	2.22	0.329
-extended family	55	26.70	97	47.09	54	26.21	206		
Total	72		142		82		296		
Employment status									
-Own job	6	11.54	23	44.23	23	44.23	52	23.65	< 0.001*
-pensioners	17	17.71	45	46.88	34	35.42	96		
-dependents	49	33.11	74	50	25	16.89	148		
Total	72		142		82		296		
Own income									
- Yes	23	15.54	68	45.95	57	38.51	148	22.13	< 0.001*
- No	49	33.11	74	50	25	16.89	148		
Total	72		142		82		296		
Family income									
- Below 50000 kyats	14	26.92	25	48.08	13	25 17.44 34.18	52	8.35	0.079
-50000- 100000 kyats	25	29.07	46	53.49	15		86		
- Above100000 kyats	33	20.89	71	44.94	54		158		
Total	72		142		82		296		

(*Significance level 0.05)

(**Significance level 0.01)

4.1.2.3 Association between the types of the support and well-being of the respondents

Table 17 shows the association between the types of the support (family, relatives and community) and well-being of the elderly. It was shown that the types of support were not associated with well-being of elderly in this study.

Table (17) Association between the types of the support and well-being of the elderly (n = 296)

Variables	Low well-being		Medium Well-being		High Well-being		Total	χ^2	p
	No.	Percent	No.	Percent	No.	Percent			
Family support									
-Yes	64	24.24	126	47.72	74	28.03	264	0.46	0.80
- No	8	25	16	50	8	25	32		
Total	72		142		82		296		
Relative support									
-Yes	11	20.75	22	41.51	20	37.74	53	3.25	0.20
-No	61	25.10	120	49.38	62	25.51	243		
Total	72		142		82		296		
Community support									
-Yes	9	21.43	22	52.38	11	26.19	42	0.41	0.82
- No	63	24.80	120	47.24	71	27.95	254		
Total	72		142		82		296		

(*Significance level 0.05)

(**Significance level 0.01)

4.1.2.4 Association between perception of the elderly towards their younger persons' attitudes and well-being of the respondents

This section illustrates the association between perception of the elderly towards their younger attitudes and well-being (shown in table 18). It was also shown that there were the significant differences in the number of elderly respondents with the perception towards their younger attitudes and their well-being at $\chi^2 = 11.84$, $p = 0.003$. There were more positively perceived elderly respondents (30.92%) in the high well-being group than those negatively perceived (10.64%) while there were more negatively perceived elderly respondents (40.43%) in the low well-being group than those positively perceived (21.29%).

Table (18) Association between perception of the elderly towards their younger persons' attitudes and well-being of the respondents (n = 296)

Variables	Low well-being		Medium Well-being		High Well-being		Total	χ^2	p
	No.	Percent	No.	Percent	No.	Percent			
Perception									
-positive	53	21.29	119	47.79	77	30.92	249	11.84	0.003*
-negative	19	40.43	23	48.94	5	10.64	47		
Total	72		142		82		296		

(*Significance level 0.05)

(**Significance level 0.01)

4.1.2.5 The association between cognitive function of the elderly and their well-being

Table 19 shows the association between cognitive function of the elderly respondents and their well-being. The findings were found to be statistically significant with $\chi^2 = 18.88$, $p < 0.001$. The numbers of the respondents were more in normal group (35.91%) than the moderately impaired group (16.13%) and impaired group (13.21%) in the high well-being group. But in the low well-being group, the numbers of the

respondents were more in cognitively impaired group (35.85%) than moderately impaired group (32.26%) and normal group (18.23%).

Table (19) Association between cognitive function of the elderly and their well-being (n = 296)

Variables	Low well-being		Medium Well-being		High Well-being		Total	χ^2	P
	No.	Percent	No.	Percent	No.	Percent			
Cognitive function									
-Normal group	33	18.23	83	45.86	65	35.91	181	18.88	< 0.001*
-Moderately impaired group	20	32.26	32	51.61	10	16.13	62		
-Impaired group	19	35.85	27	50.94	7	13.21	53		
Total	72		142		82		296		

(*Significance level 0.05)

(**Significance level 0.01)

4.2 Qualitative findings

4.2.1 Income (their own or family)

Most of the participants expressed that income was the most important determinant for their well-being in their life. Their reports are like the following:

"I have my own income from the rent of my house. I also get some extra income by selling grocery and foods. Thus I can live on my own income, not depending on others and I'm pleased with this condition".

(69 year old female interviewee with own income)

Another old lady reported as:

"In old age money is important. Without it I may not be able to live as satisfactorily as this"(63 year old female interviewee with own income)

Moreover, a 73 year old elderly man said that their experiences concerning income factor is:

"I'm lucky at this old age. I have some extra money as I sold my house and invested it in a business, from which I got 3 lakhs per month. We shared this money among my wife and my daughter's family. I don't have to be inferior to others due to my own income. I even have enough to give to others."

A poor old lady complains of empty hands suggesting that income is determining the well-being as:

"In my life, the most dreadful thing is having to ask for money with empty hands from my nephews and nieces"

(67 year old female interviewee with own income)

The elderly people with own income, son and daughters were lucky, and they have more well-being than those without.

4.2.2 Types of the social support (family or relatives)

The next theme determining the well-being of the elderly is the social support from family, relatives and community in the wider scale. Although some elderly people are wealthy, they were disappointed in their life due to the lack of the attentions of their offspring. Their feelings were expressed as follows:

A lonely old lady expressed her feelings concerning social support, that it is essential for her well-being.

"I'm all alone during my activities of daily living on my own. One of my sons is married. He and his wife are working all day out. My elder son is unemployed and going around from tea shop to tea shop, seems to be always on the road. When I'm sick, I have to go to a clinic all by myself. They never accompanied with me. If I fall down on my way, the people around have to help me up. Just the other day I stumbled on the road, nobody came to help me. I have no friends; my environment is not sympathetic enough to see an old woman." (63 year old female interviewee)

Next, a 73 year old male interviewee reported that he needs to have friends and colleagues who are important to his well-being as:

"As I'm old I have to live with friends around me. I also work in the ward as the trustee of the pagoda and participate in the activities of the community. I'm in contact with many people and thus I have no time to be bored. I also take the responsibility of auditing in the ward"

Elderly people with many friends and associates were fortunate as:

"I never felt loneliness. My religious associates, my pupils at school come to me most of the time. I see my friends almost daily"

(81 year old male interviewee)

Yet, some elderly expressed that the best way at this age was to have more Dhamma as companion and reported as follow:

"I have nothing to depress me about being old. I read Dhamma scripts. I listen to the sermons of Sayadaws and usually meet religious associates. I go to donation ceremonies at monasteries and make my own donation myself. As I'm always in contact with many people I have no time for depression or disappointment"
(67 year old female interviewee)

4.2.3 Perception of the elderly concerning the attitudes of their younger generation towards them

Perceptions of the elderly concerning the attitudes of their younger generation upon them are also important determinants for the well-being of the elderly. How the elderly perceive the attitudes of their younger generation upon them as giving them a sense of belongings and identity and their well- being.

More than half of the elderly stated their perception towards the attitudes of younger generations upon them like this. The lucky old man reported that his well-being is supported by his perception of younger generation's attitudes towards him as:

"I'm lucky in my old age. My grand children are treating me very well. They respect me and they always feed me before they eat. So, I felt that they treat me as a respectful person"
(73 year old male interviewee)

This 81 year old man was quite lucky with full sense of well-being in his perception of the younger attitudes towards him by reporting as:

"In my community, I'm the oldest and I feel I'm respected. My son and daughter and their children think that I'm the one who raised them to be in such a respected standard. I feel

satisfied with my life here as I'm still influential and important in my community".

However, there are some elderly people who were not liked by the younger generation. They felt that they are not getting a complete sense of well-being and expressed their feelings as follows:

"I felt frustrated when the younger ones are defiant to me".

"I'm getting old, so they don't care about me. They think that I may be a burden to them, and talkative to them.

So, I feel rejected and disappointed" (63 year old female interviewee)

4.2.4 Religious practice

In Myanmar, religious teaching and practice is common to most of the older people. Whether they are getting aged or not, they turn to religious faith, and practice in the face of difficulties and hard times. Faith in the religion gives them strength and confidence to get on living.

Thus, for the elderly people religious faith and practice give sense of well-being and hope for heaven or Nibbana နိဗ္ဗာန် (a peaceful and perfect place for the virtuous person). Their feelings were expressed as follows:

"I usually go to religious services in meditation centers. I practice religious activities. When my mind is deep in religious activities, I can stand the stresses of life and distress". (67 year old female interviewee)

People who enjoy religious practices were quite enjoying their lives indicating high well-being with their expressions as follows:

"I'm not disappointed just because I'm getting old. I read Dhamma books, listen to Buddha's teachings and sermons of the Sayadaws. I find my life satisfactory and I'm quite happy with my being old"
(69 year old female interviewee)

"I'm happy in my old life, mainly because of my religious faith"

(81 year old male interviewee)

"After my retirement, I studied religious books, met religious associates and took part in donation activities, thus I felt much better and happier in my life" (89 year old male interviewee)

4.2.5 Beliefs in fate

Analysis of the reports from the elderly makes clear that belief in fate is one of the important determinants of the well-being in the elderly. The feelings they reported are:

"Whether one is lucky or unlucky in old age is his or her belief in fate. I can be content with whatever. I get what my fate permits. In such a way I am contented with my life" (63 year old female interviewee)

People who had faith in Kamas (one's deeds, word or thought which predetermines one's future) were contented with own view of Kamas. The following expressions show:

"In life, being rich or poor, being in good health or illness is determined by the deeds you did in your past life. I believe that the present life resulted in accordance with what was done in the past. Thus, I feel I can accept my life as it comes." (81 year old male interviewee)

On the other hand, one report goes like this,

"When I'm old I fear inadequacies in finance, in ill health, in distress but, however you fear, You may not escape what you have done, because your fate will determine your sense of well-being at present. Thus, you have to be good natured, do the good deeds in order to enjoy well-being" (67 year old female interviewee)

CHAPTER (5)

DISCUSSIONS

This chapter presents discussion on the determinants of well-being of the elderly people in Sanchaung Township, Yangon City. Five main determinants (demographic characteristics, socio-economic characteristics, types of the support, perception of the elderly and cognitive function of the elderly) covering 16 independent variables (as shown in page 46) were analyzed in order to describe the influencing factors of the well-being of the elderly people.

There were 296 elderly respondents included in this study. Among them, more than half of the respondents (55.1%) were women and the rest (44.9%) were men. It was in line with the findings of the study done in Thailand that 55% of Thai elderly were women (Jitapunkul and Bunnag, 1999). It was also consistent with the UN report for developed and developing countries. This report showed that there were more elderly women than elderly men in the world population on account of gender differences in life expectancy (United Nations, 1996). And it was also consistent with another study conducted in Hong Kong and Asia-Pacific region that women are healthier than men (Cheung, 2000). So, it may be said that women were healthier than men by assuming that they abstain from use of alcohol, drugs and tobacco/cigarettes.

In the present study, there were statistically significant differences between gender and well-being of the elderly ($\chi^2 = 16.55$, $p < 0.001$). Out of a total of 296 respondents, only a few number of men (18.05%) fell in the low well-being group while (29.45%) of women fell in this category. In contrast, (39.10%) men were in high well-being group while only (18.40%) women were in this group. This finding indicates that in the elderly group, more men gained higher sense of well-being than women. It was in line with the study of foraging societies that there was discrimination of the older women in some societies (Glascock & Feinman, 1981, as cited in Scupin, 1998). Thai women face certain disadvantages (lower education, literacy, lower likelihood of receiving formal retirement benefits) compared to female (Sobieczczyk, Knodel, Chayovan, 2002). Therefore, gender seemed to be one of the influencing factors upon the well-being of the elderly.

In distribution of the age groups, most of the respondents (39.9%) were in 70-79 years group and 60-69 years group (37.5%) and the rest (22.6%) were in 80 years and above group. According to the World Health Organization (2012), the life expectancy of urban male in the Republic of the Union of Myanmar is 62.1 and female is 66.2 years. It was found that urban elderly (Sanchaung area) has longer life expectancy than the World Health Organization reference data.

There were no statistically significant differences ($\chi^2 = 1.11$, $p = 0.573$) in the experience of well-being among ethnic groups (Bamar, Kayin, Mon, Rakhine) and Chinese included in the study. Thus, one can draw a certain conclusion from this study that the different races residing in the study area have equal rights of enjoying the sense of well-being.

Another important characteristic for sense of well-being seemed to be marital status. The finding showed significant differences in the enjoyment of well-being among those who were married, widowed, divorced and unmarried elderly person ($\chi^2 = 15.15$, $p = 0.004$). More married elderly were having higher sense of well-being than other groups. It was consistent with the study of Raymo, Kikuzawa, Liang and Kobayashi (2008), in there married was positively associated with self - rated health and emotional well-being among Japanese elderly. Thus, it can be suggested that loneliness, social isolation and no one to share the personal feeling might have hindered to gain complete sense of well-being among elderly without partner (widowed, divorced and unmarried).

Considering the socioeconomic variables determining the well-being of the elderly, only educational level, employment status and own income were found to be statistically significantly discriminating among the elderly groups for enjoying well-being ($\chi^2 = 17.53$, $p = 0.002$), ($\chi^2 = 23.65$, $p < 0.001$), ($\chi^2 = 22.13$, $p < 0.001$) respectively. The greater number of elderly in high well-being group (37.1%) were educated in the higher level while only a few (15.69%) elderly with low level education were in that group. On the other hand, in the low well-being group (41.18%) of the elderly with lower education level were found while only some (16.13%) of elderly with higher education level were in that group.

Similarly, elderly people having own job (44.23%) were more than pensioners (35.42%) and dependents (16.89%) in the high well-being group. In contrast, in the low well-being group, there were more dependents (33.11%) than pensioners and those having own jobs (11.54%).

Moreover, elderly with own income were found to be in the same manner. Most of the elderly (33.11%) without income as compared to (15.54%) with income were in the low well-being group and (38.51%) with income as compared to (16.89%) without income, were in the high well-being group. This aspect was also revealed in the qualitative findings that most of the elderly people stated of the importance of money, particularly in old age.

The findings of this study were matched with those of Indian study in which was shown that socio-economic factors influenced the overall well-being of the elderly (Parakish, 1999).

The study conducted in Bangladesh by Rahman, Tareque and Rahman (2008) found that the elderly with higher family's monthly income were more satisfied with their life than the other group. They also found that elderly with nuclear family were less likely to be satisfied with their life than other types of family. In contrast, in this Sanchaung elderly study, family income and family type played important role in determining well-being despite no statistically significant association ($\chi^2 = 8.35$, $p = 0.079$), ($\chi^2 = 2.22$, $p = 0.329$). From these findings, it may be thought out that their aging process might play some part as people with ability to work, earning own income coupled with higher education which might be the most determining factor influencing the well-being of the elderly.

Velkoff (2000) enumerated the factors associated with the well-being of the elderly and suggested support system to be the first important factor among the living arrangements and family resources such as physical, emotional and economic care from family. Moreover, study of Koyano, Hashimoto, Fukawa, Shibata and Gunji (2005) found that family is major support system of Japanese elderly followed by children living apart, neighbours and friends. This study is consistent with those studies in which the majority of the respondents (264 out of 296) got support from families rather than relatives or community, though the experience of well-being was not significantly different between those who gained support and who did not from any sources (family, relatives and community). However, in the qualitative findings, the supports from people other than family are also important for elderly as they had continuous contact with friends, religious associates, pupils, etc.

This was in line with the activity theory stated by Gidden, Duneier and Appelbaum (2005) that if the elderly continued participation in part-or-full-time employment, they can achieve higher morale and happiness by expanding their social networks. It plays an important role in improving the life satisfaction of the elderly. Moreover, Christine Adamski-Mietus (1983, as cited in Schaefer and Lamm, 1998) stated that the participation in ethnic, cultural, and community activities contributed to the life satisfaction for the elderly. The finding of this study is conformed to stated theoretical perspectives in literature review. So the type of support is essential for the well-being of the elderly in Myanmar culture.

Perception of elderly toward attitudes of the younger generation upon them was another important variable in this study. In literature review, it was noted that in most of civil societies, the elderly persons were generally highly honoured, respected and well cared for despite being regarded as burdens, unproductive and difficult to the extent of practicing senicide in very few societies in earlier times (Schaefer and Lamn,1998). In our Myanmar cultural setting the researchers covered society's perception of the elderly (Maung Maung Naing, 2007), the caring practices of the elderly people (Aye Thet Thet Khaing, 2006) and health status of the elderly (Than Lwin, 1997). This elderly study in Sanchaung was conducted from a different perspective, possible characteristics (perception of elderly) which influences upon the well-being of the elderly. In this present study, almost all of the elderly (84.1%) had positive perception while only (15.9%) had negative perception. Perception generates stress if one perceives the situation around him or her as positive, he or she would experience ecstasy while negative perception if the same situation would give rise to distress and consequently reduce the level of well-being. Thus the findings were found to support this view. In Sanchaung elderly study, it was found that the elderly with positive perceptions of the situation, their ageing and their surrounding were significantly greater in high well-being group than the elderly with negative perceptions. Reverse is true to the low level of well-being group where the elderly with negative perceptions were much greater than those with positive perception. Therefore, the perception of the elderly is an important factor to determine their well-being.

Moreover, in qualitative findings, the well-being of the elderly participants was supported by their perception (positive and negative) towards their younger attitudes upon them as they felt rejected and disappointed when the younger ones were defiant to them, or they felt satisfied with when their offspring treated them as respectful persons.

Thus the qualitative findings are also consistent with the previous Myanmar studies and the perception of the elderly concerning the attitudes of their younger generations upon them are also vital determinants for the well-being of the elderly in Myanmar culture. The older expect from their young to be accepting, caring and affectionate at this age, and it was found that the elderly received and fulfilled their needs with result of higher sense of well-being. The finding of this study is matched with social exchange theory stated by Levis-Strauss stated in Abraham (1999). In that, the individual will be received either more than or less than he gives in the sphere of culture. The adult offspring have to care for their own parents. Thus, according to the social exchange theory, the caring of the elderly can be regarded as the obligation to repay the gratitude of the elderly to the younger in the form of reciprocity duties.

Cognitive function of the elderly was also found as a determining factor in the discrimination of the elderly experiencing high well-being from those experiencing low well-being; (35.91%) in the high as composed of normal function, (16.13 %) of moderate cognitive function impaired and (13.21%) of cognitive function impairment. This interpretation should be taken into account in consideration with aging process, as the older group would certainly have more chances of cognitive function impairment.

Another factor that seemed to be determining the well-being was aging process. The younger the age, the higher the sense of well-being they gained as the finding showed in high well-being group in the order of (36.04%), (25.42%) and (17.91%) from age range of 60-69 years, 70-79 years and 80 years and above. It was consistent with the findings of Hla Myint (2002) that with advancing age, elderly have declining functions, increasing disability and dependence and with functional impairments such as loss of mobility, sight and hearing. Thus they may not be experiencing full sense of well-being. Moreover, the findings of present study were also in line with international study of the causal model of well-being of the elderly in rural and urban area of Indonesia. In that there was significant relationship between well-being of the elderly and their age (Saidatulakmal, 2010).

In Myanmar culture, religious practice is common when getting old. People with faith in religion, especially Lord Buddha, and follow his teaching get more sense of well-being than those without. The qualitative findings also supported this statement as different situations like when feeling stress, getting retirement lead the elderly to the religious world.

These were not in line with the other study done in China that a strong negative relationship was found between religious perception and subjective well-being among oldest old in China (Brown and Tierney, 2008). Another subjective well-being, as it denotes, is the subjective feelings or perception of the people involved in the study sample, and it is culturally sensitive and individually unique. Thus these might be finding contrary to those of other people or other areas in the world.

CHAPTER (6)

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study was carried out upon 296 elderly respondents from Sanchaung Township of Yangon City. The main objective of this study was to find out sociocultural determinants of their well-being. The findings of this study highlighted a number of sociocultural factors affecting the well-being of the older people in urban area of Yangon City. The study method was a mixed research method collecting data in both qualitative and quantitative measures.

The study set off with five main areas of seemingly associated with elderly well-being. They were demographic characteristics, socio-economic characteristics, types of the support, perception of the elderly and cognitive function of the elderly. Sixteen variables were identified under their five areas and their determining effects were tested and analyzed for their association with the well-being.

Findings on demographic characteristics suggest that more men than women were enjoying sense of well-being. This may be due to the fact that men's lifestyle in our society seems to be more care free than those of women. Obviously women tend to take more responsibilities over their offspring down to grand or great grand children and even more concerned with the household chores than men. Considering age group, the number of younger age group enjoying sense of well-being were more than the number of older age group. This finding was in line with the thing that the older the people, the more there were limitations arising from both physical and mental aging. The older person may have limited mobility, limited expression of themselves and limited social network. This is surely more true in urban area than in rural area where the elderly were highly respected in a wider social network.

Moreover, companionship is also important when one is getting old. This is quite evident in the study that more married person were experiencing well-being than divorced and unmarried people.

Myanmar is one of the countries in the world where many varieties of ethnic groups, worshipping different religion are happily living with equal right of access to education, health, social and economic developments. This study supported this trend as

there were no difference in the experience of well-being among the elderly of different races and religions.

Out of socio-economic characteristics of the elderly respondents, educational levels, was found most significant in determining the well-being of the elderly respondents. Obviously people with education and learning capacity are certainly quite aware of healthy lifestyle and quality living with resourceful coping mechanism in the face of difficulties or stressful situation. This might enhance their well-being even though they are getting old. However this might need more proof to conclude with certainty by carrying out the comparative analysis between educated and non-educated elderly.

Work also is found significant association with elderly well-being. In fact, work is the essential element in the life for healthy person regardless of age or gender. Thus older person with work still have higher social mobility and wider social network for maintenance of role and status that enhance their well-being. It also secures more income to meet his/her necessities.

In addition, the type of support of elderly respondents is another influencing factor upon their well-being. Family, relatives and community are all types of support to the elderly populations. Without them, he or she would be all alone in the wider society. There was no quantitative finding that types of support and well-being are associated but in the qualitative findings there were individual reports of sense of well-being from the people with strong support system. This may be due to the fact that there are individual differences in the perception of the well-being. Moreover, today city life is more individualistic than collectivistic of rural life. People in urban area (Sanchaung) seem to be contended with their individualistic style being less need for family or relatives.

Furthermore, there were associations between perception of elderly respondents towards their younger persons' attitudes and their well-being. The qualitative findings of the elderly also supported these quantitative findings. Thus, it can be concluded that the acceptance, care and affection by the younger generations are essential for the sense of well-being of the elderly people. Therefore, the younger generations should fill these needs of the elderly. Finally, cognitive functions of the elderly respondents were also associated the well-being of the elderly people in this study.

6.2 Recommendations

In the light of the findings, the following recommendations are made.

- In the qualitative finding, it was learnt from the elderly population that their children become lesser respect to most elderly people. Thus, as for the community or society, it needs to find the ways to maintain the traditions of the respect to the elderly by the younger generation in Myanmar culture.
- In this study, the finding highlights that most of the support came from the family members only and it seems not enough to the elderly. Thus, it is recommended that other more stakeholders such as community support group or any organizations should be encourage to involve in caring of elderly people. Particularly in urban area.
- According to the perception of the elderly in qualitative finding, the attitudes of the family members towards the caring of elderly people and their actual practice are one of the determining factors to promote the well-being of the elderly. It is, thus, recommended that further studies should be done to explore the relationships between family members and elderly people in Myanmar.
- Further studies should be conducted in both urban and rural area to get more comparable data on factors influencing well-being of the elderly people, and see if there is any difference.

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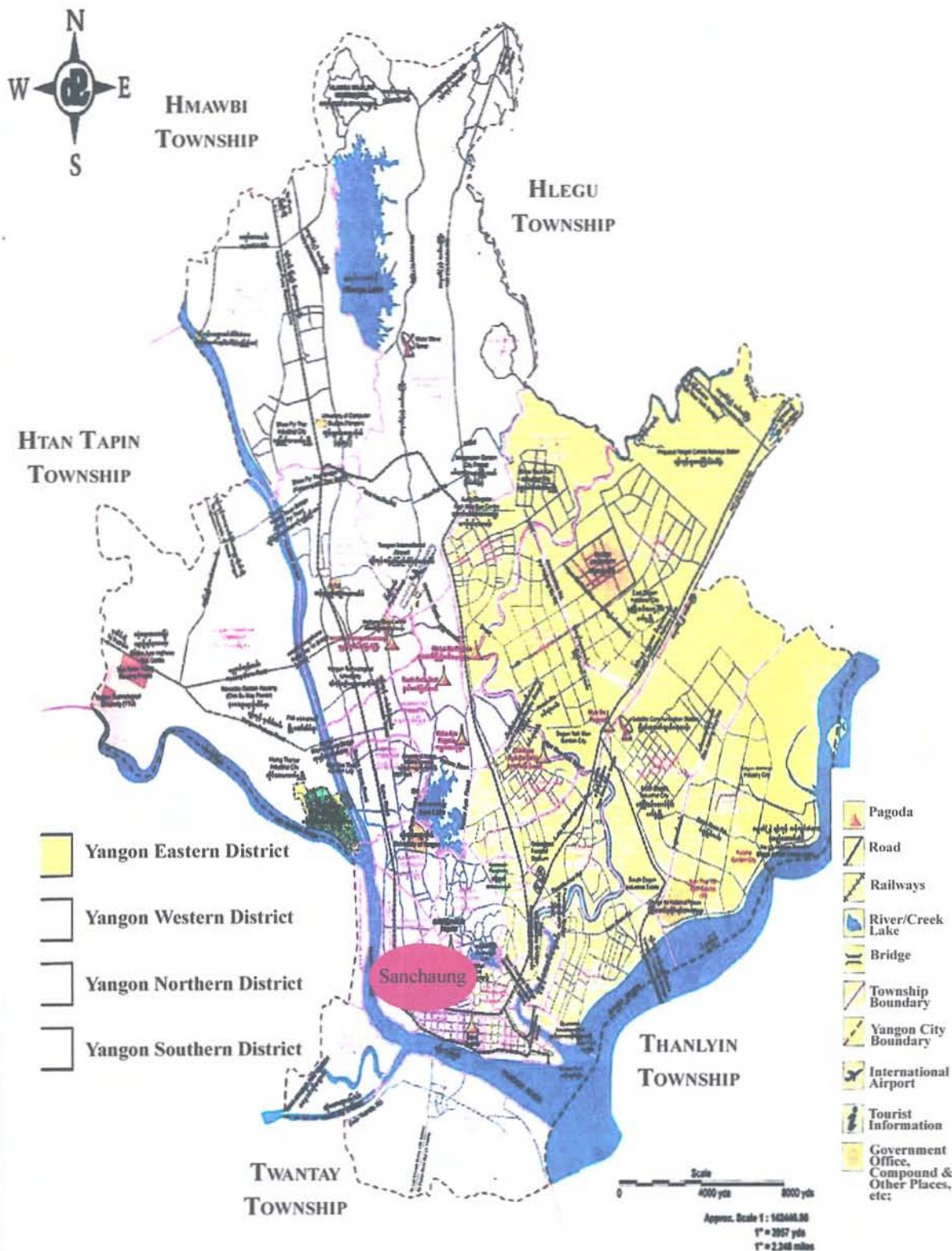
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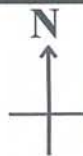
TOWNSHIP MAPS AND DATA OF YANGON CITY

INDEX TO TOWNSHIP MAPS IN YANGON CITY DEVELOPMENT COMMITTEE BOUNDARY



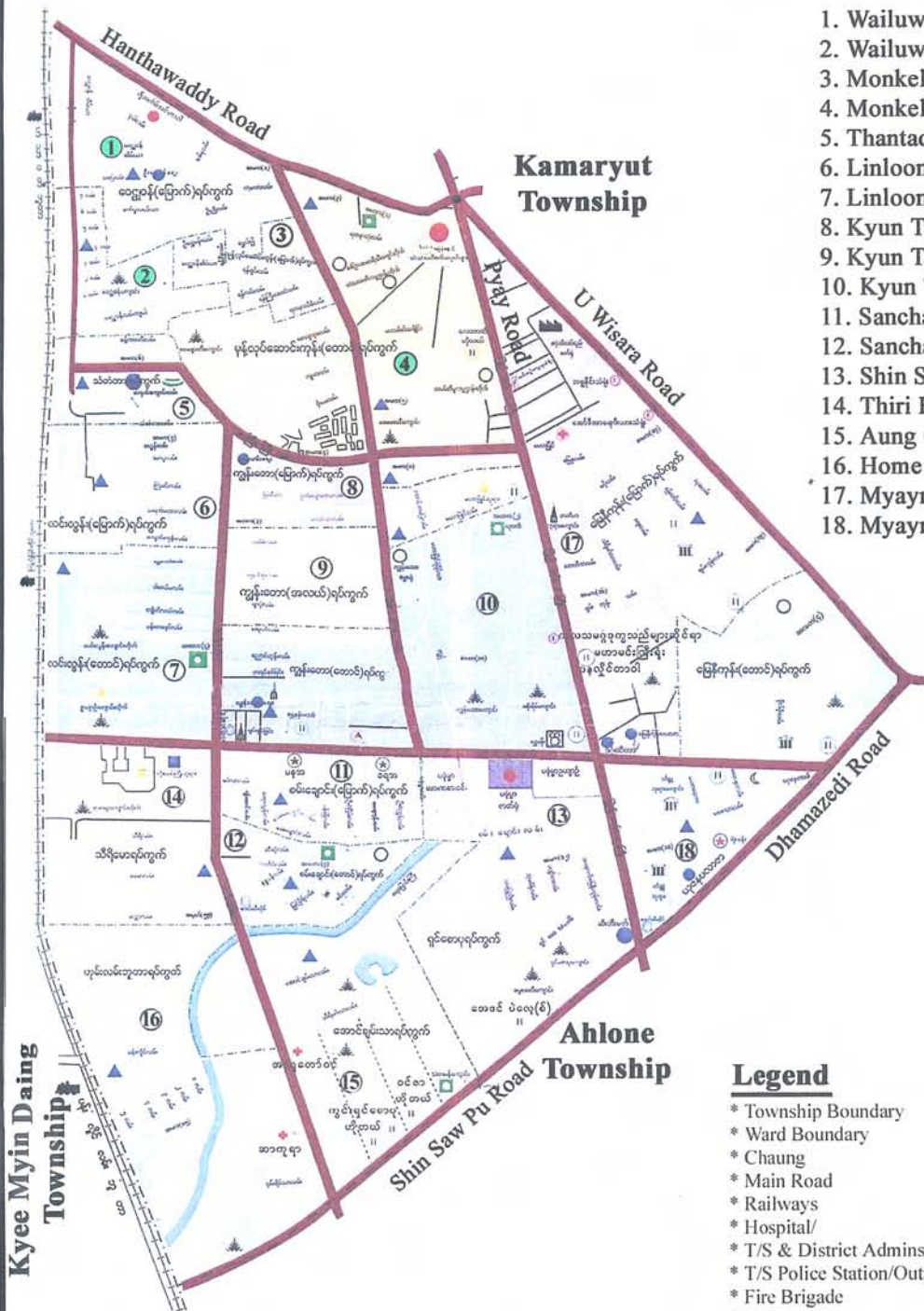
SOURCE : DESIGN PRINTING SERVICE

Ward Level Map of Sanchaung Township



Wards in Sanchaung Township

1. Wailuwun (North)
2. Wailuwun (South)
3. Monkeletsaungkon(North)
4. Monkeletsaungkon(South)
5. Thantada
6. Linloon(North)
7. Linloon(South)
8. Kyun Taw (North)
9. Kyun Taw (Middle)
10. Kyun Taw (South)
11. Sanchaung(North)
12. Sanchaung(South)
13. Shin Saw Pu
14. Thiri KhayMar
15. Aung Chan Thar
16. Home Lane RS
17. Myaynigone(North)
18. Myaynigone(South)



Dagon Township

Ahlon Township

Legend

- * Township Boundary
- * Ward Boundary
- * Chaung
- * Main Road
- * Railways
- * Hospital/
- * T/S & District Adminst: Office
- * T/S Police Station/Outpost
- * Fire Brigade
- * Pagoda
- * Auto Exchange
- * High School (BEHS)
- * Market/Plaza/Super Market
- * Bank
- * Factory/Workshop
- * Ship Yard/ Railways Station
- * Fuel Station
- * Embassy
- * Hotels
- * Monastery
- * Mosque
- * Chinese Temples
- * Church

- * Scale = (1 inch : 75 Yards)
- * Area = (0.955) Square Miles
- * Source = Sanchaung Township Adminstractive Office
- 1 2 4 = Study Area

Appendix (III)

STATEMENT FORM (IN ENGLISH)

(Explanation of Research)

Research Title: Sociocultural Determinants of Well-being of the Elderly people in Sanchaung Township, Yangon City

I am Thu Zar Aung, a candidate of Doctor of Philosophy of Anthropology Department at the University of Yangon. As part of my degree, I am undertaking a research which is “Sociocultural determinants of well-being of the elderly people in Sanchaung Township, Yangon City.”

The research has been designed to explore the sociocultural factors that influence on the well-being of elderly people. The proposal of this research has been approved by PhD Steering Committee of Anthropology Department of University of Yangon. The research will involve face-to-face interviewing with questionnaires and interview guides.

If you agree to participate in this research, you will be interviewed about socio-demographic factors and experiences of the elderly on their own quality of life.

I would like to talk to one person at a time and would like to take notes when you are talking. If you feel comfortable and with your permission, I would like to tape record our discussion, in order to make sure I have all the information.

You are requested to participate in this research and are free to withdraw from the research, if you wish, at any time. The duration of our data collection time for each respondent will be approximately 45 minutes.

Your name and any personal information will not be described in order to preserve your anonymity. The information you provide will be highly valuable to my research.

The completed thesis will be made available for respondents to read if they like to. All the data will be kept and locked at Anthropology Department of University of Yangon.

The findings of this research will be used for writing a thesis (book).
If you have any questions or clarifications, please feel free to ask me at any time.
I sincerely thank you for sparing your valuable time.

My contact details are:

Thu Zar Aung

Anthropology Department

Nationalities Youth Resource Development Degree College (Yangon)

Telephone: 01- 591526 Ex- 207

နောက်ဆက်တွဲ (၃)
သုတေသနစာတမ်းအတွက်ပန်ကြားလွှာ
(မြန်မာဘာသာဖြင့်)

သုတေသနခေါင်းစဉ်-ရန်ကုန်မြို့စမ်းချောင်းမြို့နယ်ရှိသက်ကြီးရွယ်အိုတို့၏ 'ကိုယ်ကျန်းမာ၍
စိတ်ချမ်းသာမှု'ကိုအဆုံးအဖြတ်ပေးနေသောလူမှုရေးနှင့်ယဉ်ကျေးမှုဆိုင်ရာ
အချက်အလက်များကို လေ့လာခြင်း

ကျွန်မသည် ရန်ကုန်တက္ကသိုလ် မနုဿဗေဒဌာနမှ ပါရဂူကျမ်းပြုသင်တန်းသူ ဒေါ်သူဇာအောင် ဖြစ်ပါသည်။ ကျွန်မသည်ပါရဂူဘွဲ့၏ တစ်စိတ်တစ်ဒေသအဖြစ် 'ရန်ကုန်မြို့စမ်းချောင်းမြို့နယ်ရှိ သက်ကြီးရွယ်အိုတို့၏ 'ကိုယ်ကျန်းမာ၍စိတ်ချမ်းသာမှု'ကို အဆုံးအဖြတ်ပေးနေသော လူမှုရေးနှင့်ယဉ်ကျေးမှုဆိုင်ရာ အချက်အလက်များကိုလေ့လာခြင်း' ဟူသော ခေါင်းစဉ်ဖြင့် သုတေသနပြုလျက်ရှိပါသည်။

ဤသုတေသနသည်သက်ကြီးရွယ်အိုတို့၏ 'ကိုယ်ကျန်းမာ၍စိတ်ချမ်းသာမှု'ကို လွှမ်းမိုးနေသော လူမှုရေးနှင့်ယဉ်ကျေးမှုဆိုင်ရာ အချက်အလက်များကို ရှာဖွေလေ့လာရန်ဖြစ်ပါသည်။ ဤသုတေသန အဆိုတင်သွင်းလွှာအား ရန်ကုန်တက္ကသိုလ်-မနုဿဗေဒဌာန၏ ပါရဂူကျမ်းပြုကြီးကြပ်ရေးကော်မတီ၏ ခွင့်ပြုချက်ရရှိပြီးဖြစ်ပါသည်။ ဤသုတေသနပြုလေ့လာခြင်းတွင် မျက်နှာချင်းဆိုင် တွေ့ဆုံမေးမြန်းမှု မေးခွန်းလွှာများ၊ တွေ့ဆုံမေးမြန်းမှုလမ်းညွှန်များဖြင့် မေးမြန်းခြင်းတို့ ပါဝင်မည်ဖြစ်ပါသည်။ သင်သည် ဤသုတေသနတွင် ပါဝင်ဆောင်ရွက်ရန် သဘောတူပါက သင်အားလူမှုရေးနှင့် လူဦးရေးဆိုင်ရာအချက်အလက်များနှင့် သက်ကြီးရွယ်အိုတို့၏ အတွေ့အကြုံများကိုတွေ့ဆုံ မေးမြန်းမည်ဖြစ်ပါသည်။

ဤသုတေသနပြုစဉ် ဆက်လက်ပါဝင် ပြောကြားလိုစိတ်မရှိပါက အချိန်မရွေး နှုတ်ထွက်ခွင့်ရှိပါသည်။ သုတေသနပြုမေးမြန်းချိန်သည် တစ်ဦးလျှင်ဖြေဆိုချိန် (၄၅)မိနစ်ခန့်ကြာမြင့်မည်ဖြစ်ပါသည်။ ဤသုတေသနကို အသုံးပြုရာတွင် သင်၏အမည်နှင့် ကိုယ်ရေးအချက်အလက်များကို ထည့်သွင်းဖော်ပြမည်မဟုတ်ပါ။ သင်ပြောကြားပေးသော အချက်အလက်များသည် ကျွန်မ၏သုတေသနအတွက် အလွန်တန်ဖိုးရှိပါသည်။ သုတေသန

ကျမ်းပြုစုပြီးပါကလည်း သင်ဆန္ဒရှိလျှင်ဖတ်ရှုနိုင်စေရန် စီစဉ်ပေးထားမည်ဖြစ်ပါသည်။ သုတေသန အချက်အလက်အားလုံးကိုလည်း ကောင်းစွာမှတ်တမ်းတင်၍ ရန်ကုန်တက္ကသိုလ် မနုဿဗေဒဌာနတွင် လျှို့ဝှက်သိမ်းဆည်းထားမည် ဖြစ်ပါသည်။ ဤသုတေသန၏ တွေ့ရှိချက် များကို ပါရဂူဘွဲ့ကျမ်းစာအုပ်အဖြစ် ရေးသားရာတွင် အသုံးပြုမည်ဖြစ်ပါသည်။ ဤသုတေသနနှင့် ပတ်သက်၍ အသေးစိတ်မေးမြန်းရန်ရှိပါက ကျွန်မထံသို့ အချိန်မရွေး ဖုန်းဆက်မေးမြန်း နိုင်ပါသည်။ သင်၏ကူညီမှုအတွက် အထူးကျေးဇူးတင်ပါသည်။

ဆက်သွယ်ရန်လိပ်စာ

သူဇာအောင်

မနုဿဗေဒဌာန

ပြည်ထောင်စုတိုင်းရင်းသားလူငယ်များစွမ်းရည်ဖွံ့ဖြိုးရေးဒီဂရီကောလိပ်(ရန်ကုန်)

ဖုန်း- ၀၁ ၅၉၁၅၂၆ လိုင်းခွဲ- ၂၀၇

Appendix (IV)

Informed Consent Form (In English)

Research Title : Sociocultural determinants of well-being of the elderly people in Sanchaung Township, Yangon City

Name of respondent:

1. I consent to participate in this research above, the particulars of which including details of interviews and questionnaires have been explained to me. A written copy of the information has been given to me to keep.
2. I authorize the researcher to interview to me.
3. I acknowledge that:
 - (a) Having read the explanation of research, I agree to the general purpose, methods and demands of the study. They have been explained to me to my satisfaction.
 - (b) I have been informed that I am free to withdraw from the research at any time without explanation or prejudice and to withdraw any unprocessed data previously supplied.
 - (c) The research is for the purpose of thesis only.
 - (d) I understand that by agreeing to take part means that I am willing to be interviewed by the researcher and for the proceeding to be audio taped.
 - (e) I have been informed that confidentiality of the information I provide will be safeguarded subject to any legal requirements.
 - (f) I understand that I can ask to see the transcripts to verify the information.
 - (g) I will not be discriminated against in any way if I withdraw or do not participate in the study.

Signature

Date

(Respondent)

နောက်ဆက်တွဲ (၄)

သုတေသနတွင်ပါဝင်ဆွေးနွေးသူ၏သဘောတူခွင့်ပြုချက်

(မြန်မာဘာသာဖြင့်)

သုတေသနခေါင်းစဉ်-ရန်ကုန်မြို့စမ်းချောင်းမြို့နယ်ရှိ သက်ကြီးရွယ်အိုတို့၏ ကိုယ်ကျန်းမာ၍
စိတ်ချမ်းသာမှု'ကိုအဆုံးအဖြတ်ပေးနေသောလူမှုရေးနှင့်ယဉ်ကျေးမှုဆိုင်ရာ
အချက်အလက်များကို လေ့လာခြင်း

ဖြေကြားသူ၏အမည်

- ၁။ ကျွန်ုပ်အားရှင်းပြထားပြီးဖြစ်သောမေးခွန်းများ၊ တွေ့ဆုံမေးမြန်းမှုဆိုင်ရာ အချက်အလက်များကိုသိရှိထားပြီးဖြစ်သဖြင့် ကျွန်ုပ်သည်ဤသုတေသနတွင်ပါဝင်ရန်သဘောတူပါသည်။ ကျွန်ုပ်အား တွေ့ဆုံမေးမြန်းမှုဆိုင်ရာ အချက်အလက်များရေးသားထားသော မိတ္တူတစ်စောင်ကိုလည်း ကျွန်ုပ်အားသိမ်းထားရန်ပေးထားပြီးဖြစ်ပါသည်။
- ၂။ သုတေသီမှ ကျွန်ုပ်အား မေးခွန်းများ မေးမြန်းရန်တရားဝင်ခွင့်ပြုပြီးဖြစ်ပါသည်။
- ၃။ ကျွန်ုပ်သည်အောက်ပါအတိုင်းအသိအမှတ်ပြုလက်ခံပါသည်။
 - (က) သုတေသနပန်ကြားလွှာကိုဖတ်ရှုပြီးနောက်ကျွန်ုပ်သည်သုတေသန၏ရည်ရွယ်ချက်၊ နည်းလမ်းနှင့် သုတေသန၏လိုအပ်ချက်တို့ကိုသဘောတူပါသည်။ သုတေသန၏ အကြောင်းကိုကျွန်ုပ်ကျေနပ်လောက်အောင်ရှင်းပြပြီးဖြစ်ပါသည်။
 - (ခ) ဤသုတေသနတွင် ပါဝင်လိုခြင်းမရှိပါက အချိန်မရွေး နှုတ်ထွက်နိုင်ခွင့်ရှိကြောင်းကိုလည်း သိရှိပါသည်။
 - (ဂ) သုတေသနသည်ကျမ်းပြုစုရေးသားရန်အတွက်သာဖြစ်ပါသည်။
 - (ဃ) သုတေသီမှမေးမြန်းမှုကိုလိုလိုလားလားလက်ခံပြီးမှတ်တမ်းအားတိတ်ခွင့်ဖြင့်ဖမ်းယူထားမည်ကိုလည်းသိရှိပါသည်။
 - (င) ကျွန်ုပ်ပေးသောသတင်းအချက်အလက်များကို လျှို့ဝှက်စွာဖြင့် လုံလုံခြုံခြုံသိမ်းဆည်း ထားမည်ကိုလည်းသိရှိပါသည်။
 - (စ) ဤသုတေသနစာတမ်းနှင့် ပတ်သက်၍ အချက်အလက်များကို အတည်ပြုရန်ရှိပါကတောင်းယူကြည့်နိုင်သည်ကိုလည်းနားလည်ပါသည်။

(ဆ) ဤသုတေသနတွင် မပါဝင်လျှင်ဖြစ်စေ (သို့) နှုတ်ထွက်လျှင်ဖြစ်စေ
မည်သည့်နည်းနှင့်မျှ ကျွန်ုပ်အားထိခိုက်နစ်နာစေမည်မဟုတ်ပါ။

လက်မှတ်

နေ့စွဲ

(ပါဝင်ဆွေးနွေးသူ)

Appendix (V)
Proforma (in English)

- | | | | |
|----|-----------------------------|--------------------------|-----|
| 1. | Sex | (1) Yes | () |
| | | (2) No | |
| 2. | Age | Year | () |
| 3. | Race | (1) Bamar | |
| | | (2) Ethnic group | |
| | | (3) Foreigner | () |
| 4. | Religion | (1) Buddhist | |
| | | (2) Christian | |
| | | (3) Islam | |
| | | (4) Hindu | |
| | | (5) Others | () |
| 5. | Education (completed class) | (1) Illiterate | |
| | | (2) Monastic education | |
| | | (3) Primary school level | |
| | | (4) Middle school level | |
| | | (5) High school level | |
| | | (6) Graduate | () |
| 6. | Marital status | (1) Married | |
| | | (2) Widower/ widow | |
| | | (3) Separate / Divorced | |
| | | (4) Unmarried | () |

7. Types of houses
- (1) Apartment
 - (2) Tiny individual houses
 - (3) Separate houses ()
8. Separate room or place for the grand parents
- (1) Yes
 - (2) No ()
9. Numbers of alive sons or daughters ()
10. Numbers of children living with the grand parents ()
11. Types of family
- (1) Nuclear family
 - (2) Extended family ()
12. Numbers of visit sons or daughter
- (1) Everyday
 - (2) Once a week
 - (3) Once a month
 - (4) Once a year ()
13. Numbers of visit
- (1) Everyday
 - (2) Once a week
 - (3) Once a month
 - (4) Once a year ()
14. Employment status
- (1) Own job
 - (2) Pensioner
 - (3) Dependent ()

15. Own income

- (1) Yes
- (2) No ()

16. Family income

- (1) Below 50000
- (2) 50000 – 100000
- (3) 100000 and above ()

17. Family support

- (1) Yes
- (2) No ()

18. Relative support

- (1) Yes
- (2) No ()

19. Community support

- (1) Yes
- (2) No ()

20. Perception of the grandparents (towards young people's attitudes)

- (1) Person to honor, respect and revere
- (2) Learned/ knowledgeable person
- (3) Person who should be looked after
- (4) Person who gives sense of security/ refuge
- (5) A fastidious person
- (6) Person who is a burden
- (7) A meddlesome person
- (8) A troublesome person
- (9) Others ()

နောက်ဆက်တွဲ (၅)

သက်ကြီးရွယ်အိုတို့၏ “ကိုယ်ကျန်းမာ-စိတ်ချမ်းသာမှု” ဆိုင်ရာမေးခွန်းများ

လူမှုရေးဆိုင်ရာအချက်အလက်များ

- | | | | | |
|----|---|-----|---------------------|-----|
| ၁။ | လိင် | (၁) | ကျား | () |
| | | (၂) | မ | |
| ၂။ | အသက် | | နှစ် | () |
| ၃။ | လူမျိုး | (၁) | ဗမာ | () |
| | | (၂) | တိုင်းရင်းသား | |
| | | (၃) | လူမျိုးခြား | |
| ၄။ | ဘာသာရေး | (၁) | ဗုဒ္ဓဘာသာ | () |
| | | (၂) | ခရစ်ယာန် | |
| | | (၃) | အစ္စလာမ် | |
| | | (၄) | ဟိန္ဒူ | |
| | | (၅) | အခြား | |
| ၅။ | ပညာရေး (နောက်ဆုံးအောင်မြင်ခဲ့သည့်အတန်း) | | | () |
| | | (၁) | ပညာမသင်ခဲ့ရ | |
| | | (၂) | ဘုန်းကြီးကျောင်းပညာ | |
| | | (၃) | အခြေခံပညာအဆင့် | |
| | | (၄) | အလယ်တန်းအဆင့် | |
| | | (၅) | အထက်တန်းအဆင့် | |
| | | (၆) | ဘွဲ့ရ | |
| ၆။ | အိမ်ထောင်းရေးအခြေအနေ | | | () |
| | | (၁) | အိမ်ထောင်ရှိ | |
| | | (၂) | မုဆိုးဖို/မ | |
| | | (၃) | သီးခြားနေ/ကွဲနေ | |
| | | (၄) | အိမ်ထောင်မပြုဖူးသူ | |

ဗြဟ္မာဗြဟ္မာ (၆)

ဗြဟ္မာဗြဟ္မာ (၇)

ဗြဟ္မာဗြဟ္မာ (၈)

ဗြဟ္မာဗြဟ္မာ (၉)

(||ဗြဟ္မာဗြဟ္မာဗြဟ္မာ||) ||ဗြဟ္မာဗြဟ္မာ||

() ဗြဟ္မာဗြဟ္မာဗြဟ္မာ / ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ ||၁၀

ဗြဟ္မာဗြဟ္မာ (၆)

ဗြဟ္မာဗြဟ္မာ (၇)

ဗြဟ္မာဗြဟ္မာ (၈)

ဗြဟ္မာဗြဟ္မာ (၉)

(||ဗြဟ္မာဗြဟ္မာဗြဟ္မာ||) ||ဗြဟ္မာဗြဟ္မာ||

() ဗြဟ္မာဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ/ ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ ||၁၀

ဗြဟ္မာဗြဟ္မာ (၈)

ဗြဟ္မာဗြဟ္မာ (၉)

() ဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ||၁၀

(ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ)

() ||ဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ||၁၀

() ||ဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာ ဗြဟ္မာ/ဗြဟ္မာ ဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ||၁၀

ဗြဟ္မာ (၈)

ဗြဟ္မာ (၉)

() ဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ဗြဟ္မာဗြဟ္မာ/ဗြဟ္မာဗြဟ္မာ ||၁၀

ဗြဟ္မာဗြဟ္မာ (၇)

ဗြဟ္မာဗြဟ္မာဗြဟ္မာ (၈)

ဗြဟ္မာဗြဟ္မာ (၉)

() ဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာဗြဟ္မာ ||၁၀

၁၄။ အလုပ်အကိုင် ()

(၁) ကိုယ်ပိုင်အလုပ်

(၂) ပင်စင်စား

(၃) မှီခို

၁၅။ ကိုယ်ပိုင်ဝင်ငွေ ----- ကျပ် / တစ်လ ()

(၁) ရှိ

(၂) မရှိ

၁၆။ မိသားစုဝင်ငွေ ----- ကျပ် / တစ်လ ()

(၁) ၅၀၀၀၀ နှင့် အောက်

(၂) ၅၀၀၀၀ - ၁၀၀၀၀၀

(၃) ၁၀၀၀၀၀ နှင့် အထက်

၁၇။ သားသမီးများထောက်ပံ့မှု (၁) ရှိ ။ (၂) မရှိ ()

၁၈။ ဆွေမျိုးများထောက်ပံ့မှု (၁) ရှိ ။ (၂) မရှိ ()

၁၉။ ရပ်ရွာအဖွဲ့အစည်း ထောက်ပံ့မှု (၁) ရှိ ။ (၂) မရှိ ()

၂၀။ အဘိုးအဘွားတို့၏ အမြင်
(ငယ်ရွယ်သူတို့၏သဘောထား) ()

(၁) ကြည်ညိုလေးစားတန်ဖိုးထားရသူ

(၂) အကြားအမြင်ဗဟုသုတများသူ

(၃) ဂရုတစိုက် စောင့်ရှောက်သင့်သူ

(၄) စိတ်လုံခြုံမှုပေးသူ

(၅) ဇီဇာကြောင်သူ

(၆) အပိုလူ

(၇) နေရာတကာဝင်ပါသူ

(၈) ဒုက္ခပေးနေသူ

(၉) အခြား

Appendix (VI)

Questionnaire for the Well-Being of the Elderly

Listen carefully to the following statements and mark (✓) to the statement you agree.

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

	<u>SA</u>	<u>A</u>	<u>D</u>	<u>SD</u>
1. At present the grandparent's health is perfect.	----	-----	-----	-----
2. Compare to grandparent of same age, I think my health is good.	-----	-----	-----	-----
3. I can still look after my own needs.	-----	-----	-----	-----
4. I need a lot of extra aids in my daily movements. (e.g Hearing aid, spectacles, walking stick)	-----	-----	-----	-----
5. I can still help in the children's affairs.	-----	-----	-----	-----
6. I can still earn a livelihood.	-----	-----	-----	-----
7. My health is a hindrance to my daily activities.	-----	-----	-----	-----
8. There are people who behave respectfully to the grandparents.	-----	-----	-----	-----
9. There is a person to depend on in the neighbourhood.	-----	-----	-----	-----
10. I have friends to consult in times of emergency.	-----	-----	-----	-----
11. I have intimate friends.	-----	-----	-----	-----
12. I can participate in human society or affairs.	-----	-----	-----	-----
13. I like to stay alone and quietly.	-----	-----	-----	-----
14. Compare to grandparent of same age, I am a joyous person.	-----	-----	-----	-----
15. I feel that I can still work like the young people.	-----	-----	-----	-----
16. I feel that I have become useless as I grow older.	-----	-----	-----	-----
17. I am satisfied with the state of my life.	-----	-----	-----	-----
18. My mind is strengthened by my faith in religion.	-----	-----	-----	-----
19. I feel mentally weak when I am alone.	-----	-----	-----	-----
20. The grandparents' advice and decisions are accepted and carried out in family affairs.	-----	-----	-----	-----

SA A D SD

21. The grandparents have had many fearful and sad things. -----
22. Life now is as happy as when we were young. -----
23. The grandparents feels alone and lonely. -----

နောက်ဆက်တွဲ (၆)

အဘိုးအဘွားတို့၏ “ကိုယ်ကျန်းမာ၊ စိတ်ချမ်းသာမှု” ဆိုင်ရာ မေးခွန်းများ

အောက်ဖော်ပြပါအဆိုများ အားသေချာစွာနားထောင်၍ မိမိနှင့် ကိုက်ညီသည် အချက်အလက်ကို အမှန်(✓)ပေးပါ မေးခွန်းအားလုံး ဖြေဆိုပါ။

SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

	<u>SA</u>	<u>A</u>	<u>D</u>	<u>SD</u>
၁။ လောလောဆယ်မှာ အဘိုးအဘွားရဲ့ ကျန်းမားရေး ကတော့ဒေါင်ဒေါင် မြည်ဘဲ။	-	-	-	-
၂။ သက်တူ၊ ရွယ်တူ အခြားအဘိုးအဘွားတွေနဲ့ နှိုင်းယှဉ် ရင်လဲ ကျန်းမာရေးကောင်းတယ်ထင်ပါသည်။	-	-	-	-
၃။ မိမိ၏ ဝေယျာဝစ္စများအား ကိုယ်တိုင်လုပ်ကိုင်နိုင်ပါသည်။	-	-	-	-
၄။ နေ့စဉ်နေထိုင်သွားလာလှုပ်ရှားမှုအတွက် အထောက်အကူ ပစ္စည်း အတော်များများသုံးရသည်။(ဥပမာ-နားကြပ်၊ မျက်မှန်၊ ဒုတ်ကောက်)	-	-	-	-
၅။ သားသမီးများ၏ ကိစ္စများအား ကူညီပေးနိုင်ပါသည်။	-	-	-	-
၆။ မိမိကိုယ်တိုင် ဝင်ငွေရှာဖွေနိုင်ပါသည်။	-	-	-	-
၇။ ကျွန်ုပ်၏ကျန်းမာရေးသည် ကျွန်ုပ်နေ့စဉ် နေထိုင်သွားလာ မှုများကို အဟန့်အတားဖြစ်စေသည်။	-	-	-	-
၈။ အဘိုးအဘွားတို့အား ရိုရိုသေသေဆက်ဆံသူရှိသည်။	-	-	-	-
၉။ အနီးအနားမှာ မှီခို အားထားရမည့်သူ ရှိသည်။	-	-	-	-
၁၀။ အရေးကိစ္စရှိလျှင် တိုင်ပင်ပေါ် တိုင်ပင်ဖက် မိတ်ဆွေရှိသည်။	-	-	-	-
၁၁။ ရင်နှီးသည့်မိတ်ဆွေ အပေါင်းအသင်းရှိသည်။	-	-	-	-
၁၂။ လူမှုအဖွဲ့အစည်းများတွင် ပါဝင်လှုပ်ရှား ဆောင်ရွက်နိုင်သည်။	-	-	-	-
၁၃။ တစ်ဦးတည်း တိတ်တိတ်ဆိတ်ဆိတ်နေသည်။	-	-	-	-
၁၄။ သက်တူရွယ်တူတွေနှင့်ယှဉ်လျှင် စိတ်ပျော်ရွှင်သူအဖြစ် ခံစားရသည်။	-	-	-	-
၁၅။ လူငယ်တွေနဲ့ ယှဉ်ပြီးလုပ်နိုင်သေးသည်ဟုထင်သည်။	-	-	-	-

Appendix (VII)

Interview Guide Questions

1. May I know your feelings as you grow old?
2. Please tell me the difficulties you had to struggle with in your life time.
3. May I know your own income which you can spend or what are you feeling about money?
4. Can you tell me some of your experiences in the environment you live in?
5. If you can tell me, I would like to hear about your feelings towards the young people in your own home?
6. Please tell me the conditions of your health.
7. Please tell me whether you are satisfied and happy with your elderly life.
8. I would like to know if you are still in touch with your community and the social environment around you.
9. May I know your feelings about your present life?
10. What do think are the major factors that would make the life of an elderly person a happy and contented one?

နောက်ဆက်တွဲ (၇)

သက်ကြီးရွယ်အိုတို့၏ 'ကိုယ်ကျန်းမာ စိတ်ချမ်းသာမှု' ဆိုင်ရာ

တွေ့ဆုံမေးမြန်းမှု လမ်းညွှန်မေးခွန်းများ

- ၁။ အဘိုးအဘွားတို့ရဲ့ အသက်အရွယ် ကြီးပြင်းလာတဲ့ ဘဝရဲ့ ခံစားမှုလေးတွေကို သိပါရစေ။
- ၂။ အဘိုးအဘွားတို့ရဲ့ နေထိုင်ရုန်းကန်းရတဲ့ဘဝမှာ အခက်အခဲလေးတွေ ရှိရင်လဲ သိပါရစေ။ ပြောပြပေးပါလား။
- ၃။ အဘိုးအဘွားတို့ရဲ့ ကိုယ်ပိုင်သုံးစွဲလို့ရတဲ့ဝင်ငွေ ဒါမှမဟုတ် ငွေနဲ့ပတ်သက်တဲ့ ခံစားချက်ကိုလဲ သိပါရစေ။
- ၄။ အဘိုးအဘွားတို့ရဲ့ နေထိုင်မှုပတ်ဝန်းကျင် အခြေအနေနဲ့ပတ်သက်တဲ့ အတွေ့အကြုံ လေးတွေကို လဲ ပြောပြပါဦး။
- ၅။ ကိုယ့်အိမ်မှာရှိတဲ့ မိသားစု လူငယ်တွေနဲ့ ပတ်သက်တဲ့ ခံစားချက်လေးတွေကိုလဲ ပြောပြနိုင်ရင်ပြောပြပေးပါဦး။နားထောင်ချင်ပါသေးတယ်။
- ၆။ အဘိုးအဘွားတို့ရဲ့ ကျန်းမာရေးနဲ့ ပတ်သက်တဲ့ အခြေအနေလေးတွေကိုလဲ ပြောပေးပါ။
- ၇။ သက်ကြီးရွယ်အိုဘဝကို ကျေနပ်ပျော်ရွှင်နေပါသလား။ ပြောပြပေးပါ။
- ၈။ ရပ်ရွာအဖွဲ့အစည်း၊လူမှုပတ်ဝန်းကျင်နဲ့ ထိတွေ့ဆက်ဆံရတဲ့ အခြေအနေလေးတွေကို ပျော်ရွှင်မှု ရှိမရှိ ကိုလဲသိချင်ပါသေးတယ်။
- ၉။ ယခုလက်ရှိ ဘဝနဲ့ပတ်သက်တဲ့ ခံစားချက်လေးကိုလဲ သိပါရစေ။
- ၁၀။ သက်ကြီးရွယ်အိုဘဝမှာ ကျေနပ်ပျော်ရွှင်နေနိုင်အောင် ဘာတွေအဓိကလိုအပ်တယ် လို့ထင်ပါသလဲ။ ပြောပြပေးပါဦး။

Appendix (VIII)

Mini Mental State Examination

1. My name is ----- . Can you tell me my name again? ()
2. I will tell you the name of three things now. Please remember them.
I will ask them later. (Apple, table, money) ()
3. What is this? Show a pencil. Show a watch or clock. ()
4. Please tell me again the names of three things I told you first now. ()
5. What season is it now? ()
6. What year is this year? ()
7. What month is this month? ()
8. Please tell me what date is today? ()
9. What day is today? ()
10. Tell me your country, town, quarter, road and house number. ()
11. Do you still remember my name? ()
12. Please minus 35 from 100. ()
13. Spell ' WORLD' backwards or Bamar alphabet 'ྨ ཡ ཅ'
14. Give the grandparent a piece of blank white paper and ask him or her
to follow a 3- stage command. Take a paper in your right hand, fold
it in half and put it on the floor. ()
15. Draw this design (Pentagons) exactly. ()

Appendix (IX)

TIME FRAME (Gantt Chart)																													
Activities to be done	2009 - 2013																												
	2009 - 2010					2010 - 2011					2011-2012					2012 - 2013													
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10
Proposal Preparation	*	*	*	*																									
Proposal defense and Proposal					*																								
Literature review	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Regular Seminar									*								*								*				*
Credit seminar												*											*				*		*
Pre-test												*																	
Data Collection													*			*													
Data Analysis															*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Thesis writing																								*	*	*	*	*	*
Thesis Defend																													*

UNIVERSITY OF YANGON
DEPARTMENT OF ANTHROPOLOGY
External Examiner's Report on the PhD Dissertation

Date: 28th August, 2012

TO WHOM IT MAY CONCERN
Ref: Thu Zar Aung's PhD Thesis

**Thesis Title - Sociocultural Determinants of Well-being of the Elderly People in
Sanchaung Township, Yangon City**

This study is the first study focusing on sociocultural aspect of Myanmar Elderly in urban society. It explored the factors influencing the status of well-being among elderly in the context of Myanmar society. Like in other developing countries Myanmar society follows traditional way of family environment for many years but due to the changes in development and exposure to globalization the situation may not be the same. The candidate is able to find out the recent situation of family, relatives, society at large and other existing organization and support group in caring of elderly people. She also could identify the outlook of elderly on their care givers' attitudes and practices towards them.

The candidate meets the objects of her study which could investigate the gap in caring of elderly among different socioeconomic and family situation. She can therefore identify ways and means for promoting care of elderly by community support group, UN agencies and NGOs. Her findings are very crucial for the Myanmar society because it highlights younger generation needs to pay more attention to the elder people who are in dire needs of psychological as well as other physical support including money.

It is strongly recommended that the candidate is entitled to hold Doctorate Degree with this Thesis.



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Referee's Report for PhD thesis

Title of Thesis: Sociocultural determinants of well-being of the elderly people in Sanchaung Township, Yangon City

Name of Candidate: **Daw Thuzar Aung**

Course and Year: PhD (Anthropology) (August, 2012)

Department: Department of Anthropology

University: University of Yangon

The study described situation of well-being of the elderly people and its determining factors. The candidate demonstrates a broad awareness of literature on well-being and the elderly. Objectives of the study were spelled out specifically and clearly. The combination of quantitative and qualitative methods was appropriately applied to fulfil the objectives of the study. Results are suitably set out and accompanied by adequate interpretation. The study identified three demographic factors—gender, age group and marital status—are related to well-being of the elderly. Moreover, it found out three socio-economic factors such as educational level, employment status and own income—were significantly associated with well-being of the elderly. Qualitative findings complement quantitative findings. Attitude of family members towards caring of elderly was also an important determining factor for well-being status of the elderly. Discussion is well written based on findings and linked with objectives. Conclusions are appropriately developed and clearly linked to the nature and content of the research framework and findings. Overall, the thesis constitutes original contribution to knowledge in the respective field. That would be benefit in bringing this to a broader readership and thus it is encouraged the publications of this thesis.



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