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Letter from the Editor-in-Chief

Myanmar and Korea have many similarities and are complementary relationship. Therefore, we believe that research exchange will expand mutual understanding between Myanmar and Korea, and will be the cornerstone for mutual development.

KOMYRA and YUE have co-published The Myanmar Journal since August 2014. So far, many scholars have published numerous papers through the journal, and We are sure that this journal has helped many people understand Myanmar and Korea more clearly and closely.

The Myanmar Journal covers various issues in Myanmar and Korea. It covers various topics that can promote bilateral development and mutual understanding, not limited to specific topics such as economy, industry, society, education, welfare, culture, energy, engineering, healthcare, and agriculture.

We hope that this journal will continue to promote understanding of the current status and potential capabilities of Myanmar and South Korea and promote in-depth international exchange and cooperation.

We would like to express our deepest gratitude to the editorial board and YUE and KOMYRA for their valuable support in The Myanmar Journal publication.

February 28, 2022

Youngjun Choi *yj choi*

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INFORMATION ABOUT The Myanmar Journal

The Myanmar Journal (ISSN 2383-6563) is the official international journal co-published by Yangon University of Economics (YUE) and Korea Myanmar Research Institute (KOMYRA).

This journal aims to promote the mutual cooperation and development of Myanmar and Korea through intensive researches in the entire field of society, economy, culture, and industry.

It will cover all general academic and industrial issues, and share ideas, problems and solution for development of Myanmar.

Articles for publication will be on-line released twice a year at the end of February and August every year on the Myanmar Journal webpage (http://www.komyra.com/bbs/board.php?bo_table=articles).

A Study on the Well-being of Elders in Yangon Region with Special Reference to Social Protection

*Thu Zar Lin**

Yangon University of Economics

ABSTRACT : The well-being of the elderly is emerging today as a big problem for every country in the world. This study aims to examine the influencing factors on the well-being of the elderly in Yangon Region. Applying descriptive and Binary Logistic regression in the analysis, based on qualitative and quantitative approach by using two stage random sampling design. Myanmar national social pension programme provided around 5 times more beneficiaries and 17,009 million kyats more in expenditure on social pension during the two-year period. There are 85 recognized Homes for the Aged and one Day Care Center for the Aged which provides services to elderly in Myanmar. "Wednesday" geriatric clinics and only type of health insurance program provided by the Ministry of Labor. Recreational activities for elderly are found as a positive determining factor of the well-being of elderly as it provides long term advantages. Home care support increases the amount of time, older people can have to live at home and has positively influenced on the well-being of the elderly. Social pension is a positive influencing factor of the well-being of elderly. Moreover, pension is the most influencing factor of well-being of the elderly. But Myanmar does not have a pension fund for pensioners yet.

Key words : *well-being, social protection, social pension, pension fund*

I. Introduction

Wellbeing is a state of feeling safe and happy. Well-being is the state of being

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relaxed, safe or happy. Wellbeing is an experience of health, enjoyment, and success. This involves maintaining a healthy mental health, a high degree of happiness with life, a sense of meaning or purpose, and the ability to handle stress. More specifically, well-being is just feeling well. Well-being comprises so many positive things; feeling happy, healthy, socially connected, and purposeful (Davis, T. 2019). It is a beneficial outcome that is essential to individuals and to many aspects of society, since well-being is the outcome of one's emotions, actions, and interactions. For example, whether one think it is positive, it seems to have a higher mental well-being. It helps to have greater social well-being as one pursues meaningful relationships. And when one loses a job, it tends to have lower workplace well-being (Davis, T. 2019).

In addition, the well-being includes decent living conditions (e.g. living and employment). Well-being involves world judgments of life satisfaction and feelings from distress to happiness. In general, quality of life relies more closely on the availability and modern conveniences (eg, computer) of the basic needs fulfilled (meal, finances, livelihoods). Pleasant feelings are associated to helping partnerships more closely. The concept of well-being includes two main categories; feeling good and functioning well. Feelings of happiness, contentment, feelings of satisfaction, pleasure, interest, and dedication are the attributes of someone who has a good experience of life. Experience is good relationships, having some influence over one's life and having a sense of meaning are all essential aspects of well-being (Rachel Dodge et al. (2012). Well-being, particularly for the elderly in a country, is crucial to all citizens. Today, both the proportion of the population and the absolute number of the elder persons in the world are growing.

According to the 2019 World Population Prospects, 1 in 6 people worldwide will be over age 65 by 2050, compared with 1 in 11 in 2019. The number of people aged 80 or over will also triple for the next 30 years, i.e. 2050, according to recent assessments. The population of 65 years of age will also double in many nations, while global life expectancy above 65 will rise by 19 years. The governments of the developed countries stress the elderly people's well-being, as expressed by the different national Development Policies, with the government committing itself to supporting the well-being of older people by securing and ensuring that elderly people are supported with critical needs, to support this ageing population and prevent a tough time of old age. Well-being can be assessed by analyzing variables (such as employment) that are observed as well as by looking at factors that are subjective to the person experiencing them, like how safe one feels.

Social Protection has been a policy framework for developing countries to reduce poverty and support the poorest since the 1990s as well as the elder people. Social protection is a necessary tool in poverty alleviation, advancing comprehensive growth,

and constrictio enhancement in the developing countries. In the olden days, social safety exists in the forms of sharing mutual assistance, and extends to families and to neighbor networks, but it cannot be a substitute for sufficient social welfare of the government-provided safety net.

According to the statistics of world population prospects (2019), the population aged 60 years and above was nearly 5.7 million, which is 10.5% of the total population in Myanmar. It is projected that the population aged 60 years and older will rise to 8.2 million or 14 per cent of the total population in Myanmar in 2030 (UN, 2020). Population policy must also consider the basic needs of older people who are less likely to be less functional and need more care and assistance, and must carefully study the nature of social security programs in order to step in the right direction (Myanmar Census, 2014). Myanmar faces significant challenges, including demographic changes that reduce the availability of family support for older people and increase the burden of chronic disease. In Myanmar, the informal sharing of material and emotional support within the family plays an important role in deciding the well-being of older people (World Bank, 1994).

Myanmar's Sustainable Development Goals (SDGs) agreement, thus adding a fresh impetus to the country's development ambitions. As part of Goal 1 of "No Poverty" the SDGs place social protection at the core of the development agenda. Social protection expenditure has potential to catalyze the achievement of main economic and socio-economic goals like poverty reduction, inequalities, and disparities, and to bring Myanmar closer to the realization of the Myanmar's National Social Protection Strategic Plan (NSPSP) and SDGs vision. NSPSP is aligned with Myanmar's rural development, health, and educational initiatives aimed at inclusive pathways and improved opportunities to poverty reduction, and are also entirely in line with the international and global commitments of Myanmar (Ministry of Social Welfare, Relief and Resettlement, 2015).

II. Research Area

According to population record of Government Administrative Department, Yangon Region (2019), the total elderly population as of March, 2019, is 958,580 persons. It is the largest share of elder persons (1.9 % of total population) in Myanmar. The study is focused on the Yangon Region. It covers 4 townships selected for the study area. These townships are Dagon Myothit (North), Mayangon, South Okkalapa and Hlaing Townships in Yangon Region. In this study, the target population is the elderly aged 60 years and above. The total population in study area is 975,407 and the

elderly peoples are 55,044 and it is nearly 6 % of the total population in study area. According to township General Administrative Department records (2019), the population of the study area consists of 65 wards, 416,225 housing units and 55044 elderly households.

Dagon Myothit (North) Township has 26 wards, 39,953 households, total population, 203,948 and total elderly households is 18,103. Mayangon Township has 10 wards, 33,738 households, total population is 198,113 and total elderly households is 12, 365. South Okkalapa Township has 13 wards, 64,756 households, total population is 268,063 and total elderly households are 12,408. Hlaing Township has 16 wards, 27, 7778 households, total population, 305,283, and total elderly households are 12168.

III. Method

1. Data Sources

This study was based on the primary and secondary data. For the primary data, the elderly were selected by the two-stage sampling method for the sample households. In the first-stage, 15 wards were randomly selected from the four townships. The sample wards were chosen based on the population of older people per township. Therefore, six wards from Dagon Myothit Township, three wards from South Okkalapa Township, three wards from Mayangon Township, and three wards from Hlaing Township, were randomly selected. In the second-stage sampling, a household listing operation has been carried out in the selected wards and elderly households were randomly selected in each selected ward. The required primary data are collected by using a face to face survey to the elderly with a structured questionnaire. The secondary data are officially collected from different sources. Since the study focuses only on the elderly in Yangon, the population of this study is all elderly (above 60 years old) in Yangon Region. The sample of 474 elderly are selected based on the population of elder people per township.

2. Descriptive Analysis

The growing numbers of elderly people in Asia have emphasized that social protection systems in the country need to be improved. In Myanmar, the elders of Myanmar (8.9% of total population), and half of them live in the populated states

and regions of Yangon (1.3%), Mandalay, Ayeyarwady (1.1%), Sagaing (1%), and Bago (0.9%), according to the Myanmar Population Census 2014. National Social Pension (NSP) program was also rolled-out by the MSWRR, in 2017 and, it was initiated in Chin State, Rakhine State, and Naga Self-Administered Zone in 2017-2018 FY and was expended into Kayin and Kayah States in 2018-2019 FY, and has drafted plans to expand into Ayeyarwady Region and Shan State in 2019-2020 FY. Initially, Myanmar's National Social Pension system (NSP) only targeted aged 90 years and above, and, the age eligibility criteria were changed to aged 85 years and above in the last quarter of 2018. But all persons who have 80 years of age or older become eligible in 2020-21FY. The transfer value was set at 30,000 MMK per person every three months, for a total of four times per year. The social pension scheme highlighted the importance of active ageing and dignity for older people in Myanmar.

The study found that over the course of a period of two years (2017-2018 to 2018-2019), the number of social pension recipients has risen dramatically (by 363 per cent), and social pension expenses have increased by 363 per cent. MMK 10,000 per month are currently in benefit amount and by 2022-23FY it is expected to grow by MMK15,000 per month. Over the two-year period, NSP provided over 5 times more recipients and 17,009 million kyats in social pension cost (MSWRR,2019).

Moreover, this study showed that, among the old aged pension beneficiaries, civil pensioners comprised the largest share of total beneficiaries (nearly 50%); followed by defense pensioners (around 31%). Political pensioners are around 6% of total beneficiaries and the rest are business pensioners (around 20%). The pension and SSB programs cover just about 3 percent of the population. Benefit levels are low and do not provide adequate income security for workers and pensioners. This study found that, pension budget is over one percent of the country's GDP and equals to the one-sixth of tax revenue of the country in 2019.

It is evident that the MSWRR currently supports 85 well-known Homes for the Aged people all over the country. Initiatives from religious groups, civic organization, and global networks have also built residences. In the main regions of Yangon, Mandalay, Ayeyarwady and Bago, majority of the homes are for the elderly. The research shows that the elderly people with disability and dementia embrace a home, See Sar Yeik. In the fiscal year 2018-2019, there are 3128 elderly persons, including 1057 females and 2071 males who benefited from charitable homes. This is around 0.07% of the population above 60 years of age.

In Myanmar, there is only one Day Care Center for the Aged, a non-residential care center, provides the services totally free of charge to the needy elderly. The center is free for beneficiaries and is 100% funded by the MSWRR. The center has a daily capacity of 70 elderly but has a total of 198 registered elderly in 2019.

Concerning health care services in Myanmar, the health care for the elderly programme has been establishing in various areas, especially, "Wednesday" geriatric clinics in the project areas.

3. Logistic Regression Analysis

This study defines well-being as subjective aspects of elderly' feeling of their current life satisfaction. In this study, Binary Logistic regression model has been used to find the variables that influence on well-being of the elderly aged 60 years and above. Since the study is interested in the well-being of the elderly in terms of life satisfaction as the dependent variable (dichotomous outcome), binary logistic regression model has been used. Independent variables are the social protection factors which includes pension, social pension, receiving support from social organization, kinds of social support, types of health care support and recreational activities. In the analysis part of the study, cross-classification distribution and Chi-square test for bivariate analysis was used to investigate social protection factors of elderly associated with the dependent variables of well-being in terms of life satisfaction. Binary logistic regression analysis was applied to determine the significant predictors of well-being of the elderly. In this analysis, Hosmer-Lemeshow (H-L) test and Pseudo R Squared were applied for the overall model evaluation of logistic regression. The likelihood ratio test was used to test the significance of logistic regression coefficients.

IV. Results

1. Association between the Social Protection and Well-being of the Elderly

Cross-tabulation and Chi-square test were done to determine the relationship between the social protection factors and well-being of the Elderly (Table 1). The major social protection variables included social pension, receiving support from social organization, type of health care support, kinds of social support, recreational activities and old aged pension.

The results of Chi-square analysis showed that social pension (Chi-square = 34.66, df= 2, $p = 0.000 < 0.01$), receiving support from social organization (Chi-square = 66.85, df= 2, $p = 0.000 < 0.01$), kinds of social support (Chi-square = 99.77, df= 4, $p = 0.000 < 0.01$), type of health care support (Chi-square = 81.56, df= 4, $p = 0.000 < 0.01$), recreational activities (Chi-square = 67.24, df= 5, $p = 0.000 < 0.01$), and old

aged pension (Chi-square = 151.86, df= 4, p = 0.000 < 0.01), are mainly related to social protection factors and well-being of the elderly. These factors are highly significant at 1% level.

Based on the results from Chi Square test, this study observed that social pension is found to be significantly associated with well-being of the elderly. The elderly who receive social pension (90.5%) are more satisfied than the elderly who do not receive social pension (54%). Receiving support from social organization is also found to be significantly associated with well-being of elderly. The well-being of the elderly who receive support from social organization (73.3%) is better than the elderly who do not receive support from social organization (34.7%). Types of health care support are also found to be significantly associated with the well-being of the elderly. The highest level of well-being can be found among elderly who get medical checkup from social organization (83%); followed by those who have medication fees (75.8%) and medicines with (74.4%).

Table 1. Association between the Social Protection and Well-being of the Elderly

Variables	Classifications	Life Satisfaction		χ^2 value	P-value
		Satisfied (%)	Dissatisfied (%)		
Social Pension	No	54.0	46.0	34.66***	0.000
	Yes	90.5	9.5		
Receiving support from social organization	No	34.7	65.3	66.85***	0.000
	Yes	73.3	26.7		
Types of health care support	None	34.9	65.1	81.56***	0.000
	Medicine	74.4	25.6		
	Medication Fees	75.8	24.2		
	Medical Checkup	83.0	17.0		
Kinds of social support	No support	15.4	84.6	99.77***	0.000
	Material	50.0	50.0		
	Home care	82.6	17.4		
	Money	67.1	32.9		
Recreational activity	No	28.2	71.8	67.24***	0.000
	Socialize with friend and neighbors	68.3	31.8		
	Doing physical exercise in a group	80.0	20.0		
	Attend community or religious ceremonies	63.5	36.5		
	Reading newspaper and magazine, watching				

	television and playing musical instruments	63.3	36.7		
Pension	No	17.4	82.6	151.86***	0.000
	Veteran pension	64.8	35.2		
	Survivor pension	70.5	29.5		
	Old aged pension	87.6	12.4		

Note: ***, **, * represent 1%, 5% and 10% level of significance.

Source: Survey Data (2019).

Types of social support are also found to be significantly associated with the well-being of elderly. The highest level of well-being is found among the elderly who received home care support from social organization (82.6%); followed by those who received money support (67.1%) and then, the elderly who received material support (50%). Recreational activity is also found to be significantly associated with well-being of the elderly. The highest level of well-being is found in the elderly who socializing with friends and neighbors (68.3%), the elderly who take group exercise (80%), the elderly who attend community or religious ceremonies and the elderly who read newspaper and magazines, watch television and play musical instruments (63.3%). As seen in Table 1, pension is found to be significantly associated with the well-being of elderly. The elderly who received old aged pension (87.6%) have the highest level of well-being and are followed by elderly who received survivor pension (70.5%) and elderly who received veteran pension (64.8%).

2. Binary Logistic Regression Analysis for Well-being of the Elderly with Social Protection

In this study, the binary dependent variable is the well-being of the elderly (binary outcome) and independent variables are supports received by the elderly as social protection and classified into appropriate groups. The binary outcome variable was also categorized into two classes; elderly who satisfied with their current life and elderly who dissatisfied with their current life.

The overall model evaluation criteria of logistic regression model are presented in Table 2. According to the model evaluation criteria (Pseudo R²=0.627), 62.7% of the variation in well-being of the elderly can be explained by the social protection factors. LR Chi-square test of model coefficients showed that the addition of the independent variables improved the predictive power of the model. Regarding the LR

Chi-square test of model coefficients, the study found that the model is significant (Chi-square=364.01, df=15, p value=0.000 < 0.01). Since log likelihood statistic is (-108.44), it can be said that the existence of a relationship between the independent variables and dependent variable is supported. According to the results of Hosmer and Lemeshow statistic, (Chi-square=7.05, df = 8, p value = 0.532>0.01), showed that there is no evidence of lack of fit of the model.

Table 2. Model Fitting Information for Social Protection and Well-being of Elderly

Model fitting criteria	χ^2 value	df	p-value
LR Chi-square	364.01	15	0.000
Hosmer and Lemeshow (H-L) Test	7.05	8	0.532
Log Likelihood	-108.44		
Pseudo R Square	0.627		

Source: Survey Data, (2019).

The empirical results showed that regarding social protection intervention, social pension, receiving support from social organization, types of health care support, kinds of social support, recreational activity and pension are the significant predictors of well-being of the elderly (Table 3).

Table 3. Parameter Estimates for the Binary Logistic Regression Model of Well-being with Social Protection of the Elderly

Variables and Classification	Coefficient	Odds Ratio	Std. Err.	z	P-value	95% C I Lower Upper	
Constant	-4.87***	0.01	0.00	-8.23	0.000	0.00	0.02
Social pension No (ref)							
Yes	1.40***	4.04	1.96	2.88	0.004	1.56	10.43
Receiving support from social organization No (ref)							
Yes	1.21***	3.34	1.18	3.42	0.001	1.67	6.68
Types of health care support None (ref)							
Medicine	0.77**	2.16	0.80	2.07	0.039	1.04	4.48
Medication fees	0.91*	2.49	1.42	1.60	0.100	0.81	7.64

Medical checkup	1.31**	3.69	1.99	2.43	0.015	1.29	10.60
Kinds of social support							
No support (ref)							
Material support	1.29**	3.64	1.96	2.39	0.017	1.26	10.47
Home care	3.17***	23.77	12.42	6.06	0.000	8.54	66.19
Money	1.49***	4.46	2.23	2.99	0.003	1.67	11.86
Recreational activity							
No (ref)							
Socialize with friend and neighbors	1.41**	4.09	2.28	2.52	0.012	1.37	12.20
Doing physical exercise in a group	1.67***	5.30	2.31	3.83	0.000	2.26	12.44
Attend community or religious ceremonies	0.33	1.39	0.77	0.60	0.551	0.47	4.09
Reading newspaper and magazine, watching television and playing musical instruments	0.56	1.75	0.74	1.32	0.187	0.76	4.00
Pension							
No (ref)							
Veteran pension	1.54***	4.67	1.77	4.06	0.000	2.22	9.82
Survivor pension	1.56***	4.78	2.21	3.38	0.001	1.93	11.81
Old aged pension	2.64***	14.05	5.80	6.40	0.000	6.26	31.57

Note: ***, **, * represent 1%, 5% and 10% level of significance.

Reference category is the elderly who dissatisfied with their current life.

Source: Survey Data (2019).

The results in Table 3 showed that social pension has a positive effect on well-being of the elderly. The elderly who receive social pension is about 4.04 times more likely to be satisfied with their current life than the elderly who does not receive social pension. It means that social pension is one of the factors affecting the elderly because it has a positive effect on elderly' well-being for those who do not have this type of pension; it becomes very difficult for them to survive.

Receiving support from any social organization and well-being of the elderly is positive relationship between these two variables. The coefficient of receiving support from social organization is found to be statistically significant at 1% level. The result showed that, the elderly who received support from social organization is about 3.34 times more likely to be satisfied with their current life than the elderly who do not

received support.

Health care support by social organization has a positive effect on well-being of the elderly. The results in the Table 3 showed that the coefficients of medicine which elderly received from social organization is statistically significant at 5% level; medication fees are significant at 10% level and, medical checkup is statistically significant at 5% level.

The kinds of social support have positive effect on well-being of the elderly. The coefficients of home care support and money support for elderly are found to be statistically significant at 1% level and material support is statistically significant at 5% level. This study observed that the odds of being satisfied is 23.8 times more likely to be satisfied for elderly who received home care support; 4.46 times more satisfaction for elderly who received money support and 3.64 times more likely to be satisfied for elderly who received material support from social organization than the elderly who do not receive any support from social organizations. It is suggested that support from social organization is important for the older people whereas if they cannot have that support, they cannot have well-being.

Concerning with recreational activities, the results indicated that the odds of being satisfied are 4.1 times more for elderly who socialize with friends and neighbors; 5.3 times more likely to be satisfied for elderly who take group physical exercise the elderly who do not participate in any recreational activities. This study concluded that elderly who do not participate in any recreational activities can affect their overall well-being and they cannot have full life satisfaction.

Pension has positive effect on life satisfaction of the elderly. The coefficient of pension is found to be statistically significant at 1% level. Concerning with pension, this study found that the odds of being satisfied is approximately 14 times more for elderly who received old aged pension; about 4.8 times more for elderly who received survivor pension and is nearly 4.7 times more for elderly who received veteran pension than elderly who do not receive pension (reference category). Even though these are non-contributory benefits, funded by the state budget, it is one of the kinds of social protection (social insurance). Thus, the elderly who received pension have more chance to enjoy the well-being than those who do not receive pension.

V. CONCLUSION

Based on the results of the survey analysis on the factor influencing the well-being of the elderly, social protection factors are the most influencing factor on

well-being of the elderly. Social pension was found as a positive influencing factor of well-being of elderly. The study suggests that though the amount of social pension is small, it makes elderly feel happy and confident for holding money in their hands. Social pensions are tax-financed cash transfers paid regularly to older people, regardless of their employment history or social security contributions. Social pensions constitute the zero pillar or floor of pension systems, providing minimum levels of income security in older age. Social pension may improve family cohesion and the status of older people because it may provide an incentive for different generations to live together, and elder persons have some control over their income which can contribute to more equitable distribution of resources. Therefore, government should lower age criteria for eligibility for social pension and increasing amount of social pension.

Types of health care support by social organization has positive effect on well-being of the elderly. Among the types of health care support, the elderly who received medication fees are more likely to feel satisfied with their current life than the elderly who do not receive. This study suggests that the more the elderly received the health care support, the more they feel happy and satisfied with the current life. The kinds of social support have positive effect on well-being of the elderly. This study observed that the elderly who receive home care support from social organization have more satisfaction than receiving other supports. It is concluded that support from social organization is important for the old people whereas if they cannot have any support, they cannot be satisfied with their life.

Recreational activities, especially taking group exercise has positive effect on well-being of the elderly. This study found that elderly who do not take part in any recreational activities can affect their health and overall well-being and they cannot have full life satisfaction. Recreational activities for elderly was found as a positive determining factor of well-being of elderly. It provides long term advantages. The most of the elderly incur the problem of brain shrinkage, as they grow older. Elderly should be encouraged regular physical activity because it leads to balance both body and mind feeling. Moreover, physically, exercise boosts the immune system, lowers blood pressure, improves sleep quality, improves heart health, relieves anxiety, improves strength and more benefits for the elderly. In day care center, there are many facilities for recreation programs which elderly can pursue their hobby. This center is also suitable for elderly's health promotion and nutritional development because it provides the services totally free of charge to the needy elderly. Therefore, government needs to open more Daycare Centers for the Aged across the country.

Old aged Pension also has positive and significant effect on well-being of the elderly. This study indicated that, Pension was also found as a positive influencing factor of well-being of the elderly. Pensions can make older people feel independent

because it may promote a sense of security and dignity in elderly who would otherwise depend on family members. Pensions enable older people to contribute for households' costs such as health care, medicines. Myanmar does not have the pension fund, a superannuation fund for pensioners, although most countries have established such a scheme. Government should try to establish a pension fund instead of using the state budget of the country because pension expenditure is equals to the one-sixth of tax revenue in Myanmar in 2019. Kinds of social support, especially home care support has positively influenced on well-being of the elderly. Home care increases the amount of time older people can live at home functionally. The activity is to take care of lonely elder people by well- trained volunteers in the home setting. The ROK-ASEAN home care project has provided valuable experience to ASEAN member countries in home care and community-based welfare policy on ageing, which contributes to the quality of life of the elderly. Therefore, the government should express its willingness to advance the policy and legal framework on the ageing issue by developing a national policy and laws in Myanmar.

Therefore, present study concluded that, social pension, receiving support from social organization, kinds of social support, recreational activities, and old aged pension are the major social protection factors which relate to well-being of the elderly in Myanmar.

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