



# How to control chronic respiratory diseases in Myanmar

## Summary and recommendations

As non-communicable diseases grow in number in Myanmar, chronic respiratory diseases (CRDs) are likely to increase too, with nearly one-in-twenty deaths caused by them in 2016.<sup>1</sup> Myanmar's urban population is growing, with 7.1 million people expected to move to cities from rural areas by 2050 who face exposure to air pollution.<sup>2</sup> Tobacco use and exposure to occupational pollutants are common too, particularly in rural areas. Meanwhile, awareness of what causes CRDs is poor. Greater research is needed into the prevalence of CRDs in Myanmar to ensure policymakers understand the scale of the problem and can do more to control people's exposure to pollutants. Education campaigns are desperately needed to help people understand how they are putting themselves at risk of CRDs, and what impact this could have on their lives. And for those who develop CRDs, there must be a health system that can provide effective and affordable treatment.

Chronic respiratory diseases (CRDs) are a group of non-communicable conditions of the airways and lungs, including chronic obstructive pulmonary diseases (COPD), asthma, bronchiectasis, cystic fibrosis, occupational lung diseases, pulmonary hypertension and sleep apnoea. They are characterised by difficulty breathing and other respiratory system issues and affect more than 500 million people worldwide<sup>3</sup> and are among the leading causes of mortality and morbidity worldwide. Among the main CRD risk factors are tobacco use, air pollution and allergens. Unhealthy diets, obesity and physical inactivity are other, smaller risk factors.

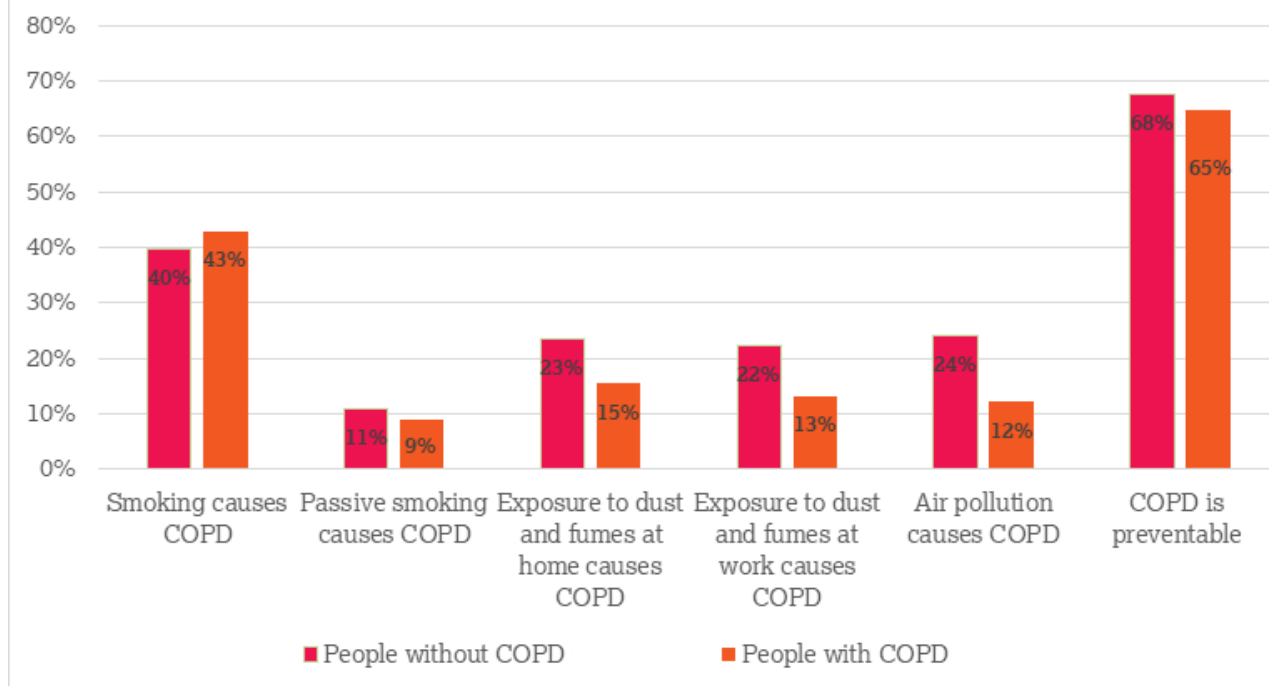
Respiratory diseases are the single largest contributor to global burden of disease when measured in terms of disability-adjusted life-years (DALYs), which measure the mortality and the number of years lost to disabilities. COPD and asthma are the most common CRDs, affecting 299 and 273 million people in 2017, respectively.<sup>4</sup> Asthma alone accounts for over 180,000 deaths annually. Due to global population ageing and increasingly poor environmental air quality, CRDs are a growing cause of disease globally, especially in low and middle-income countries, although there is limited data on their prevalence in Myanmar, one study from 2016 found that 4.9 per cent of deaths were caused by respiratory diseases.<sup>5</sup>

CRDs do not just increase mortality rates and raise healthcare expenditure, they also impact people's

**HelpAge**

**International**

## Percentage of respondents with and without COPD who believe the following statements



wellbeing and quality of life by increasing stress, lowering self-esteem and limiting people's capacity for physical activity.<sup>67</sup>

## Exploring prevalence and perceptions of chronic respiratory diseases in Myanmar

University of Public Health researchers carried out a study to assess the prevalence of chronic respiratory diseases and their risk factors in Myanmar, as well as knowledge about the conditions and how people are accessing care. The study sampled 2,148 people aged 40 and over in eight selected townships across Shan State, Mon State, Mandalay Region and Ayeyarwady Region in 2018-19. Each individual person underwent a spirometry test, which measures the amount and speed at which air can be inhaled, to detect and quantify respiratory impairment, and was asked about their knowledge of COPDs.

Of everyone surveyed, 91 people (4.2 per cent) had COPD, which puts Myanmar in line with international standards, although these can be hard to measure due to studies using different guidelines. Rural prevalence of asthma and COPD was higher than in urban areas (16 per cent rural and 12 per cent urban for both conditions) and men were about four times more likely to have COPD than women, and similar trends were observed for asthma. Prevalence of asthma and COPD was the highest in groups with the least wealth and lower educational

attainment.

In rural areas, tobacco use, exposure to occupational pollutants such as dust and fumes, and usage of solid fuel such as charcoal or wood for cooking were higher than in urban respondents, which could cause this trend. Tobacco consumption and exposure to occupational pollutants were higher in male participants than in female participants. Asthma and allergies can be hereditary, and more respondents in rural areas had parental history of these conditions.

Just 40 per cent of the respondents knew that smoking causes COPD and asthma, which is close to half the awareness found in South Korea in a similar study.<sup>8</sup> As seen in the above table, this low awareness even extends to those who currently have COPD. Similar numbers were found for those with asthma. Education campaigns to raise awareness about how to prevent and manage CRDs are vital. Since nearly 70 per cent of Myanmar's population is rural, and these are the areas with higher rates of CRDs, it is important that awareness-raising activities reach these parts of the country.

## What can Myanmar do to tackle chronic respiratory diseases?

- Expand tobacco control activities, such as organising national and sub-national groups for tobacco control, raising community awareness through advocacy campaigns, training health personnel on the risks of tobacco, protect non-smokers from exposure to tobacco smoke and strengthen research on smoking.

- Use of solid fuel for cooking should be discouraged by appropriate ways including the approaches proposed by the National Clean Cooking Strategy for Myanmar, such as community awareness raising, increasing use of safe and more efficient firewood stoves, making alternative fuels available, improving ventilation and changing cooking behaviour and improving firewood management.
- Reduce exposure to occupational pollutants through regulatory measures, such as combustion, conversion and collection of the pollutants in workplaces and education to workers about how to protect themselves.
- Increase awareness about COPD and asthma among the general public and people affected by the disease through mass media and health education
- Conduct further research into barriers to treatment for those suffering from CRDs. More data and information is needed on CRDs, smoking and other risk factors. Further research should be done to explore how to best encourage healthy behaviours.



**Yangon is Myanmar's biggest city, where traffic and industry contribute to air pollution (c) McKay Savage (CC-BY 2.0)**

## References

1. Ministry of Health and Sports, *Hospital Report (2014-16)*
2. World Bank (2019), *Myanmar's Urbanization: Creating Opportunities for All* <<https://www.worldbank.org/en/country/myanmar/publication/myanmars-urbanization-creating-opportunities-for-all>>
3. Bousquet J, Khaltaev N, Global Alliance against Chronic Respiratory Diseases. Geneva: World Health Organization (2007), *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*
4. Institute of Health Metrics and Evaluation, *Global Burden of Disease Study 2017*
5. Ministry of Health and Sports, *Hospital Report (2014-16)*
6. Ampon R, Williamson M, Correll P, Marks G (2005), "Impact of asthma on self-reported health status and quality of life: a population based study of Australians aged 18–64", *Thorax*
7. Bentsen SB, Henriksen AH, Wentzel-Larsen T, Hanestad BR, Wahl AK 2008, "What determines subjective health status in patients with chronic obstructive pulmonary disease: importance of symptoms in subjective health status of COPD patients", *Health Qual Life Outcomes Awareness of chronic obstructive pulmonary disease in current smokers: a nationwide survey*
8. So Yeong Mun et al (2015), "Awareness of chronic obstructive pulmonary disease in current smokers: a nationwide survey", *The Korean Journal of Internal Medicine*

## Endnotes

For more information, please contact:

- Prof Anil Krishna, Public Health Technical Lead, HelpAge International, [anilkrishna@helpagemyanmar.org](mailto:anilkrishna@helpagemyanmar.org)

Contributors:

- Dr Bediru Abamecha (PhD), Project Manager, HelpAge International
- Michael Horita, M&E Officer, HelpAge International
- Yin Thazin Tun, Project Officer, HelpAge International
- Ben Small, Senior Communications Coordinator, HelpAge International
- Dr. Khin Hnin Swe, Senior Project Coordinator, HelpAge International

Cover photo by Ben Small/HelpAge International

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

HelpAge International Myanmar  
No 5, Zizawa Street, Parami Avenue,  
8 Ward, Yankin Township  
Yangon, Myanmar

+95 1 663 815

**[www.helpage.org](http://www.helpage.org)**

Registered charity no. 288180

 @HelpAge\_Myanmar  HelpAge International Myanmar

Copyright © HelpAge International 2020

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, <https://creativecommons.org/licenses/by/4.0/>

Any parts of this publication may be reproduced without permission for non-profit and educational purposes. Please credit HelpAge International clearly and send us a copy or a link.



WORLD **DIABETES** FOUNDATION