Contextual factors in the targeted implementation areas of Scaling-up on NCD Interventions in South-East Asia (SUNI-SEA) project of European Union in Myanmar

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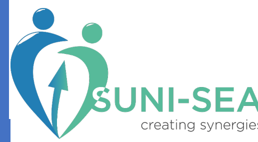
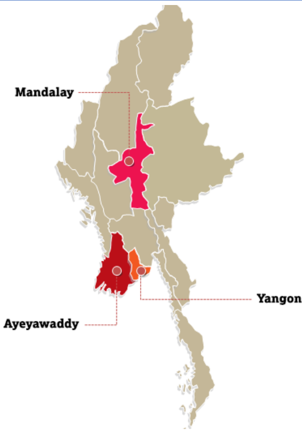


Study objective: To identify the risk factors of diabetes and hypertension, health seeking behaviors, and knowledge of NCDs among adults above 40 years in three regions of Myanmar

Background

Non-communicable diseases (NCDs), such as heart disease, stroke, cancer, and diabetes, are the leading cause of global mortality. Around 40 million of the 56 million global deaths in 2015 were due to NCDs. NCDs are an under-appreciated cause of poverty and hinder the economic development of several countries.

In Myanmar, based on WHO data, NCDs accounted for around 59% of total deaths in 2014, which increased to an alarming 68% in 2018, out of which, diabetes accounted for 3% of deaths in Myanmar in 2014, which increased to 4% in 2018. In the STEPs 2014 survey, the overall percentage of respondents with **hypertension**, previously diagnosed within one year, was 15.7%, while 5.3% had been diagnosed more than one year ago, and for **diabetes** 3.6% of respondents had been diagnosed.



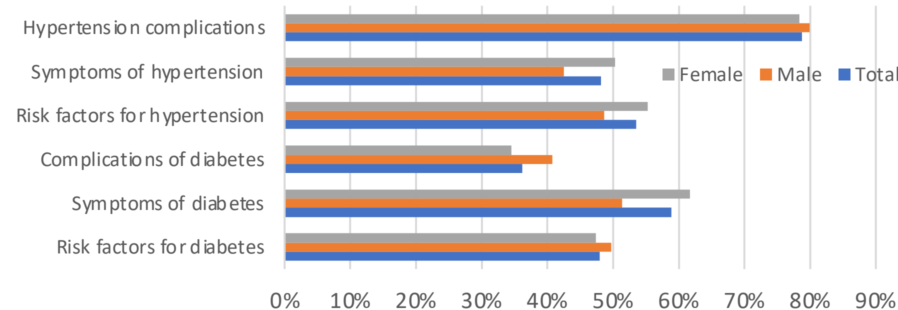
Methodology

Cross-sectional study carried out in three region in Myanmar over the month of January 2020, in which a total of 75 community groups existed.
In each region, 2 townships were selected, and under each township, 2 villages/wards were selected using stratified random sampling. In each cluster, 55 individuals (above the age of 40) were selected by random walk.

Background characteristics of respondents			
	Total	Male	Female
Total sample size	660	179	481
Mean age of the respondent (years)	57.5	59.9	56.6
Percentage of respondents with no formal schooling	165 (25%)	33 (18.4%)	132 (27.5%)
Respondents living in rural areas	406 (61.5%)	122 (68.2%)	284 (59.0%)
Respondents who are employed/self-employed	337 (51.1%)	116 (64.8%)	221 (46.0%)
Average family monthly income	290,294 MMK (225.77 USD)		

Results

	Total	Male	Female
Total sample size	660	179	481
Risk factors for NCDs			
Behavioral risk factors			
Respondents who currently smoke any tobacco products	140 (21.2%)	67 (37.4%)	73 (15.2%)
Respondents that reported insufficient physical activity (<150 min of moderate or 70 vigorous exercise weekly, or a combination of both)	280 (42.2%)	65 (36.3%)	215 (44.7%)
Respondents that reported eating less than 5 servings of fruit and vegetables daily	557 (84.4%)	151 (84.4%)	406 (84.4%)
Metabolic risk factors			
Prevalence of respondents with raised blood sugar levels	109 (16.8%)	15 (8.5%)	94 (19.9%)
Respondents with elevated blood pressure	506 (77.3%)	137 (77.0%)	369 (77.4%)
Health seeking behavior			
Respondents reported having blood pressure (ever) measured	606 (91.8%)	155 (86.6%)	451 (93.8%)
Respondents ever been diagnosed with hypertension	296 (44.9%)	69 (38.6%)	227 (47.2%)
Respondents diagnosed with hypertension taking medicine regularly	175 (59.1)	38 (55.1%)	137 (60.4%)
Percentage of respondents being ever tested for blood sugar	379 (57.4%)	79 (44.1%)	300 (62.4%)
Respondents ever been diagnosed with diabetes	97 (14.7%)	14 (7.8%)	83 (17.3%)
Respondents diagnosed with diabetes taking medicine regularly	79 (81.4%)	11 (78.6%)	68 (81.9%)



** Percentage of respondents who answered correctly to questions on risk factors, symptoms and complications for diabetes and hypertension.*

Recommendations and pathways to community-based interventions in Myanmar

➤ **Raise awareness** on existing community groups and their services for full and effective use of these.

➤ **Improve capacity of community groups** by strengthening knowledge on diabetes and hypertension prevention and management and ways to communicate with communities, to transmit simple, accessible, and reliable health education messages.

➤ **Raise awareness on importance of healthy lifestyles** and on diabetes and hypertension in communities, especially in rural areas, through community-based groups.

➤ Promote the use of personalized exercise and dietary plans for persons based on their age, physical condition, BMI and disease history and **encourage behavioral change through community-based groups**.

➤ Incorporate **basic screening** for diabetes and hypertension at the grass root level, enabling identification of risk factors, referral to Primary Health Care (PHC) level and hence early diagnosis, treatment, and prevention of complications.

➤ **Promote synergies between community and PHC levels** for conducting health related activities effectively in community groups and linking to available services at the PHC level.

Acknowledgement

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