

## **Aging Under Crisis: The Compounding Challenges of Healthy Aging in Post-coup Myanmar**

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The Asian Conference on Aging & Gerontology 2026  
Official Conference Proceedings

### **Abstract**

Despite the growing recognition that healthy aging is a multidimensional phenomenon shaped by social, economic, and relational conditions, very little research has examined how older adults experience and understand aging well in contexts of sustained political crisis. This study addresses that gap through qualitative inquiry in Myanmar, a setting where prolonged instability since 2021 has placed the foundations of healthy aging under considerable strain. Guided by a constructivist epistemology, semi-structured interviews were conducted with 26 retirees across urban and rural settings. Data were analyzed using inductive thematic analysis, through which three themes were constructed: undermined psychological wellbeing, in which chronic fear and uncertainty eroded participants' sense of inner peace; threatened economic and physical security, reflecting the collapse of healthcare access and financial stability; and disrupted social roles and family bonds, capturing participants' grief over their inability to fulfill the caregiving and relational roles central to their sense of aging well. As one of the first studies to explore the lived experience of healthy aging in Myanmar's crisis context, the findings carry important implications for how humanitarian responses conceptualize and address the needs of older adults in conflict-affected settings.

*Keywords:* aging, healthy aging, Myanmar, political crisis, gerontology

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## Introduction

In 2021, Myanmar experienced a significant political transition that ushered in a period of profound and ongoing instability (Fan et al., 2024; Kyriakou et al., 2025). Widespread civil disruption, economic deterioration, the weakening of public services, and large-scale displacement have had severe consequences for civilian life (Donnellan et al., 2021; Fan et al., 2024; United Nations Office for the Coordination of Humanitarian Affairs, 2023). For the country's older adults, these conditions compound the vulnerabilities already inherent to later life, dismantling the social, economic, and relational structures on which aging well depends. Yet despite the breadth of humanitarian scholarship on crisis-affected populations, the subjective experience of aging under political upheaval remains largely unexplored. Research on older adults in crisis settings has grown but remains dominated by quantitative assessments of material vulnerability, offering limited insight into how older adults themselves make sense of what it means to age well when the conditions for doing so have been fundamentally disrupted (Fan et al., 2024; HelpAge International, 2025; van Boetzelaer et al., 2023). This is a significant omission. Humanitarian responses designed without an understanding of how older adults interpret and construct meaning around their own aging risk missing what matters most to those they seek to support (Park et al., 2025). The frameworks through which older people interpret and give meaning to their own aging are not peripheral to their wellbeing; they are foundational to it (Park et al., 2024; Park et al., 2025). Where those frameworks are culturally specific, as they are in Myanmar, the inadequacy of generic, externally imposed models carries still greater weight.

## Literature Review

### Conceptualizing Healthy Aging

The concept of healthy aging has evolved substantially, shifting from a narrow biomedical focus toward a broader, multidimensional understanding. Rowe and Kahn's (1997) influential model proposed that healthy aging comprises low probability of disease, high cognitive and physical functioning, and active engagement with life. While widely adopted, the model has attracted critique for its individualist assumptions and its embeddedness in Western conceptions of productivity and independence as measures of a good old age (Donnellan et al., 2021; Katz & Calasanti, 2015). The World Health Organization (2015) extended the framework through its concept of active aging, foregrounding the structural conditions, social, economic, political, and physical, that enable or constrain older adults' capacity for wellbeing. Beard et al. (2016) similarly argued that healthy aging is constituted as much by enabling conditions as by individual characteristics. This structural orientation is foundational to the present study: when those conditions are dismantled by political crisis, the question of whether healthy aging remains achievable becomes deeply pressing. Cultural context further shapes what aging well means. In East and Southeast Asian settings, filial piety positions older adults as members of relational networks whose dignity and wellbeing are constituted through intergenerational bonds of care and reciprocity (Ikels, 2004; Mehta, 1997). For older adults in Myanmar, Theravada Buddhist values of inner equanimity, acceptance, and spiritual practice are woven into everyday understandings of what it means to age with grace and moral worth (Latt et al., 2016). Analytical frameworks that fails to attend to these cultural dimensions will produce an incomplete picture of healthy aging in this context (Park et al., 2025). Taken together, these theoretical developments point toward a conception of healthy aging that is structural, relational, and culturally embedded. What they do not yet fully illuminate is what happens when the structural conditions for aging well are not merely inadequate but actively

dismantled, and when the cultural resources through which older adults navigate that process are themselves under strain. Myanmar's post-2021 context presents precisely this challenge, making it an unusually important site for extending existing theory.

### **Aging in Crisis Settings and Myanmar's Post-2021 Context**

Research on older adults in conflict and humanitarian settings documents compounding and often invisible disadvantages: mobility limitations impede service access; chronic conditions require continuity of care that crisis contexts rarely provide; financial reserves are quickly exhausted; and older adults frequently assume caregiving roles for grandchildren whose parents have been displaced (Fan et al., 2024; HelpAge International, 2025; Hutton, 2008). Despite this, older adults are systematically underrepresented in humanitarian programming (van Boetzelaer et al., 2023). Beyond material vulnerability, the disruption of social roles and relational functions through which older adults construct meaning in later life carries significant psychological consequences that quantitative indicators rarely surface (Fan et al., 2024; Grenier et al., 2017; United Nations High Commissioner for Refugees, 2025). Myanmar's post-2021 context illustrates these dynamics acutely. Its healthcare system has been weakened by workforce disruption and constrained humanitarian access (World Health Organization, 2025); the economy has contracted sharply, placing basic goods beyond reach for many (World Bank, 2023); and family networks have been fractured by displacement and migration, severing the intergenerational bonds that, in Myanmar's cultural context, constitute the relational fabric through which older adults understand their own worth (Ikels, 2004; Mehta, 1997; United Nations Office for the Coordination of Humanitarian Affairs, 2023). What this body of evidence has yet to adequately address is how older adults themselves make sense of aging well within such conditions, and how culturally specific frameworks of dignity and meaning shape that understanding. The purpose of the present study, elaborated below, is to address that gap directly.

### **Purpose of the Study**

Older adults in crisis settings face compound vulnerabilities that existing quantitative evidence captures only partially (United Nations Population Fund, 2012; van Boetzelaer et al., 2023). How they make sense of aging well under conditions of sustained upheaval, and how that meaning is shaped by the cultural frameworks through which they understand later life, remains an underdeveloped area of inquiry. Where those frameworks are as culturally specific as they are in Myanmar, generic analytical models are unlikely to surface what matters most to older adults themselves. Myanmar's post-2021 context is therefore both a compelling and an urgent site for qualitative investigation: a setting where the structural conditions for healthy aging have been comprehensively disrupted, and where Buddhist values of equanimity and deeply relational conceptions of dignity and worth demand an approach attentive to cultural particularity. The present study responds to this need by asking: How do older adults in Myanmar understand and experience healthy aging amid ongoing socio-political crisis?

### **Methods**

#### **Research Design**

This study was guided by a constructivist epistemology, which holds that knowledge is actively constructed through the interactions between researchers and participants rather than discovered as an objective reality (Creswell & Poth, 2018). From this standpoint, meaning is

plural, situated, and co-produced through the research encounter, making constructivism particularly well-suited to a study concerned with how older adults make sense of their own aging experiences. Consistent with this position, the study adopted a qualitative design, which is especially appropriate when the aim is to explore complex, context-dependent phenomena from the perspective of those who live them (Braun & Clarke, 2006; Denzin & Lincoln, 2018). The lived experience of aging under political crisis is precisely this kind of phenomenon: deeply subjective, culturally embedded, and resistant to capture through standardized measures. The study further drew on an interpretive sensibility in its orientation to the data, seeking to understand not only what participants experienced but how they interpreted and made meaning of those experiences within their own cultural and relational frameworks (Gubrium & Holstein, 2000).

### **Participants and Sampling**

Participants were 26 retirees residing in Myanmar at the time of data collection. Purposive sampling was used to identify individuals who were of retirement age, had lived through the onset of the political crisis, and were willing and able to engage in an interview, with participants drawn from both urban and rural settings to ensure diversity of experience and context. Given the sensitive political climate and the practical constraints of conducting research in Myanmar, a snowball sampling approach was also employed, with initial participants introducing the research team to further potential participants within their networks. The first and second authors, both Myanmar nationals with established community ties and an intimate understanding of the local socio-political landscape, served as primary gatekeepers in this process, leveraging their cultural proximity and existing relationships to gain access to participants who might otherwise have been unreachable to external researchers. This approach was particularly important in a context where trust is not easily established across unfamiliar research relationships. All participants provided informed consent prior to their involvement, and confidentiality was maintained throughout through the use of pseudonyms and secure data management practices. Sample characteristics are summarized in Table 1.

**Table 1**  
*Participant Sample Characteristics (N = 26)*

Characteristic	Category	n (%)
Gender	Male	14 (53.8%)
	Female	12 (46.2%)
Age Group	60–69 years	11 (42.3%)
	70–79 years	10 (38.5%)
	80+ years	5 (19.2%)
Residence	Urban	13 (50.0%)
	Rural	13 (50.0%)
Living Arrangement	With family	19 (73.1%)
	Living alone	7 (26.9%)
Prior Occupation	Government service	10 (38.5%)
	Private sector	9 (34.6%)
	Self-employed / farming	7 (26.9%)
Total		26 (100%)

*Note.* Occupational categories reflect participants' primary employment prior to retirement.

## Data Collection

Data were collected through semi-structured interviews guided by questions covering participants' understandings of aging well, their daily experiences since the onset of the crisis, changes to their health, and the impact on their family relationships and social roles. All interviews were conducted by the first and second authors, both fluent Burmese speakers and Myanmar nationals, enabling them to build rapport quickly, attend to culturally embedded meanings, and respond sensitively to the emotional dimensions of conversations about aging under upheaval. Interviews were conducted in person in Burmese throughout, lasted approximately 50 minutes, and were audio-recorded with participant consent.

Following data collection, the first author transcribed recordings verbatim in Burmese, then translated them into English, with the second author reviewing translations for clarity and consistency. This in-team approach to transcription and translation, rather than outsourcing, preserved the integrity and nuance of participants' accounts across the move from spoken Burmese to written English.

## Data Analysis

Transcripts were analyzed using inductive thematic analysis following Braun and Clarke's (2006) six-phase framework, allowing themes to be constructed from participants' own words rather than imposed from predetermined categories. The process moved from familiarization and initial coding through to the development, review, and refinement of themes in iterative discussion across the research team. To strengthen trustworthiness, researchers coded independently before reconciling interpretations, and peer debriefing was used to interrogate

assumptions. Reflexivity was maintained throughout, with particular attention to how the first and second authors' proximity to the research context may have shaped the analytical process.

### **Ethical Considerations**

Ethical approval for this study was granted by the Institutional Review Board of the International Executive School, Strasbourg, France. All participants provided informed consent prior to their involvement and were reminded of their right to withdraw at any time without consequence. Given the sensitivity of the research context, the protection of participant identities was treated as a priority throughout. Pseudonyms were assigned at the point of transcription, no identifying information was retained in the research record, and all data were stored securely with access restricted to the research team. Interview recordings were deleted upon completion of transcription. Interviewers remained attentive to participants' wellbeing throughout each conversation and were prepared to pause or conclude interviews if signs of distress arose. Reflexivity was maintained as an ongoing practice, with the research team remaining attentive to how their own positionalities and cultural ties to Myanmar may have shaped the conduct and interpretation of the research.

### **Results**

The analysis generated three interpretive themes that together illuminate how older adults in Myanmar make sense of aging well under conditions of ongoing crisis. These themes are not offered as exhaustive or mutually exclusive categories but as overlapping constructs that reflect the mutually reinforcing ways in which participants understood their situation. An overview is provided in Table 2, with each theme explored below through participant accounts. All excerpts have been translated from Burmese into English by the first and second authors.

**Table 2**

*Summary of Themes and Key Manifestations*

<b>Theme</b>	<b>Core Concern</b>	<b>Key Manifestations</b>
1. Undermined Psychological Wellbeing	Erosion of inner peace and mental stability regarded as central to aging well	Chronic fear and anxiety; inability to plan; loss of spiritual equanimity; existential uncertainty
2. Threatened Economic and Physical Security	Convergence of material deprivation and healthcare collapse	Loss of income and savings; inability to access medications; disrupted chronic disease management; forced trade-offs between food and healthcare
3. Disrupted Social Roles and Family Bonds	Inability to fulfill caregiving and advisory roles central to dignified aging	Family displacement; reversal of intergenerational support; loss of community networks; grief over diminished social standing

*Note.* Themes were developed through inductive thematic analysis of 26 semi-structured interviews conducted in Burmese. All excerpts have been translated from Burmese into English by the first and second authors.

### **Theme 1: Undermined Psychological Well-being**

Participants returned repeatedly to inner peace as something foundational to aging well, not a luxury but a precondition. For many, the crisis had made this kind of peace feel permanently out of reach. What was striking was not only the presence of anxiety but a deeper disorientation: a sense that the conditions necessary for the kind of old age they had always imagined had been taken from them. For older adults in Myanmar, where Buddhist frameworks of equanimity and spiritual practice are integral to conceptions of aging with dignity, this was not experienced merely as emotional distress but as a rupture in the very orientation through which one ages well.

Every morning I used to go to the monastery. That was my time. My quiet time. But since all this happened, even when I sit down and try to be still, my mind just goes everywhere. I think about my grandchildren. I think about what happened to the village down the road. How is an old man supposed to find peace in times like these? I don't know how to be old properly anymore. (U Myint, 68, rural, translated from Burmese)

### **Theme 2: Threatened Economic and Physical Security**

Participants described the collapse of health services, rising medicine costs, and the loss of income not as separate problems but as a single, compounding weight. Growing older had always involved navigating health challenges, but the crisis had stripped away the modest supports through which they had previously managed. What came through was a quiet resignation beneath the pragmatism: they were adapting as best they could, but genuine self-care had become effectively impossible.

I've had high blood pressure for years. Before, I could just go to the clinic and get my tablets, it wasn't expensive. Now the clinic is sometimes closed, sometimes the medicine just isn't there. And when I do find it, the price has gone up so much. Last month I had to choose: tablets or rice. I bought the rice. What else could I do? But then I lie awake worrying about what's happening inside my body. (Daw Aye, 74, urban, translated from Burmese)

### **Theme 3: Disrupted Social Roles and Family Bonds**

Participants spoke with particular intensity about what the crisis had done to their relationships and to their sense of themselves within their families. Growing older in Myanmar is bound up with specific expectations about contribution, reciprocity, and intergenerational care. Participants had expected to age into roles of gentle authority, as grandparents, as sources of wisdom and stability. The crisis had made many of those expectations impossible to fulfill, and what they described was not simply loneliness but a more fundamental disruption to the relational fabric through which aging well is constituted.

My daughter has three kids. Before, whenever she needed me, I was there. I'd look after the children, bring food, help with money when I could. Now my pension is worth almost nothing. I can't help them. I just sit here in my house knowing they're struggling and there's nothing I can do. This isn't how I thought I'd be as an old woman. I thought I'd be useful. (Daw Thida, 67, urban, translated from Burmese)

## Discussion

This study set out to explore how older adults in Myanmar understand and experience healthy aging amid ongoing socio-political crisis. What the three themes together illuminate is that healthy aging is not simply a matter of individual health behaviour or biological trajectory, but is fundamentally conditioned by the social, political, and relational structures within which people grow old (Akhter-Khan et al., 2022; Beard et al., 2016). When those structures are disrupted, aging well does not merely become more difficult; it becomes, in participants' accounts, something that feels almost conceptually out of reach.

The study makes several contributions to existing theory. The theoretical framework of healthy aging, as extended by the World Health Organization (2015) and Beard et al. (2016), treats wellbeing in later life as multidimensional. What the present findings add is an understanding of how those dimensions interact recursively under conditions of crisis. The loss of psychological equilibrium that participants described eroded their capacity for the very practices, spiritual and social, through which they had always understood themselves to be aging well. This suggests that the relationship between wellbeing dimensions is not merely correlational but constitutive: when inner peace is disrupted, the capacity to manage health, maintain relationships, and inhabit meaningful social roles is diminished alongside it. Existing frameworks tend to treat these dimensions as parallel rather than mutually reinforcing (Katz & Calasanti, 2015), and the findings here suggest that may be a significant limitation in crisis contexts. The cultural specificity of this finding also demands attention. Participants' distress around their inability to maintain spiritual practice is not adequately captured by clinical categories of anxiety (United Nations High Commissioner for Refugees, 2025). Theravada Buddhist frameworks orient older adults toward an inward journey of acceptance bound up with their sense of dignity and moral worth (Lee et al., 2021; Traphagan, 2000). Its disruption constitutes a form of existential displacement that culturally generic humanitarian responses are unlikely to reach (Inter-Agency Standing Committee, 2007). More broadly, participants had not simply lost access to services; they had lost the relational and social roles through which later life becomes meaningful (Grenier et al., 2017; Mehta, 1997). This points toward a reconceptualization of what adequate humanitarian response to the needs of older adults looks like: not as a matter of ensuring survival alone but of attending to the conditions under which people can continue to be who they are.

At the level of practice, the findings reinforce the case for age-sensitive programming that attends to psychological, social, and relational dimensions of wellbeing alongside material needs (HelpAge International, 2025). Mental health support for older adults in crisis settings must engage with culturally specific frameworks of wellbeing rather than applying generic models (Inter-Agency Standing Committee, 2007), and healthcare responses must treat continuity of care for chronic conditions as a priority (World Health Organization, 2025). Theoretically, the study contributes to scholarship challenging Western-centric models of healthy aging by foregrounding the structural conditions and cultural frameworks within which aging is lived (Akhter-Khan et al., 2022; Katz & Calasanti, 2015), and demonstrates the indispensability of qualitative inquiry for understanding these dimensions (Braun & Clarke, 2006; van Boetzelaer et al., 2023).

## Limitations and Further Research

The use of purposive and snowball sampling through the community networks of the first and second authors as Myanmar nationals and gatekeepers was a methodological strength that

facilitated access and trust in a difficult research environment. It also means, however, that the sample reflects the social networks available to the research team: those most isolated, most unwell, or outside those networks may have experiences that differ importantly from those documented here. The relational closeness between researchers and participants, valuable for depth, also introduces the possibility that accounts were shaped by that relationship. The study further captures a single moment in a dynamic situation; longitudinal research would offer a richer account of how experiences shift over time. Future studies engaging more systematically with Myanmar's ethnic and geographic diversity, and comparative work across conflict-affected settings in the region, would substantially broaden the evidence base.

### **Conclusion**

This study offers a detailed account of how Myanmar's ongoing political crisis has shaped the lived experience of aging for older adults across the country. Through qualitative inquiry with 26 retirees in urban and rural settings, it illuminates how healthy aging, understood by participants as encompassing inner peace, physical and material security, and the fulfillment of valued social roles, has been rendered experientially unattainable by sustained instability. The three themes constructed through inductive thematic analysis speak to one another, pointing not to discrete hardships but to a comprehensive erosion of the conditions necessary for aging well. Taken together, these findings call for humanitarian and policy responses that recognize the full complexity of older adults' needs in crisis settings and that attend to psychological, material, and relational dimensions of wellbeing alongside immediate survival concerns. Perhaps most fundamentally, the experiences documented here invite a reimagining of what it means to support older adults through crisis: not simply as a matter of keeping people alive, but of preserving the conditions under which they can continue to live with dignity, purpose, and a sense of their own place in the world.

## References

- Akhter-Khan, S. C., Wai, K. M., & Drewelies, J. (2022). Loneliness in Myanmar's older population: A mixed-methods investigation. *Journal of cross-cultural gerontology*, 37(3), 315–337. <https://doi.org/10.1007/s10823-022-09459-x>
- Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., Lloyd-Sherlock, P., Epping-Jordan, J. E., Peeters, G. M. E. E., Mahanani, W. R., Thiyagarajan, J. A., & Chatterji, S. (2016). The World report on ageing and health: A policy framework for healthy ageing. *The Lancet*, 387(10033), 2145–2154.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (2018). *The SAGE handbook of qualitative research*. SAGE Publications.
- Donnellan, K., Sands, T., Bayer, E., & Plescia, M. (2021). Creating a culture of healthy aging in public health. *Journal of Public Health Management and Practice*, 27(2), 213–214. <https://doi.org/10.1097/PHH.0000000000001339>
- Fan, X., Ning, K., Ma, T. S. W., Aung, Y., Tun, H. M., Zaw, P. P. T., Flores, F. P., Chow, M. S. C., Leung, C. M. C., Lun, P., Chang, W. C., Leung, G. M., & Ni, M. Y. (2024). Post-traumatic stress, depression, and anxiety during the 2021 Myanmar conflict: A nationwide population-based survey. *The Lancet Regional Health – Southeast Asia*, 26, 100396.
- Fries, J. F. (1980). Aging, natural death, and the compression of morbidity. *New England Journal of Medicine*, 303(3), 130–135.
- Grenier, A., Lloyd, L., & Phillipson, C. (2017). Precarity in late life: Rethinking dementia as a 'frail' old age. *Sociology of Health & Illness*, 39(2), 318–330.
- Gubrium, J. F., & Holstein, J. A. (2000). *Aging and everyday life*. Blackwell Publishers.
- HelpAge International. (2025). *Older People at the Edge of Humanitarian Response*. HelpAge International.
- Hutton, D. (2008). *Older people in emergencies: Considerations for action and policy development*. World Health Organization.
- Ikels, C. (2004). *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press.
- Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. IASC.

- Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it 'appeal more than it illuminates'? *The Gerontologist*, *55*(1), 26–33.
- Kyriakou, S., Tun, M. M., Kyriakou, Z., Naipaul, T., & Naipaul, J. (2025). Exploring the role of e-learning in career readiness: experiences of business students in Myanmar. *Asia Pacific Business Review*, 1–36. <https://doi.org/10.1080/13602381.2025.2561153>
- Latt, N. N., Myat Cho, S., Htun, N. M., Yu Mon Saw, Myint, M. N., Aoki, F., Reyer, J. A., Yamamoto, E., Yoshida, Y., & Hamajima, N. (2016). Healthcare in Myanmar. *Nagoya journal of medical science*, *78*(2), 123–134.
- Lee, C., Zhu, X., Lane, A. P., & Portegijs, E. (2021). Editorial: Healthy aging and the community environment. *Frontiers in Public Health*, *9*, 737955. <https://doi.org/10.3389/fpubh.2021.737955>
- Mehta, K. K. (1997). The impact of religious beliefs and practices on aging: A cross-cultural comparison. *Journal of Aging Studies*, *11*(2), 101–114.
- Park, M. S., Badham, S., Vizcaino-Vickers, S., & Fino, E. (2024). Exploring older adults' subjective views on aging positively: Development and validation of the Positive Aging Scale. *The Gerontologist*, *64*(9), gnae088. <https://doi.org/10.1093/geront/gnae088>
- Park, M. S., Lo, C., Lee, H.-J., Moon, S., Webber, B., Badham, S., & Paterson, J. (2025). “I'm more confident now than I ever used to be”: A preliminary qualitative study of British older adults' perception and experience of aging positively. *The Gerontologist*, *65*(8), gnaf149.
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, *37*(4), 433–440.
- Traphagan, J. W. (2000). *Taming oblivion: Aging bodies and the fear of senility in Japan*. State University of New York Press.
- United Nations High Commissioner for Refugees. (2025, June 12). *Older persons*. UNHCR Emergency Handbook. <https://emergency.unhcr.org/protection/persons-risk/olderpersons>
- United Nations Office for the Coordination of Humanitarian Affairs. (2023). *Myanmar humanitarian update*. OCHA.
- United Nations Population Fund. (2012). *Ageing in the twenty-first century: A celebration and a challenge*. UNFPA.
- van Boetzelaer, E., Browne, J. L., Vaid, S., Pellecchia, U., & Krause, S. (2023). Elderly people in humanitarian crises, a forgotten population: A call for action. *PLOS Global Public Health*, *3*(7), e0002142.
- World Bank. (2023). *Myanmar economic monitor: Confronting crises*. World Bank Group.
- World Health Organization. (2015). *World report on ageing and health*. WHO Press.

World Health Organization. (2025). *Myanmar: WHO Health Emergency Appeal 2026*. World Health Organization.