

The Difficulties and Obligations faced by Family Members when Caring for Paralysis Patients

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This study closely examines families who have to take care of paralysis sufferers in Myanmar and the socio – economic impacts of doing so, plus reveals how the families try their best to provide care for their paralyzed relatives. Within the context of Myanmar and its limited social welfare institutions, the study also illustrates how Buddhism and cultural norms undermine the families' attempts at doing this.

Six caregivers living in the Mandalay city area were interviewed at least twice using a semi- structured interview process. Four of the six caregivers were interviewed in their homes, while the other two were interviewed at the hospitals in which their family members were being treated. In order to examine the wide ranging impacts of having a relative who is paralyzed, we selected family members of varying ages and sexes, plus of different economic statuses, as well as those who play different roles within families in question.

In this study, we uncover the experiences and sufferings of families from the higher and lower economic status categories-those who have to taken care of paralysis patients, in particular highlighting their monetary concerns, as they have to play for the required medical treatment, for rehabilitation and for taking care of their relatives. It is clear that all family members share the health and living expenses incurred when taking care of the paralysis victims; however, despite the economic hardships they face, none of the caregivers blame the paralysis patients themselves. Due to their cultural beliefs and the Buddhist context in Myanmar, caregivers instead feel sympathy for the patients; as people who need to be taken care of. All the caregivers said that taking care of their paralyzed relatives gives them the opportunity to give

something back- to those who had once done a lot of them, plus also mentioned the merit to be gained through doing good deeds, a point which relates to a belief in the afterlife among Buddhists. Through all the caregivers expressed satisfactions with the standard of healthcare provided by the general hospital, they are clearly worried about the treatment and rehabilitations costs incurred. Moreover, due to the long period of time they have taking care of their paralyzed relatives, high levels of emotional stress and tension were also mentioned. Our research suggests that supports group should be set- up for the caregivers, either in the hospitals (while the paralysis victims are hospitalized) or in the community. These support groups would not only provide emotional support for the caregivers, but could also be used as a space to share experience, health knowledge, home remedies and other techniques to be used when taking care of the patients.