The Lived Experience of COVID-19 Survivors During the Third Wave of the Pandemic and the Political Crisis in Myanmar: A Qualitative Study

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Abstract
When the third wave of the COVID-19 epidemic broke out, the double burden of the pandemic and political instability meant that people in Myanmar did not have access to adequate hospital care. The aim of this study was to explore the lived experience of COVID-19 survivors in the community. A qualitative, descriptive, phenomenological approach was used, and participants were selected through purposive sampling. Fifteen individuals described their experiences using four themes and 17 categories. The main themes were the aggressive natures of the pandemic, suffering from the disease, receiving vital support for survival, and the hardships due to political pressure. The pandemic and subsequent waves of different variants should not be underestimated, and people’s health should take priority over economic development and political crisis. Knowledge and practices of family members and society should be promoted by providing timely and comprehensive information regarding pandemic diseases.

Keywords
community, COVID-19 pandemic, phenomenology, political crisis, third wave

What We Already Know
• The epidemiological characteristics of COVID-19 disease differ from those of previous respiratory diseases, with the emergence of multiple evolving variants in subsequent waves influencing mortality and morbidity.
• The COVID-19 pandemic affects the physical and mental health of the patients in both the short- and long-term.
• Public health measures to control the COVID-19 pandemic provoke socioeconomic issues.

What This Article Adds
• The aggressive natures of the pandemic were revealed by community survivors who could not access hospital care due to political instability.
• The long-term catastrophe of the multiple waves of COVID-19 highlights that attention needs to be paid not only to people’s health but also to their socioeconomic status.
• The stability of a political system is vital to the delivery of effective public health measures, especially during a pandemic crisis.

Introduction
The threat of COVID-19 to human vitality persists and is exacerbated by the proliferation of multiple variants. Developing countries in Asia have felt the impact of COVID-19 later than Europe and other regions of the world, but the devastating consequences of the virus have been no lighter or less severe than for those affected earlier. The first wave of COVID-19 in Myanmar occurred in March 2020, and the second wave occurred in August 2020. In these earlier waves, the Myanmar public health system was well prepared for the pandemic and responded with standard public health measures. However, the Myanmar public health response did not last long. On February 1, 2021, the political climate in Myanmar changed as the military coup destroyed peace, democracy, and a sense of patriotism. Because of inadequate public health measures during the third wave in July 2021, mortality rates peaked. Moreover, the collapse of the public

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health system made the population helpless while seeking lifesaving health services. The aim of this study was to gain insights from the different perspectives of people who survived in their communities when adequate health care services were not available.

**Materials and Methods**

A qualitative, descriptive phenomenological approach was used by a female nurse faculty with doctorate in nursing and a special interest in community health nursing. The researcher was aware of the need for reflexivity, and consciously and systematically considered the potential or actual impact of the researcher on all aspects of the research process (Figure 1). Approval was not obtained from the Ethics and Research Committee of the University of Nursing, Yangon, Myanmar, because of insufficient committee members due to the political crisis.

**Results**

Fifteen participants (10 women) explored the lived experience of being patients with COVID-19 during the third wave.
of the COVID-19 pandemic in Myanmar (Table 1). The age of participants ranged from 39 to 70 years. Because of political instability in the country, none of the participants were able to receive hospital treatment for their illness. Nine of the respondents had a medical history, including obesity, diabetes mellitus, hypertension, heart disease, and arthritis.

Originally, 1188 codes were extracted. By integrating common ideas and concept codes, the original 73 codes were retained. The original codes were then divided into subcategories related to similar expressions and intentions. A total of 57 subcategories were developed, which simultaneously comprised 17 categories. Four themes emerged (see Table 2). Participants explored the aggressive natures of the pandemic by supporting seven subthemes: uncontrollable outbreak, unfeasible prevention, and preparation for the worst, unknown source of disease transmission, self-isolation, depleted medical resources, loss of significant others, and financial difficulties and job insecurity. Second, respondents explored their main theme of suffering from the disease by compiling physical and psychological conditions. Third, the main theme of receiving vital support for survival was composed of support from family members and society; support in the form of medical, respiratory, nutritional, and spiritual support; and support by learning. Fourth, the junta’s antidemocratic measures distorted the public health system by forcing health workers to illustrate civil disobedience. Consequently, public hospitals were unable to reliably provide essential health services. The main theme of political interference was supported by the subthemes of unreliable institutions and unreliable vaccines, as the public did not trust the junta-run health services.

**Discussion and Conclusion**

This study is the first to examine the lived experience of COVID-19 survivors during the third wave of the pandemic and under the crisis of political instability in Myanmar. The high transmissibility of SARS-CoV-2 in the second and third waves of the pandemic was particularly pronounced in some Asian countries. The person-to-person transmission ability of the novel COVID-19 virus far exceeded its two predecessors, Severe Acute Respiratory Syndrome and Middle East Respiratory Syndrome, both in terms of the number of people infected and the spatial extent of the epidemic areas. During the first wave, developed and developing countries quickly

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**Table 1. Sociodemographic Characteristics of Participants.**

| Participants ID | Gender | Age | Marital status | Main caregiver during illness | Comorbidity | Education | Occupation | Area of living | Severity of illness |
|-----------------|--------|-----|----------------|-------------------------------|-------------|-----------|------------|---------------|-------------------|
| S01             | F      | 64  | Widower        | Daughters                     | Arthritis   | Primary school | Dependent  | Sub-urban     | Need O2 therapy   |
| S02             | F      | 46  | Widower        | Son                           | Ht          | Primary school | Family business | Sub-urban     | Need O2 therapy   |
| S03             | F      | 42  | Married        | Husband                       | None        | High school   | Dependent  | Urban         | Mild symptoms     |
| S04             | M      | 66  | Married        | Wife, Son                     | DM          | University education | Retired  | Urban        | Need O2 therapy   |
| S05             | F      | 57  | Married        | Son                           | None        | Graduate      | Dependent  | Urban         | Mild symptoms     |
| S06             | F      | 39  | Married        | Husband                       | None        | Graduate      | Teaching staff | Urban         | Mild symptoms     |
| S07             | F      | 67  | Married        | Son, Daughter                 | Heart disease, Obesity | Primary school | Dependent  | Sub-urban     | Mild symptoms     |
| S08             | M      | 70  | Married        | Son, Daughter                 | Ht, DM, Obesity | Primary school | Dependent  | Sub-urban     | Need O2 therapy   |
| S09             | F      | 61  | Married        | Son, Daughters                | Ht, DM, Obesity | Primary school | Dependent  | Sub-urban     | Need O2 therapy   |
| S10             | F      | 47  | Married        | Younger brother               | Ht, DM, Obesity | High school   | Dependent  | Sub-urban     | Need O2 therapy   |
| S11             | F      | 54  | Widower        | Daughters                     | None        | Primary school | Dependent  | Sub-urban     | Mild symptoms     |
| S12             | M      | 62  | Widow          | Daughters                     | None        | Middle school | Family business | Sub-urban     | Need O2 therapy   |
| S13             | F      | 62  | Widower        | Son                           | Ht          | Primary school | Family business | Sub-urban     | Need O2 therapy   |
| S14             | M      | 52  | Single         | Colleague                     | None        | University education | Monk  | Rural         | Mild symptoms     |
| S15             | M      | 58  | Married        | Wife                          | None        | University education | Government staff | Sub-urban     | Need O2 therapy   |

Abbreviations: DM, diabetes mellitus; F, female; H, hypertension; M, male; O2, oxygen; S, survivor.
| Themes                                      | Categories                              | Subcategories                                      | Supportive quotes                                                                                                                                                                                                 |
|---------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aggressive natures of the pandemic          | Uncontrollable outbreak                 | High mortality, High transmission                 | The wife of my eldest brother passed away on August 11, 2021, from Covid-19. My husband passed away the next day. Three people around the neighborhood also passed away after a month (S11). The disease was transmitted to my wife and me by my granddaughter. My wife passed away (S12). |
| Unfeasible prevention and preparation for the worst | Ineffective prevention and preparedness, Preparation for the bad end result in | Mix-infection, Unidentifiable source of transmission | My daughter bought Vitamin C tablets for me, and I drank every day. But the disease occurred, and I just needed to prepare for my death (S13).                                                                                 |
| Unknown source of disease transmission      | Contact tracing, Family transmission, Isolation from family members | The source of infection might be my office. Because there were others who felt the disease at my office. But I was not sure (S15).                                                                                   |
| Self-isolation                              |                                         | As soon as I lost the sense of smell, I isolated myself at pilgrimage room in order not to contact other family members (S03).                                                                                 |
| Depleted medical resources                  | Scarcity medical resources              | I could not buy an Oxygen concentrator during the peak period (S06).                                                                                  |
| Loss of significant others                  | Bad memory for the dead spouse, Loss of husband from COVID-19, Loss of significant others | My eldest brother passed away from COVID-19 when I was suffering from a serious illness at the same time (S04).                                                                                              |
| Financial difficulties and job insecurity   | Financial difficulties by losing a job, Expensive medical costs, and Job interruption | I and my husband had not have income for at least one year. That’s too bad (S6).                                                                     |
| Suffering from the disease                  | Physical suffering                      | Comorbidity, Complications, Effect on physical appearance, Interruption in daily activities, Physical suffering | When I came back from the toilet, I felt extremely tired. My heart beat faster. I checked my blood oxygen level by using a pulse oximeter, it showed an Oxygen value of 68-69 (S02). |
|                                            | Psychological suffering                 | Emotional suffering, Guilty for losing a family member | When I thought about my 5-year-old child, I felt so sorry. I could not see him anymore if I died. I made a video phone call with him at night because he was at my relative’s house for isolation. He asked when he could see me, and said he wanted to see me and stay with me eagerly. I felt so sad as he felt sad. This was the very first time that I separated from my son, and both of us cried a lot (S06). |
| Themes                        | Categories                             | Subcategories                                                                 | Supportive quotes                                                                                                                                                                                                 |
|-------------------------------|----------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Receiving vital support for survival | Support from family members and society | Care from a brother-in-law, Care from a daughter, Care by husband, Care by mother-in-law, Care from a son, Care from a son-in-law, Care from wife, Care from a younger brother, Feeling of gratitude, Support from coworkers, Support from relatives, Support from society, Support to family members, Support to others | When I ran out of Oxygen, the social organization in my community supported me one Oxygen cylinder. It made me feel relief (S02). My son cared for and supported me and my husband very well. If not so, we might have died (S07). |
| Medical support               | Health literacy, Healthy practice, Investigations, Making a covid diagnosis, Medical support, Noncompliance, Opinion for survival, Traditional medicine | My son (a dentist) contacted with a general practitioner by telephone, and he always presented him with my condition. When the doctor made an instruction for medical care, my son did very well to care for me (S04). |                                                                                                                                                                                                                     |
| Respiratory support           | Oxygen supports                        | My eldest son awakened me when I fell asleep at night because of my extremely low oxygen level. He encouraged me to inhale Oxygen (S10). |                                                                                                                                                                                                                     |
| Nutritional support           | Meal support by family members and friends | My children demanded me to eat while my appetite disappeared. They waited along with me to finish my meal. How’s commendable! (S09). |                                                                                                                                                                                                                     |
| Spiritual support             | Religious activities, Meditation, Preparation for the worst | I performed meditation and incantation of religious literature as a preparation for the worst, death (S01). |                                                                                                                                                                                                                     |
| Support by learning           | Bad experiences from previous waves, Education of caregiver, Learn from tv, internet, and others, Learn from previous waves | I used social media via the internet. I saw the posts of others who encountered COVID-19 disease in the first and second waves. They shared their experience to prevent the disease. I learned from them, and I did like their program (S06). |                                                                                                                                                                                                                     |
| Hardships due to political pressure | Unreliable institutional care          | Disturbed health services, Political influence, Unreliable institutional care, Unreliable telemedicine, and Unsatisfactory medical treatment | I did not want to go to a public hospital when I felt the illness. I wanted to die rather than go to junta controlled public hospital. If I had enough money, I wanted to go to a private hospital (S06).                                                                                         |
|                              | Unreliable COVID-19 vaccines           | Unreliable vaccine, Vulnerable to the infection | I did not take COVID-19 vaccination as I did not believe the quality of the vaccine under the management of the junta government (S14).                                                                                           |
learned of the unknown nature of the virus and rapidly intervened to control the impact of the pandemic. However, this has not been true for subsequent waves, because of the prioritization of socioeconomic progress, relaxation of pandemic control measures, and the emergence of new viral variants.\(^4\) Personal preventive measures have not been effective, and even the source of transmission has not been detected, especially during the peak of the pandemic. Medical resources are depleted owing to an unpredictably high incidence of disease, especially in countries with weak health systems.\(^9\) Job losses, business closures, and income inequality are serious concerns associated with pandemic disease, especially in the South Asia region.\(^10\) A series of intensive measures taken in a timely manner at the population level should always be a national priority. In the meantime, COVID-19 compliance can be influenced by political partisanship. While the trade-off between protecting human life and preserving liberty is debated in countries where civil rights and democracies are highly valued, a nation where human rights are severely violated by a military coup is not amenable to basic health services. Nonetheless, the COVID-19 pandemic poses a challenge to existing health care systems worldwide, and future studies evaluating the readiness and completeness of current systems to provide health care services for future outbreaks are necessary. Despite the limitations of small sample size and the fact that the results could not cover hospitalized patients, the experiences of people who survived the deadly disease in the community in the absence of a reliable health care system were well understood.

**Acknowledgments**

The author is grateful to Professor Judith Ellis OBE (Honorary Professor of Nursing, London South Bank University, England), Professor Chiyori Haga (Department of Community Nursing, Faculty of Medicine, Kagawa University, Japan), and Dr. David Barrett (Reader, Faculty of Health Sciences, University of Hull, England) for their help in conducting audit trial of the study. In addition, the author would like to thank Editage (www.editage.com) for English language editing.

**Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

**Ethical Approval**

In view of the current political situation in Myanmar, a special Ethics Committee was established by the journal and they have given their ethics approval for publication.

**Informed Consent**

Informed consent was attained from all participants who involved in this study.

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