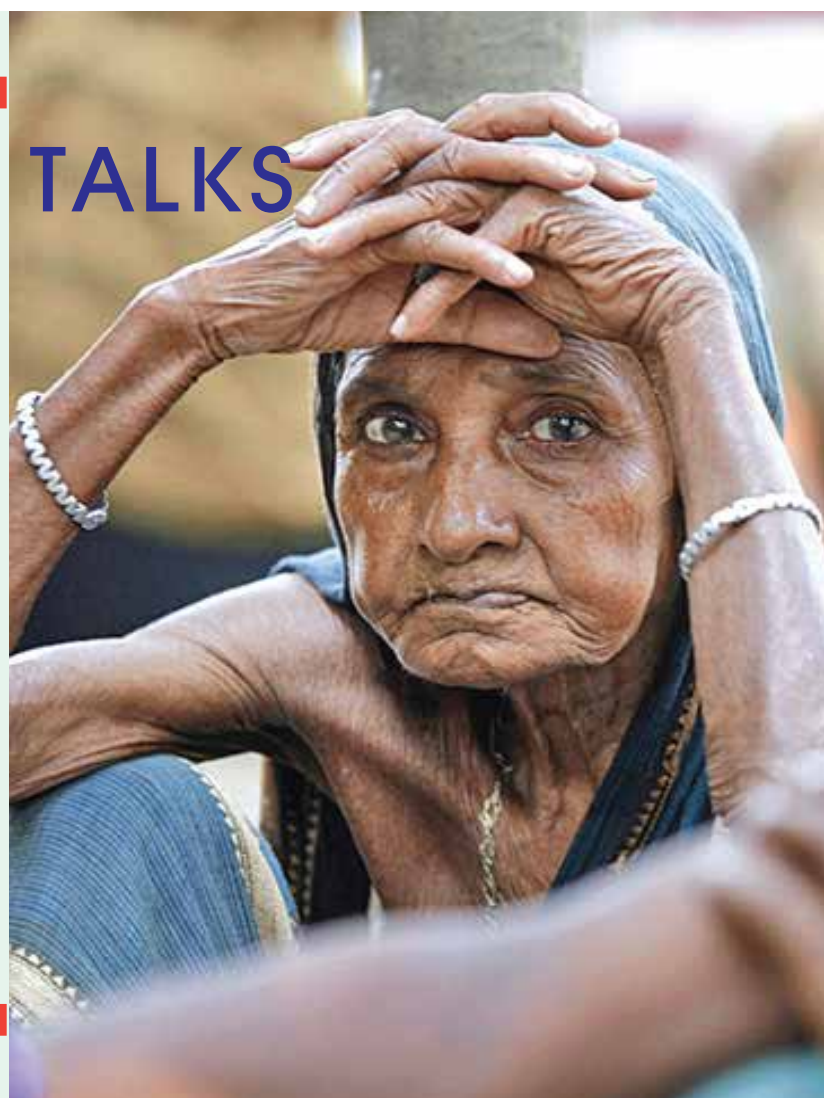


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Elderly Crisis and Care: Global Perspective

TALKS



UNICEF has hinted that Bangladesh will become a senior prone country in the next two to two and a half decades. UNICEF says Bangladesh will enter the elderly society in 2029. And from there, it will gradually become a greying society in 2048. The World Bank says that in 1971, the average life expectancy in the then East Pakistan was 47 years. In 50 years that life expectancy has increased to more than 97 years. At the same time, the average life expectancy of people around the world has increased by 12 years.

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Editors Note

We would like to convey sincere regards to all distinguished authors for their precious thoughts to signify the title of the newsletter “Elderly Crisis and Care: Global Perspective”. We on behalf of Community Social Work Practice & Development (CSWPD) Foundation and Daegu Association of Social Workers-DASW, South Korea would love to whole heartily recognize your contribution to accomplish the publication of Vol-01 Issue No-02 of **Community Talks** International Newsletter, which includes 26 free format articles on elderly issues. You might know-CSWPD Foundation is a non-profit and purely non-political; Bangladesh based registered community service organization, which has been moving forward leaving notable remark in social work practice keeping global focus. In this issue we are focusing on the elderly crisis and care to know the scenario globally, as we know elderly are one of the victims around the world including Bangladesh. In this covid-19 pandemic the socio-economic, mental, physical conditions of this particular people has become worst. It is truly believed that your engagement and contribution would be our future inspiration towards progress.

We are very thankful to the working team, editorial boards, advisors and volunteers, who really extended tremendous efforts to make this event and publication successful. We should express our heartiest felicitation and indebtedness to them. Must Wear a Mask & Stay safe and Healthy.

We on behalf of the entire team of both organizations would like to dedicate this issue to all respected elderly people globally.

M. Habibur Rahman

Congratulatory Message

Elderly Health Care: A Growing Challenge, more in the COVID-19 period

COVID-19 infection throughout the world, be it a developed country (USA) or an underdeveloped country like Bangladesh, has devastated the overall Health systems. In this situation of chaos and confusion the elderly people both men and women have been more affected leading to more deaths due to COVID-19. We who work in the Public Health Social Work field has to understand the root cause of the severe illnesses and deaths among the elderly and take steps accordingly. Many of the steps would be simple but that indeed would save the elderly everywhere in the world.



Dr. Abu Jamil Faisel
Chairman Health21
Social Worker & Public
Health Expert



Mariko Kimura, Ph.D.
Professor Emeritus
Japan Women's University

My sincere greetings to the Editors and the team of the Community Social Work Practice and Development Foundation. At the time of the end of the 2021 is approaching, I would like to send my congratulatory remark for the 2021 Second Issue on ***“Elderly crisis and care: Global Perspective”***. The 1st Issue launched this year January on the theme “Towards Strengthening Community Resilience & Global Connectedness” was found as the pioneering initiative of the organization towards social work promotion, you have come long ways and you have accomplished greatly. I would like to congratulate the hard work of the team!

Knowing that Community Social Work Practice and Development (CSWPD) Foundation is to launch the 2nd Issue of International Community Talks Newsletter on the theme “Elderly Crisis and Care: Global Perspective” makes my heart smile. I am grateful for this opportunity to be working in a role where I can collaborate with the organization to continue meet their vision and mission. Sending you a heartfelt Congratulation today and wishing you all the best in your next projects. I commend Community Social Work Practice and Development (CSWPD) and the organizers in their success, and I look forward to seeing even more great things. Your initiatives will soar to greater heights.



Prose Ivy G. Yepes, Ed. D
President of Southern Leyte
State University
Philippines

Elderly Crisis and Care Giving during Covid19: Global Focus



Sug Pyo Kim

Representative of IFSW-AP to UN
President of Daegu Association of Social Workers

Social workers were afraid when the number of new confirmed cases explosively increased. Daegu where I live has seen the most rapid increase in confirmed cases since early March last year after Wuhan, China. Also, Daegu has been infected so much that's why it is called Daegu as 2nd Wuhan in Korea. The infection, which started with one religious group, quickly paralyzed community and reached 5,000 confirmed cases in a short period. At that time, community infections were so widespread that we didn't know where and to whom. This reality gave fear to social workers and care givers working in nursing homes. The fear was that social workers would be transmitted to the elderly they were taking care of by becoming a chain of infections.

Most of the elderly in nursing homes are people with severe diseases and complex diseases. About 40 elderly people out of 150 residents in my nursing home pass away per year. Most of them start with a simple cold and then die of pneumonia. Covid 19, a respiratory infectious disease, was a type of pneumonia, so many elderly people were expected to die if they were infected. There are 93 employees in my nursing home. If they are infected somewhere in their community, nursing homes will become a tsunami of infection.

Caring is the work of helping people in their daily lives at close. Due to the nature of the work, care givers are likely to have close contact with the elderly, which indicates that they are in a good environment for infectious transmission. Especially, this Covid 19 has a characteristic that it has a lot of asymptomatic infections. In other words, there was a high probability of infection while we were not aware of it. We are also living as a group. It suggests a higher risk of collective infection. Moreover, the elderly does not wear masks. Even if you tell them to use a mask, they take it off because it's uncomfortable. When looking at these aspects, the probability of infection in older people was higher than in any group.

Response at the time of massive infection

At a time of rapid spread of Covid 19 infection, some facilities implemented a preventive cohort isolation voluntarily. Although no one forced them to do so, voluntary cohort isolation was implemented in which both the elderly

and the staff lived 24 hours a day in nursing homes, suggesting that the workers themselves do so. However, this measure has a risky point even though it was a good intention. That is, they started the quarantine without testing whether everyone's health was safe before they started a preventive cohort isolation. This is because if any of them had been infected, the cohort isolation measure could have caused a large group infection. There were pros and cons of social workers' opinions on that measure.

Therefore, the nursing homes that implemented the cohort isolation were then given the corona virus test for all the elderly and workers first, and all of them were allowed to begin cohort isolation only if the virus test had been negative. The two-week quarantine was unprecedented in history.

It was a formidable task for all 93 workers and 145 older people to live in one building. Unexpected problems occurred to us during the preventive cohort isolation period. It was hard because workers did not have a program to spend their leisure time, and there was a lot of stress among employees while living 24 hours a day. More serious than anything else is that there was no private space for 93 employees to live in. Nursing homes mobilized all available resources to set up private tents and should be as considerate as possible so that care givers would have no inconvenience in spending their private time. Sleeping at night was important. So we prepared and provided thick mats to avoid inconvenience in personal tents. The period during which we implemented cohort isolation was a period of explosive increase in new confirmed cases in Daegu. It is believed that all nursing homes were able to keep the infection rate and mortality rate of the elderly at a low level because of the preventive cohort isolation in the peak time. This decision was quickly made with close consultation between the government and nursing homes, and it had a surprising effect.

Public-private partnership

Covid19 has made it more urgent than ever that the public and private sector should cooperate. 98 percent of Korean social welfare programs are carried out in the private sector, and 95 percent of elderly care centers operate in the private sector. I think the fact that there are not many confirmed cases in nursing homes in Korea is proof that the power of public-private partnerships has been well demonstrated.

The launch of a public-private partnership committee to respond to Covid19 and to solve legal regulations at an appropriate time.

In the early stages of infection, a public-private partnership organization was quickly launched. The private sector offered it and the public sectors accepted it. The council meeting was active when the number of confirmed cases of Covid19 increased. The council's meetings were always held online. The meeting was a decision-making body that could immediately reflect the needs of facilities in policy. The

meeting was held once a week, where various problems and solutions were decided. It created a structure that mainly reflects the opinions of practitioners. This type of meeting was the first of its kind and we haven't had before. What was mostly resolved through the meetings was how to prevent infection. The discussion includes measuring the amount of mask required, checking the status of the disease and allocating the preventive products. Members of the committee were joined by various groups, such as citizens at the metropolitan level and county level and city level. And the committee is also consisted with civil society organizations, school officials and volunteers. There was also a committee only for social workers who mainly work in the care field. The committee included disabled care, elderly care, child care and vulnerable care managers. The opinions of managers were most respected and the role of the government was to provide support.

The decisions made at the meeting were implemented immediately. This has led managers and facility workers to have confidence in the meetings and put them into action quickly. I have reached a conclusion through this process which means there is an answer at the field of aspiration.

Challenges in the World Social Work

There is no doubt that the International Federation of Social Workers has done a great job during the Covid 19. The IFSW shared the ever-changing environment between countries on Facebook and its website in the form of a statement. We learned about each country's situation through the data, and learned how to deal with it.

The Asia-Pacific region has also exchanged opinions through several webinars. I also participated in these webinars that CSWPD hold.

There is also a regret over the Covid 19 response from the nursing home. It is a challenge to the human rights of the elderly. The human rights of the elderly were restricted in the situation of Covid 19. Things like the human rights of the elderly and care givers were easy to be ignored. Even though the issue of human rights has been actively discussed by the time Covid19 calms down, it is a matter that should be discussed from the beginning of the Covid19 situation. The old people lost their free will by Covid 19. They couldn't see the family they wanted to see, and they were restricted from going out. I think the issue of senior citizens' human rights should be dealt with in greater depth in the future.

Conclusion

In my conclusion, I would like to propose two things to prepare for the future. First, the need for awareness of "With Corona". Someone says Corona won't disappear. So the term "with corona" comes out. We may really have to live with Corona for a long time. I don't know how to run a nursing home in the era of "with Corona". It is time for us to think about what to prepare for 'With' Corona situation at a nursing home where face-to-face contact is essential. Second, the need for preventive equipment and structural preparation. It seems necessary to

develop and support essential equipment to live with Corona. It means that the facility structure of nursing homes should be changed gradually, and more effort should be made to develop services using high-tech rather than face-to-face labor.

Elderly in Family Transition of Bangladesh in 21st Century: Challenges to Providing Security for the Aged People



Dr. Profulla C. Sarker

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Introduction

The life of human being can be divided into four phases i.e. childhood, adolescence, adulthood and old age. During the first two phases, persons usually remain under care and protection of the parents. In the third phase, he or she becomes self dependent under the existing socio-economic system and state laws and provides shelter for the dependents (Sarker, 1988). The fourth or last phase of life, which is indeed crucial and characterized by a loss in vitality and a return to the state of dependency upon children in the joint family system where he or she gets all sorts of support in kinship network relations. The values of caring of the aged person are deep rooted culture of the people of Bangladesh irrespective of religiosity and ethnic identity which is also reflected in the epics and in several literatures. But in the process of urbanization, industrialization, modernization, globalization, pauperization and migration of people, the traditional joint family system is declining with the tendency to form nuclear unit and gradually the next generation become individualistic and self centered. Changes are taking place not only in kinship ties but also in parent-child relationship, which is putting them in the different world. Consequently, one of the challenging issues of the 21st century in Bangladesh is to providing security for the aged people.

Conceptual Issue

Ageing is a biological process that is presumably determined by genes and is influenced by environment. Biological investigation suggests that maximum life span is genetically determined, and therefore fixed, for each species (Schnieder, 1978). Growing older, however, is a bio-social process which is determined by attitudes, expectations, culture and social traditions. Ageing refers to the regular changes that occur in mature organisms. The term ageing means to grow older or

mature or show signs of advancement in chronological age. It is a process of constant change that is universal in all organisms. The term ageing means to grow older or mature or show signs of advancing age. For example, United Nations uses 60 years as the starting point of ageing and defines the very old as being 80-plus years old although old age varies according to numerous influences on a person, such as life style, health and family care along with the retirement system and state law.

The Elderly People

With the advancement of medical science, public health care services and technological development the longevity of people of Bangladesh is improving and consequently, the number of aged people is increasing. In the period between 1911 and 1991, there has almost been a fourfold increase in the number of elderly persons. During this period of 80 years, the elderly person i.e. 60 years and above has gone up from 1.4 to 6.1 million and it constituted about 5.4 percent of the total population in 1991. In 2019, over 13 million people living in Bangladesh are aged over 60 which are 8 percent of the country's total population. If the existing rate of increase is to continue, it is expected that by 2050 the elderly people will be 21.9 percent with 36 million people aged people over 60 years. This means that for every five Bangladeshis, one will be a senior citizen.

Problems of the Elderly

The problem of the aged persons is different in socio-economic conditions in which they live. One of the acute problems of the elderly people is poverty since they have lost energy to earn. About 75 percent elderly people live in rural areas and more than 68 percent of them do not own any cultivable land. In rural Bangladesh land determines who eats and who does not (Hartman and James, 1979). Consequently, many of the aged persons do not get adequate food to survive. They hardly consume meat, fish, egg, milk, fruits etc. and as a result many of them are under nourished (Sarker, 1998). Malnutrition makes them prone to disease, which leads to increase morbidity and mortality. Studies revealed that the elderly people are suffering from diseases like pain, anemia, weakness, blood pressure, asthma, indigestion, diabetes, cardiac problems, blindness, arthritis, cough and cold, dengue, corona virus and so on. Surprisingly pain and anemia are more prevalent among the females (Rahman et al. 1997). The reason behind it may be inadequate nutritious diet, delay in treatment and preference to traditional system of treatment. Moreover, health care system in Bangladesh is curative and remedial; rather than preventive and promotional which is almost common in other Asian countries (Chow, 1996).

It has been reported about two-third of the elderly people live with their children and the rest of them live with their spouse or alone. Many of the families live in one room in rural areas and some of the older people sleep in porch-like

area. Many of the aged persons are shelter less and significant number of them live with their neighbors and fictive kin (Roy, 2000). A recent tendency of the newly

married sons is to form neo-local residence to get materialistic benefit and also to avoid conflict among the in-laws. The poorer section of the elderly people spends 80 percent of their total income to collect food and as such many of them cannot afford minimum clothing to wear on (Sadeque, 1990:81 and Sarker et al. 1997). Many of the elderly persons live separately from their children and grand children and as a result they are deprived of emotional support especially in distressful situation which generate tension, anxiety, stress and frustration (Sarker, 2001). Moreover, many of the elderly persons feel tremendous mental depression after retiring from their services which affects their mental health (Mazumder, 1994). It is found that many of the older people especially the older women are being abused emotionally or physically or of both by their sons, daughter-in-laws, and other relatives due to their loss in vitality and dependency upon others. The conflict between the mother-in-law and daughter-in-law creates mental torture and sometimes in extreme case the elderly women commit suicide to get rid of this oppression. The elderly females are more vulnerable than males due to widowhood, divorce and separation and many of them live alone like destitute depending on begging otherwise they do not have alternative (Sarker, 1996).

Survival Pattern of the Elderly

Providing services to the elderly people is old issue in the history of human civilization. In Western society, the statutory and voluntary organizations foster different types of old age security measures. But in Eastern society, care for the elderly people is provided by the traditional joint family in the kinship network system. Without family support the elderly people are helpless and most of them are deprived of basic needs and civic facilities. If we look at the old age care system in developing world and it is found that about 50 percent elderly people in Brazil live in the joint families. On the other hand, about 60 percent elderly people in Philippines, 85 percent in Singapore, 71 percent in Thailand and 82 percent in Vietnam live with at least one of their children (Knodel and Debevalya, 1997:9). Studies also revealed that about 20 percent elderly people live in joint families in developed world. On the contrary, in United State of America about 50 percent of females between the ages of 77 to 87 years live alone. But in India only 12.4 percent elderly male and 14 percent female live alone (Chakrabarti, 1994). In Bangladesh about 11.3 percent elderly persons live with their spouse or alone without any support from their children (Ibrahim, 1988:7). About two-third of family is joint in nature in Bangladesh where an individual from birth to death gets care, affection, love, respect, social status and security. A joint family is primarily responsible not only for the dependent of young, but also for the care of the aged members. On the other hand, almost all the aged persons like to live in the joint family in kinship network relations.

Services to the Elderly

The services are given to the elderly people at the community level, which is associated with charity and alms in neighborhood relation where the family support is not

available and the elderly persons are destitute. The custom of alms giving to the elderly beggars once in a week is prevailing in community level especially in rural setting irrespective of religiosity. It is believed that giving alms to the destitute elderly is to earn Punnya (merit) which helps to attain swarga (heaven) in the porokal (eternal world) after death. It is also believed that giving alms to the destitute aged persons may reduce the punishment of the soul after death for Kukarma (misdeed) in the past life.

Muslims in Bangladesh offer cash and kind once in a year at the time of Id-UI- Fetre (annual festival at the end of Ramadan month) from the fund of Zakat to the destitute elderly. It is obligatory for well to do Muslims to offer Zakat at the rate of 2.5 percent on a rough estimate of their accumulated wealth, property and other assets. In addition to Zakat, there is provision to provide Sadqa (charity) to the elderly poor relatives and neighbors. Sadqa is optional, it is not compulsory like Zakat. Sadqa may be given in any time to the destitute. The real connotation of giving Zakat and Sadqa is to purify the accumulated wealth and to get rid of safe life from any accident or misfortune respectively.

The services are initiated at the societal level by GOs and some of the NGOs for the elderly persons in Bangladesh in addition to the retired service holders. Since 75 percent of the population in Bangladesh lives in rural areas, only a negligible fraction of the total elderly is covered by formal pension after retirement. Overall there is no public safety net for poor aged people living in poor families. In 1998, the government of Bangladesh introduced a new pension scheme for the elderly. One-third of the elderly receive a social pension. The Old Age Allowance provides 500 Taka a month to men over 65 and women over 62, who qualify after means-testing according to socio-economic factors. There is only one permitted recipient of the Old Age Allowance per household.

Conclusions

If the existing tendency among the newly wedded couples to form a nuclear family which will be threatened to the elderly people to get support in old age in Bangladesh. The transition of joint family system to nuclear unit will not only affect the economic hardship rather; it will be serious threat to the elderly socio-emotional support system of Bangladesh. It is the high time to think about it and to take long-term sustainable aging policies to face the future acute problem.

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Emerging Elderly Crisis in Bangladesh and Ways to Address



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The famous song of legendary Baul Abdul Karim "Ager Bahaduri Akhon Gelo Koi, Cholite Choron Cholena Dine Dine Obosh Hoi" which reminds us an inevitable consequence of the flow of life i.e. old age. Aging is an

inescapable truth of the normal course of life. Like death, old age is an unavoidable state of life, the ultimate reality. Old age is an unviolable fact of human life that appears after adolescence and youth. In today's world the problem of aging is an alarming additional concern to the list of social problems. Because of the changing family structure over the couple of years, it is not always possible to address the issues and meet the needs of the elder members of the family. The aging problem has been getting more complicated due to their decreased body structure, disease, grief, absence of sincere and informal social relations, predominance of nuclear family and insecurity in various fields. Every parent usually wants to happily spend the last days of their life in peace and safety after fulfilling the responsibilities of the family that includes raising the children. Children will take care and serve elderly parents; this is a basic part of our social ethics and family responsibilities. Every religion also put utmost importance on the duty towards parents. But can we be their safe haven during their old age? It is really a matter of big concern.

Demographers try to divide a country or a society into two categories considering the dependency ratio due to age. According to their view, if seven percent of the total population or more are over the age of 65 years, it is an aging society. And in case of 14 percent or more of the total population is elderly, then it is considered as aged society. It has been observed that the number of population over the age of 65 increases in the country. UNICEF has hinted that Bangladesh will become a senior prone country in the next two to two and a half decades. UNICEF says Bangladesh will enter the elderly society in 2029. And from there, it will gradually become a greying society in 2048. The World Bank says that in 1971, the average life expectancy in the then East Pakistan was 47 years. In 50 years that life expectancy has increased to more than 74 years. At the same time, the average life expectancy of people around the world has increased by 12 years. In other words, the average life expectancy of the people of Bangladesh is double than the global growth. The people of Maldives enjoy the longest life in South Asia. Their average life expectancy is 76 years. In 1971 it was 44 years. In other words, the average life expectancy of the country has increased by 32 years in 50 years. Sri Lanka has the second highest life expectancy in the region (74 years). In 1971, Sri Lanka was the first in the region to have an average life expectancy (64 years). Bhutan's average life expectancy has increased by 32 years compared to '71. According to the Bangladesh Bureau of Statistics (BBS), the average life expectancy in Bangladesh has risen to 72.6 years. In Bangladesh, people aged 60 (sixty) years and above are termed as elderly. According to the most recently published report on Bangladesh Sample Vital Statistics 2020 by the Bangladesh Bureau of Statistics, the population on January 1 was 169.1 million, of which 8.3 percent was over 60. As a result, 1 crore 40 lakh 36 thousand 130 people are senior citizens according to the government.

UNICEF is also talking about some of the challenges will emerge due to increasing the rate of rapid aging population.

In 2020, one elderly person was found to be dependent on the earnings of 13 working people. In 2040, an elderly person will be dependent on six working people. In other words, the ratio of working and elderly population will continue to decrease. The 8th Five-Year Plan also states that demographic change may be a challenge for young people to find work. Although the elderly do not have economic productivity, the economy struggles to take care of their upbringing and health care. For this, they urgently need policy attention. Similarly, it is necessary to increase the policy focus on the health and facilities of the growing elderly population.

The third goal of the Sustainable Development Goals (SDGs) is clearly committed to ensuring the health and well-being of all people and people of all ages. As one of the signatory countries to the Charter, the Government of Bangladesh has already formulated the National Policy of Older Persons 2013. This policy contains guidelines for almost all types of challenges in the life of the elderly and its remedies. Elderly people feel comfortable as soon as the family is surrounded. Elderly people play an important role in the family, especially as caretakers of children, according to the famous journal *The Lancet*. Citing a 2020 research work, the journal says grandparents are as important as caring for children. It is also seen that Grandparents live with children in 38 percent of the world's families. In Southeast Asia, 50 percent of such families are found. In the United Kingdom and the United States, 40% of children are directly cared for by grandparents. The old age allowance was introduced in 1998 on the personal initiative of Prime Minister Sheikh Hasina. The Parents Care Act 2013 has been passed. The government also approved the National Integrity Strategy in 2012. One of the goals of this policy is to encourage the development and practice of tolerance in all areas. It has repeatedly emphasized the practice of morality from the family, that is, the teaching of not neglecting people, and its practice.

One of the hard realities of human life is old age. Seniors have spent their entire lives in the pursuit of family, children and the welfare of society. Above all, they have made important contributions to the country; they have an impeccable role in building the economy. So we must value their dedication for the society in old age. And one of the ways to value it off is to make their aging easier by creating create a healthy, beautiful and elder friendly society. Those who are already homeless, childless or children out of the area, living abroad can be combined with day care centers and children's homes. Elderly clubs, day care centers for the elderly can be set up. Elderly people usually suffer from high levels of illness, so community clinics can provide medical care for children, maternal health care as well as the elderly health care facilities. Many of them have become income less so we have to ensure that they can get government allowance on priority basis. In case the caregiver is not available to serve many people, the service delivery system

can be streamlined through public-private initiatives. Those who are healthy and strong can play as a role of volunteer in

different organizations. In Canada, I have seen seniors control traffic at the intersection of roads next to schools so that younger school students can cross that road without hindrance. I have seen the role of Invigilator in school, college and university level examinations. Their long career experience can be used by different organizations in this way.

However, the new generation needs to create a culture that respects the seniors. Elderly related essays can be added to the textbook. The problems of the elderly vary depending on age, gender, health and economic status, so extensive research can be done in this regard. Strategies to deal with aging can be promoted through training, orientation meetings, and seminars. We know that in any disaster, the elderly and children are at the forefront and face the most challenges. Especially in this tragedy of Covid-19 period we have seen in many places the society has failed to do justice to the elderly even the family which has come in the papers. It should not be forgotten that we are all getting older day by day. We have to remember that I also have to go through this situation one day so the individual, the society and the state have to be aware and enterprising so that no elder is disrespected by me. In the aftermath of development, our joint family system has become weak and the bonds of relationship have become loose. We have defeated a lot of self-centeredness and selfishness. Humanity, principles, ethics and values are terribly in question today. In this situation many families and in some cases the society are failing to fulfill their responsibilities. At the age of 61, Nobel laureate Irish poet William Butler Yeates wrote a poem entitled Sailing to Byzantium. In this poem written by a good man, Yeates says through a fictional old character that, "His own country is very busy solving the demands and problems of the young generation and they are obsessed with consumerism and youthful insanity." Since the respected seniors in his country are ignored and neglected, he does not want to stay in the country anymore. That's why he's moving to Byzantium (today's Istanbul), where the seniors get the respect they deserve. We can never ask for such a feeling to be created among the older generation in our beloved motherland Bangladesh, achieved through the united efforts and nine months long bloody war of people of all ages, a sea of blood and a long struggle. Let this be our pledge on the International Day of the Elderly.

“Elderly Crisis and Care Giving during Covid-19: Global Focus. The Example of the Municipality of Thermi, Greece.”



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INTRODUCTION

Sars-Cov-2 virus, known as Covid-19 has been interfering with our lives for almost two years. This period has brought many changes and has deeply affected us. For some of us the consequences were even greater, especially for elderly people and their caregivers. People became more vulnerable because of the coexistence of serious negative factors.

For Greece in particularly the pandemic immediately disrupted normality and the daily routine of the elders, directly affecting the quality of their care. From the very start there was an obvious sense of fear and distress about the possibility of contamination from the virus. As the weeks and months went by and the restricted protective measurements were increasing, elders were influenced emotionally due to isolation from their loved ones and fear of the unknown.

In this article we will focus on the municipality of Thermi in Greece and the department of Social Policy, analyzing the planning and the implementation of strategies for people of the third age and their caregivers during this difficult era.

ELDERS AND ELDERLY CARE-GIVING GUIDELINES

To fully realize the importance of elders, and the extra care needed due to the existing global health-hygienic conditions, we have to consider the dedicated medical fields of Gerontology and Geriatrics, that study aging procedure and the diseases related to the third age. Furthermore, Social Sciences embrace the “European Charter Of Rights and Responsibilities of older people in need of long term care and assistance” (EUSTaCEA project, under Daphne III program, EU, May 2010).

This European guideline additionally emphasizes the significant role of the care-giver, that provides the necessary assistance for the every day life of the elder. We

cannot ignore that both carereceivers and caregivers carry a heavy personal burden. Some of the main difficulties are increased stressors coming from health issues and social changes (retirement, adaptation).

Greece has traditionally nurtured and respected elderly people, going back to the roots of ancient Greek civilization and still nowadays maintains a culture of providing home caregiving. The average Greek family has strong bonds within its generations and, besides the inner circle of the family, we often find active participation from members of the broader family or close friends.

This extends even to neighbors or the community, as customs and ethics guide the locals in dynamic interactions, showing deep concern for its social cohesion and welfare. This deep feeling of offering to the community is instilled to the social policies of the municipality and especially is a driving force for the community center of Thermi.

CAREGIVING AND THE PANDEMIC

Family caregiving refers to the experiences and activities involved in providing assistance to a family member or friend with health needs (Pearlin et al.,1990). They play an essential role in maintaining the health and well-being of elderly people. They offer emotional and instrumental support and coordinate healthcare services, and nearly half of them often perform skilled tasks such as injections, catheter or colostomy care, wound care, and medical equipment monitoring (Reinhard et al., 2019).

The Covid-19 pandemic has added unforeseen stressors that influenced family caregivers' ability to sufficiently meet the needs of their loved ones in the community. As they are navigating new social restrictions, highly unusual circumstances and a disruption to their caregiving routine, they are facing great anxiety. It is an additional challenge especially when they are caring for the most vulnerable group of individuals at increased risk for severe illness from Covid-19(Tisminetzky et al., 2020), or those with chronic conditions.

National and local policies implemented to contain the spread of Covid-19 may have led to a change in caregiving intensity, increased feelings of stress, and limited time for family caregivers to manage their own health. For instance, community-based services such as adult day centers were closed, which limited the amount of support and respite care usually received by family caregivers of community-dwelling persons with dementia (Greenberg et al., 2020).

Moreover, the stay-at-home orders resulted in changing demands on younger and/or older members of the family and disrupted social interactions, creating a state of isolation (Usher et al., 2020). During the initial phase of the Covid-19 pandemic, family caregivers were more likely to report psychological distress and fatigue compared to non-caregivers (Park, 2020). Family caregivers' concerns about the pandemic were associated with a greater perception of role overload, which can negatively influence

their psychological well-being (Savla et al., 2021).

Lastly, at the healthcare system level, visitation restrictions were instated in many health facilities and there was an abrupt shift to telehealth as a primary care delivery model. These changes resulted in different dynamics between healthcare providers and family caregivers, potentially leaving family caregivers with greater uncertainty around decision making and little support from healthcare professionals they have typically relied upon.

SOCIAL POLICY, MENTALITY AND GOALS FOR THE MUNICIPALITY OF THERMI

Besides the Greek central national strategies and initiatives for the interception of the pandemic, the local administrations (municipalities and prefectures) also had an important role, as they were responsible for designing and implementing local flexible action plans. For the municipality of Thermi, the main mentality was first to identify the needs of the local population, especially of elders and other vulnerable groups, and then directly target and intervene with personalized social services.

Our philosophy for providing local social services is to closely monitor the elders needs and actively participate in their every day lives. This social proximity provides elders with a much needed safety, both at an emotional level and also practical for every day tasks. Extra consideration is taken for providing our services with a stable physical presence and interaction.

With respect to all the restrictions and necessary protective measures for Covid-19, our primary goal is to support elders that were especially vulnerable and they had no family or other care-givers to assist their needs. These special circumstances called for both direct and remote actions and services.

Our secondary goal was to insure that all elders and caregivers had access to basic necessities and personal protective materials, such as masks, antiseptics and gloves. Our main concerns were to provide all the necessities safely, without endangering their physical health, and to train and educate them on the appropriate usage of the personal protective equipment.

Thirdly, for ensuring the welfare of both elders and caregivers we suggested some practical changes to their routines. Our approach was to minimize the risk of exposure to Covid-19 while still managing their everyday tasks. Through advising and counseling we helped to quickly adapt the new situation and emphasize on the best possible conditions.

In cases that care-givers were available, they became responsible for shopping and preparing meals to their loved ones. They needed to remain vigilant at all times and identify safe practices and the best times to go to the stores. One practice that we suggested was online shopping and deliveries and broader use of virtual services. In cases that elders had no supportive environment, our social services visited them and provide them with all the necessities

(meals, groceries, cleaning services, companion).

Finally, we constantly updated and explained to the local community all the current protective measures and restrictions imposed by the government and assisted with all the relevant procedures.

It is crucial that our response time was very short. Within a few days of the governments central measures, our local policy was designed, the goals were determined, the data for the target groups were analyzed and we were ready for implementation.

THE PRACTICAL DIFFICULTIES OF IMPLEMENTING THE SOCIAL STRATEGIES

Initially elders had practical difficulties fulfilling their everyday tasks, like paying bills and home supplies. With respect to all the safety precautions, we focused on daily home visits for the elders that did not have direct support. At first there was great hesitation and a feeling of shame from those in need and reluctance to request assistance. From a social science point of view let's not neglect the uncertainty and fear of an isolated elder in need. Fortunately, we quickly overcame these obstacles as we utilized our great former experience from running our social solidarity project "Help at Home".

This project is an initiative of the European Union, co-funded by the Greek State and E.U. The main pillar targets elderly people and people with disabilities, providing counseling, social support, primary medical care, house cleaning, home supplies and groceries. The program consists of a variety of experts and care-givers and it is active all over Greece for the last twenty three years.

More importantly, as the pandemic situation was progressing and infections were spiking, during our visits we observed that elders were neglecting their health issues (that is also true for the general population). From one point there was the inability to access conventional medical services as priority was given to treatment of Covid-19 patients. Additionally, elders postponed or even totally avoided visiting their doctors for their usual medical routines out of fear of contamination or misjudging the severity of their condition.

As a result, chronically ill patients with serious conditions, such as heart and respiratory diseases were left untreated and important physical and laboratory examinations never took place. Unfortunately, all the above added to the toll of deaths of the pandemic, although it is difficult to determine the total impact.

A third major issue was the difficulty of providing quality care services and on a timely basis. Family caregivers experienced increased levels of stress and additional challenges in their new care-giving routine. They needed to assume several added responsibilities within a short period of time, in light of the limited access to other sources of support and hurdles of working from home. This no boundaries situation between work and home reduced even more the devoted care-giving time. One participant

explained, "I disinfect everything that I bring in the house after shopping. This process is time-consuming but necessary, given all of the Covid-19 unknowns. I also disinfect the mail, i never had to do these things prior to the pandemic."

In many cases care-givers were so concerned about their loved ones' physical and mental health, that left them with limited opportunities to maintain their own well-being, especially mentally. These obstacles experienced by family caregivers during the pandemic contributed to an extreme fatigue that made cooperation with social services a challenge.

Participants also indicated spending great amounts of time to educate their beloved about the virus and the importance of wearing a mask and remaining physically distant from others. Some participants described how they limited the in-person contact of their loved one with others to avoid potential exposure to the virus. Some caregiver even openly expressed their frustration and inconvenience, as exemplified in one's remark: "Instead of periodic emotional support and supervision, I am providing constant emotional and mental health care and co-living because he is scared of the Covid situation and refuses to live alone."

SOCIAL STRATEGY IN THE FIELD

Our first priority, was to provide daily meals delivery to all the elders' households that were financially injured or incapable of cooking themselves. This was actually part of broadening and customizing the services of the Project "Help at Home" in cooperation with the Prefecture of Central Macedonia. While visiting for meal delivery, the personnel also offered companionship. Any requests or needs identified during our stay were immediately forwarded to the responsible social service (Community Center, Social Grocery, Social Pharmacy, Municipal Health Center, Municipal Local Development Organization).

Secondly, considering also the welfare of the general population, we created a special phone support line that operated with extended hours. The scientific staff included mainly social workers and psychologists that provided psycho-social support and counseling. Our target for elders and their caregivers was to sooth the dominant feelings of uncertainty, loneliness and helpfulness and lead the adaptation to the new circumstances.

This process of adaptation aimed to the comprehension of the official restrictions, the health authorities guidelines and the suggested changes for a safer living. There was extra care in explaining the unprecedented changes in social living, family interactions and the curfew, as Greeks have a very vivid social life.

Another measure was the creation of a Municipal Covid-19 Center that acted as the main coordinator for any pandemic issues. This included operating as a general information point about the Covid-19 situation, guidelines and restrictions and numbers of daily affected people in the local area. These data were given to us by the local health services. Through a dedicated phone line the municipality's

health personnel informed elders and their caregivers with the latest updates and clarified the hygienic protocols.

With the establishment of the National Covid-19 Vaccination Program our staff assisted with general information and vaccination appointments (Municipal Health Center, Municipal Covid-19 Center). There was a continuous inventory of elders, people with disabilities and other vulnerable groups, who were willing to be vaccinated but could not travel. Local health units, assisted with specially trained personnel, conducted vaccinations at home with highest priority. Even more, we regularly conducted free rapid tests that were available to all the locals (Thermi's Civil Protection Unit).

Finally, our social services shifted towards providing various types of remote assistance. We distributed to lonely elders special "tele-help" devices that once activated directly connect with our dedicated phone line of "Help at Home" project. Through this novelty elders could immediately seek help of any kind. (Municipality of Thermi, "Help at Home" Project, co-funded by the E.U and sponsorship of a private mobile carrier for the dedicated phone line). During the movement restrictions we bypassed normal procedures and care-givers were given priority for remote servicing. On behalf of their caretakers we utilized emails, teleconference, smart apps and other means of virtual communication to handle their requests, such as subsidies, allowances and other bureaucracy issues. (Community Center, Citizen Helpdesk).

KEY TAKEAWAYS

Some important takeaways from our Covid-19 experience the last two years.

- A significant part of elders expressed behaviors of denial and could not realize the potential hazards of the situation or the magnitude of the effects.
- The stay-at-home isolation influenced in various aspects their normality especially in their medical conditions, family relationships and financial status.
- For cases of elders without a close family circle, there were difficulties in providing care during the first stages of the pandemic and they relied totally on the community. Our role was to intermediate and network volunteers and lonely elders.
- As the pandemic progressed and many human losses began to occur, elders also had to face devastating mourning as the majority of the victims were third aged. Besides facing personal losses, they were experiencing anxiety for their own physical health.
- As elders were naturally techno-phobic they could not utilized modern communication methods for staying in touch with their families and loved ones. This added to their emotional and psychological burden during the early lockdown. Surprisingly, the majority of the elders adapted very quickly and began using new technologies and remote services in their favor (e-banking, e-commerce, home deliveries).

CLOSING REMARKS

We have to admit that this is an unfair fight against this life threatening and life changing virus. However, we feel grateful that we had no casualties from serviced citizens. I feel obliged to mention the dynamic and active participation of all the stakeholders. All the scientific personnel, the municipality staff, civil protection and volunteers were constantly pushing themselves for the general welfare. Our municipality managed to operate efficiently and rapidly during this crisis. I would like to close with a wishful thinking that this pandemic does not have long-lasting effects in our health, but on the contrary it will bring out the best of our societies.

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"SUBARTA TRUST" to Solve the Care Crisis in Bangladesh."



Salina Akther

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Bangladesh

Introduction

Subarta Trust is a nonprofit organization which is dedicated to the welfare of the senior citizen and challenged people of Bangladesh. The goal is to help them lead a secure, active and dignified life. Its primary focuses are-

- To create a care industry to ensure special care for the senior citizen, challenged people and people in distress with a variety of illnesses, disabilities and special needs.
- Identify and make available housing for the senior citizen and challenged people in the context of socio-economic background.
- Incorporate care funding into the lifestyles of the senior citizen and challenged people and those in need.

The trust was established in 2009 and during this time it has gained a significant recognition in the field of careology. Innovation of special housing, introduction of integrated care system and introduction of care education and ensure special care and security for the senior citizen and challenged people. It also involves sensitizing society about the importance of special care.

How Subarta started its journey

In Bangladesh, the senior citizens' will be increased into 17% by 2050 because of healthcare and improving quality of life. On the other hand, there is indifference in the society regarding the care of the people in crisis. Several organizations have been working for the welfare of senior citizens for the past few decades. However, the need for special care for senior citizens, especially in the field of gerontology and geriatric care, was very low. On the other hand, social change has become inevitable with the passage of time. Industrialization, migration, women empowerment has created a service vacuum for this population. The Subarta Trust was formed in 2010 in response to the growing demand for appropriate facilities for housing and special care for the elderly and the needy.

Even before that, in 2000, entrepreneur Salina Akther had built an old age home for the persons of physical illness, loss of a loved one, and family separation. It became ineffective due to social stigma after 6 years of work experience. For next 3 years, Salina Akther explored social problems and created specialized housing and integrated care centers by forming the Subarta Trust to solve the problems. At this time, activities started in a few rented houses in Savar. When Shelina Akhter's Daily Star published a report in 2009 on the idea (not an old age home but an integrated service management system with specialized housing to address the crisis of the senior citizens and challenged people), there was a widespread positive response among many people.

How Subarta aims to achieve its goals through six broad goals:

1. To create skilled and professional enthusiastic, hardworking, faithful professional manpower in the care sector through the introduction of service education for the elderly and the needy.
2. To create care-friendly specialized housing for the elderly and vulnerable people from all socio-economic backgrounds. Identify and provide high quality specialized housing and care services and integrate ownership.
3. Ensure financial care management and savings procedures to ensure lifetime access to care services and ensure automatic financial management by preventing dependency.
4. Inventing, resourcing and re-imagining a new world for the employment of elderly and vulnerable people.
5. To bring about systematic change in dealing with the elderly and vulnerable people through policy and behavioral changes in resource consolidation, diversification, utilization, connectivity.
6. To change the old concepts and to prevent superstitions, to change and incorporate laws and rules as needed, to establish trust and confidence in the individual's state.

Implementation of specialized housing and integrated care centers

In 2012, Subarta started a special housing system and integrated care center with 20 people in Singair, 16 km from Dhaka. In 2013, with the same idea, a special accommodation and integrated care center was jointly initiated with Structural Engineers Limited in Shyamoli, Dhaka. By 2018, special housing with 2 integrated care centers have been created. These houses are being bought and rented by special people of the society and they are receiving cares from Subarta Trust through care contract. Subarta has taken the initiative to create a micro-housing model for the financially disabled people of the society, when a person can live in his own accommodation with

lifetime care service for very little money. At the same time, an initiative is taken to provide special facilities for the financially disabled people of the society at the

entrepreneur's house in Netrokona called Prabin Sebakendra. In 2014, entrepreneur Salina Akther received the Ashoka Fellowship for this idea.

The care education idea was created from the caring services that were being provided through the integrated care center in 2012. Attempts are made to create skilled professionals through in-service training and home care activities are also initiated.

Subarta's Current Ongoing Activities

Care education

The constant demand and perspective of the care makes the entrepreneur more enterprising. Care education is associated with specialized and integrated care centers, which gradually became the concept of careology in 2016. The need to set up an 'Institute of Human Care Research and Development' adjacent to the Subarta Care Center to create a trained manpower was felt and efforts are being made accordingly. As a result, UN agencies and UNCDF are linked. In 2019, UNCDF merged with Subarta to form Social Enterprise and 'Subarta Social Enterprise Limited' was formed. One of its main activities is to introduce care education in the society. The 'Specialized Geriatric Care Institute' has been set up as an independent institution for this purpose. Over the next 6 years, the Institute and Subarta have taken the initiative to train 9,000 caregivers and are currently conducting 1-month, 2-month, 3-month and 6-month training.

Home care service

Trained caregivers are being deployed in private housing through the 'Sushakti' project.

Specialized Accommodation - Dreamland Peace Valley (1)

Shyamoli: 15 Holy Lane, Shyamoli, Dhaka 1207. It is the head office of the Subarta trust and has one of the common housing projects known as Swapnalok Peace Valley 1. It is a residential method of obtaining joint and sole proprietorship care, where the issue of old age home has been canceled. Here housing is used through care contracts and associations. This is an Urban Model and Idea Partner project. The multiplication of this model will create a care sector in the city. The 9-storey building has 3 floors of care service related accessories and 6 floors of accommodation. It includes 33 studio flats and suites.

Specialized Accommodation - Dreamland Peace Valley (2)

Singair village: In Khanbaniara village under Singair upazila of Manikganj, land was purchased in a joint venture on 6 decimal land. There are currently 2,100 square feet of housing for 6 owners, and the center has an integrated care center of 4,400 square feet.

Subarta is attracting interested owners by buying more new land here and buying different types of housing models for specialized housing senior citizens and challenged people are living here. In addition to purchasing, there is a lifetime ownership and donor asset system.

Social enterprise

There are business ventures that rely on agriculture and safe food for the living senior citizens and challenged people and the trained workers. There are opportunities to make handicraft and recycle products that help keep people active.

Micro Health Care Program

'Micro Health Care - One Stop Service Center' adjacent to the Integrated Care Center for Health Awareness of the senior citizens and challenged people of the Village. From where any elderly person can get his problem solved.

Glimpse of the Care Recipients in our country

Recipients¹

Ms. Nurus Saba: A Resident in SPV2

Ms. Nurus Saba (72) is a resident of Subarta, Singair (Manikganj) Care Center. Mother of two daughters and one son, has been living in the care center since 2020. Her son and daughters are well placed in society with good education. She was married in 1968 and her husband died in 2000. She is suffering from multiple diseases. She was first diagnosed as a Myopathy patient in 1993— this is a muscle problem. Her elder brother and sister also suffered from this disease. At the initial stage of the disease, she could have walked with support of a stick. But since 2010 she has been unable to stand and walk without support. By 1996 her breast cancer was detected and left breast was removed by surgery. She took radio therapy but not chemotherapy. Now-a-days, routine includes her daily life; she wake up 8 am in the morning and the care worker assists her to go to toilet using wheel chair, care workers takes her back from toilet, feed her breakfast with honey & blackseed oil, supplies newspaper, feed the lunch at 1pm, assist for prayer, assist her for bathing, change clothes, give medicines, take reading of blood pressure and blood sugar, provides morning and afternoon snacks, dinner then by 10-11pm she falls asleep.

This is her daily life in the care center and in every step, she needs support from the care worker. She expresses her satisfaction saying "I pray to Allah for you for providing me such a dedicated care worker".

Survival story of a Caregiver

Recipients²

Dolly Akter: Care Worker

Ms. Dolly Akter (24), hailed from a village under the district Shoriyapur is a mother of two sons and she was deserted by husband before joining Subarta Senior Citizens' Residence and Care Center located at Shyamoli of Dhaka city. Her husband got married elsewhere and does not provide support to the sons. Dolly returned to her parents with the two sons. It became difficult for her to survive with her sons.

Under the circumstances she moved to the capital city in search of a livelihood 18 months ago and noticed an employment notice in the gate of the Care center. She applied for the position of Care Worker and got the job. After her appointment she participated in the 3-month long "Certificate Course in General Care" conducted by Subarta Trust.

Dolly said, "My days of anxiety is over. Now I can bear the educational expenses of two sons and my sister. During the outbreak of the Corona my brother lost job and I have to bear an additional burden of supporting the family. Over the last 18 months my salary has been enhanced twice". She is residential staff of the Care Center, starts her days at 6-30 am to assist residents for washing and brushing teeth, serve breakfast, morning snacks, lunch, evening snacks and dinner; administer medications, takes reading of artery pressure and blood sugar level, make entry of the reading in the file, clean room, guide residents to rooftop or library.

Conclusion

People with disabilities in different contexts of society (aging, physically and mentally disabled, autism, social, mental, financial) cannot establish their human rights without help. Even in their normal lives, they are obstructed due to obstacles around them, they are tortured, they are deprived of benefits. The number of disadvantaged people is increasing rapidly all the time. This population is the largest due to natural disasters and social constraints, state law enforcement and weakness. The Subarta Trust welcomes all those who are interested in the overall welfare of such people and for the establishment of peace in the society to come forward unitedly.

"A Beautiful Old Age is Ordinarily the Reward of A Beautiful life."

Pythagoras of Samos

Therapeutic Accompaniment to older adults in times of COVID -19



Prof. Tec. A.T. Vladimiro Chiattonne
Founder of ATALy C Argentina

Introduction

On March 19, 2020, preventive and mandatory social isolation was decreed in Argentina in response to the pandemic caused by the SARS-CoV-2 virus and the disease it causes (COVID-19). This measure was aimed at reducing the transmission of the virus that can generate severe respiratory symptoms, more frequently in older adults. However, this measure may affect their containment nets because they are previously isolated.

Keywords

Social distancing and the different measures to avoid the spread of coronavirus have a negative impact on the psychosocial well-being of older adults. In the field of mental health, we identified that anxiety and fear of contagion predominated, although fear decreased in the successive

extensions of confinement. Technology was a fundamental actor in the maintenance of the containment nets and the satisfaction of emerging needs.

Therapeutic accompaniment as a fundamental tool in affective support By 2020, the population aged 60 years or over in Argentina amounted to 15.7% of the total, that is, almost 7.1 million people (INDEC, 2013), to face this new reality there is a wide variety of services care, but these services are not available to all possible users, either due to distance or economic reasons, access is unequal. Life expectancy at birth in Argentina was 77 years, one year more than the regional average, it has been increasing progressively. In 1950 it was 62 years and it is projected that by 2100 it will have increased 10 years in relation to 2020. Life expectancy for women is 6 years higher than for men. However, longer life expectancy does not necessarily mean better health. At the time of preventive isolation, a large percentage of these older adults were in a geriatric care institution and another percentage lived alone and without any type of external assistance. In 2012 INDEC, together with the National Directorate of Policies for Older Adults (DINAPAM), carried out the first National Survey on the Quality of Life of Older Adults (ENCaViAM) 10 (INDEC, 2014 a, b and c). This allows us to distinguish between two types of dependency: basic and instrumental. To

operationalize the first, it is investigated whether the elderly person cannot, or has great difficulty, to carry out basic activities of daily life - mainly self-care - and requires permanent help from another person. Among the basic activities, the survey includes moving around on your own in your room or home and performing daily tasks such as eating, bathing, dressing, using the toilet, combing your hair, brushing teeth or washing your face, going to bed or getting up from the bed, bed, and going up and / or down stairs, these people with some difficulties who already had some type of assistance in a large percentage received it from social security, at the time that the pandemic unleashed these people maintained assistance for a short period that allowed those essential workers to circulate, then that was no longer possible and many of these people were institutionalized or went to live with their relatives, here there is a break in data collection and the possibility of keeping statistics, but many of the people who stayed at home did so with the assistance of professional caregivers or their family members and with the support of a therapeutic companion, a fundamental figure in sustaining mental health. In an article I wrote for the National University of La Plata called

"Therapeutic Accompaniment in the Third Age". August 2013, III Conference on Social Work in the Gerontological Field (La Plata, August 30 and 31, 2013) I state that: "... The therapeutic companion in older adults often occupies a different place than that of facilitator of the cure. It helps in accepting the passage of time, illness, limitations, constituting a true "walk together" with the patient. It could be included as a "tool" that favors the way out of isolation to which old age has been condemned ... "

This point makes the difference in the incorporation of this professional, the care that older adults require is not exhausted in the care of their physical health, many times psychic collapses in older adults are due to the fact that they are objects of care, but not They are treated as subjects, from a perspective of construction linking in the daily life, the Therapeutic Companion builds a significant place of their own for the subject and not for their environment, it does not come to build other people's expectations but to build with the person and that construction occurs from the everyday, now what is the concept of everyday life in a pandemic? The answer is complex but not impossible, the pandemic showed us a new way of communicating to establish contacts, learning links, corporeality was represented in another way and that was used by the therapeutic companion, technology was an invaluable resource, but for those who could access it and that access was not restricted only by economics, but also by generational, in any case what they could, that if they learned technology was a great ally, daily contact could be made from a screen of a smart phone or a computer, corporality was another, the attentive wait for that call denoted an importance of another who was pending and who would be at the moment when "everything ends" and that we can see each other again was, the therapeutic companion the guarantee of an after, held ndo that confinement with presence, virtual, but presence at last, now what happened to

those who were elusive by technology for the reasons already stated? As we built daily life without presence, the telephone was our ally in those cases, the voice too It is an image in some cases, the voice also builds presence and a specific call, at a certain time on a certain day or days of the week print a waiting parenthesis to the daily routine, so here is already a first approach to an idea of framing of therapeutic accompaniment, the formula that allows us to work and frame our role is framing = space / time Being the space the place where the accompaniment will take place and the time the number of hours and days in which they will meet, if we are guided by this formula, it does not matter the corporality, the presence, but the bond. Thus, the Therapeutic Companion becomes a representative of an after, an organizer of a tomorrow, and allowed to think about the phrase "when this happens we will do...", and thus be a social articulator between confinement, the finiteness of life and old age, safeguarding on many occasions the deepest concept of mental health, carrying out interdisciplinary work, because even in the virtuality of an image or a voice, the therapeutic companion can notice a discouragement and thus act preventively with the interdisciplinary team, it is common for the accompanied person to establish with the professional a trust different from the one they have with their environment and that in that space to link I confided ailments that they do not do with someone close to them just so as not to worry them in this way we have been able to anticipate o prevent many diseases, act quickly with an interdisciplinary intervention is effective. The incorporation of the Therapeutic Companion in stages of pandemic proved to be effective and economical, effective: because of the proximity, because of the bond and because of the forms of prevention it offers,

economical because only the time that is agreed is paid, unlike an admission that are paid 24 has. And other services are paid that in the comfort of your home would not be paid, in addition to being surrounded by their affections. It is not the same to go through a confinement in solitude than to go through it surrounded by their belongings and affections, and if to that we add a presence that guarantees preventive measures and interdisciplinary representation from the bond, the effectiveness of this device is more than evident.

Older COVID Patient's Emotional Battle: A Nepalese Perspective.



Sanam Poudel
Psychologist Nepal



For months, as laxmi devi has struggled to recover from COVID-19, she has repeated her prayer day and night. Like other older adults who have become critically ill from the coronavirus, laxmi devi, 68, describes it as a near death experiences. She has difficulty putting thoughts together, inability to remember what happen a short time before, she has difficulty with concentration. She could not concentrate on small thing. Sometimes she forget her grandson's name. This sudden cognitive dysfunction is a common concern for seniors who have survived a serious attack of COVID 19.

"Many older patients are having trouble organizing themselves and planning what they need to do to get through the day. They have become more and more forgetful." Said Dr Saroj Prasad ojha, head of the department of psychiatric and mental health, tribhuwan university teaching hospital Kathmandu, Nepal.

Laxmi devi, who lives in kathmandu, Nepal, spent almost one month in July on a ventilator, fighting for her life in intensive care unit. She said, I still get tired real easy and difficulty in breathing. Her legs get shaky and arms get like jelly." Emotionally, it has been hard because I've always been able to do for myself, and I can't do this as I like. I've been really nervous and jittery, laxmi devi said.

"Recovery will be on the order of months, and years, not days or weeks, younger adults who've survived a serious course of COVID-19 experience similar issues but older adults tend to have more severe symptoms, and more limitations in terms of what they can do", said Dr saroj prasad ojha.

Many older people, who were hospitalized at ICU for a week said that they remembering having a lot of hallucinations" a symptoms of delirium.

Sabitri dahal 69, said that, "I remember vividly believing I was in purgatory. I was paralyzed, I could not move. I could hear snatches of TV. I want to talk, seat, eat together with my families but they are not allowing me to do this because I was in isolation in my room from 15 days. I pray day and night. Now she is recovered but that does not mean recovery has been easy. Laxmi devi and sabitri dahal still struggle with confusion, fatigue, weakness and anxiety. "Doctors have told us it will take a long time and they may never get back to where they were before COVID". said their son, Narayan but its ok I am just so grateful that they came through this and we get to spend more time with them", we all family members are so grateful to all medical workers and hospital team.

Although all age groups are at risk of contracting COVID-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions.

We can Support for older people, their families and their caregivers is an essential part of the countries' comprehensive response to the pandemic. During times of isolation and quarantine, older people need safe access to nutritious food, basic supplies, money, medicine to support their physical and mental health, and social care.

Dissemination of accurate information is critical to ensuring that older people have clear messages and resources on how to stay physically and mentally healthy during the pandemic and what to do if they should fall ill.

In our country Nepal government could not provide rehabilitation needs for older adults. Who survive a stay in the ICU did not receive rehabilitation services at home after hospital discharge. Seniors who live in rural areas are unaware of COVID symptoms and its impacts.

Older are now more isolated than ever within their homes and communities: they cannot go out and mingle within a limited circle of friends and relatives, visit temples or take part in community and other religious activities.

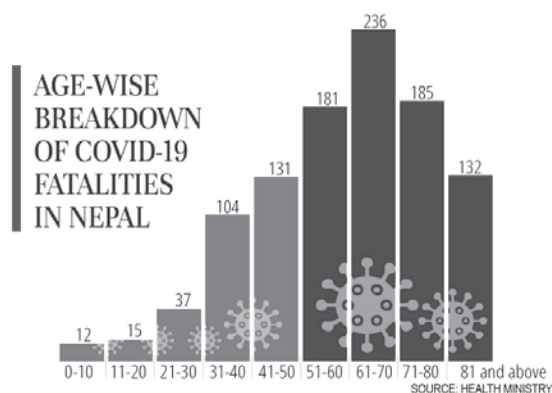
To make matters worse, they have been terrorized by the daily television headlines that highlight the death toll. Many are now showing psychosomatic symptoms of coronavirus without actually being infected out of sheer anxiety.

In others mental health illness, has become an increasing problem. Those on medication for depression and dementia are suffering relapse due to additional stress, the elderly were already the most vulnerable, but now the pandemic has added to all the pre-existing problems they faced: collapse of joint families, children and grandchildren abroad for studies or work, economic hardships and expensive health care. Said, Asmita dhakal registered nurse at covid ward at TUTH.



Sometimes what's most needed for recovery from critical illness is human connection, love care and family support. That was true for laxmi devi and sabitri dahal of Kathmandu Nepal. in their late 60's who were both hospitalized in early July. Laxmi devi still feels uncomfortable feelings, she said my whole body, my muscles were malnourished. I could not get out of bed or go to toilet. Difficult to eat solid foods."

Since the 1950s, Nepal have added over 40 years of life expectancy, a dramatic public health achievement. But how well have we planned those added years or realized its potential, "It's ironic that on the face of Covid-19 crisis, we have more or less abandoned the elderly when this was what we strived to achieve for so long. The good news is it is still not too late to care for them and their needs, especially winter session when the risks go up."



Trends and Developments for the Elderly in Thailand



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Problem situation and effect on the elderly in Thailand

Total population of Thailand is 66.1 million and the number of people aged 60 and over is 11.6 million or accounted for 17.57% (Department of Older Persons, 2020). According to age ranges, the elderly can be classified into 3 groups as early elderly (60-69 years), middle elderly (70-79 years), and late elderly (80 years and above). In 2019, it was found that Thailand had early elderly by 60.4%, followed by middle elderly (28%), and the smallest number was late elderly (11.6%) of total elderly. Consideration from the report on estimate of Thailand's population 2010-2040 (Revised edition) found the north region had the highest rate of elderly population or the highest percentage of elderly persons aged 60 years and above of the total population, namely 22%, followed by the northeast region (20%). Central region and south region had the lowest rate of the elderly, 15%, (Foundation of Thai Gerontology Research and Development Institute, 2020). Furthermore, Thailand has entered the aging society since 2005 and in the near future the number of the elderly will grow increasingly, making Thailand become a completed aged society in 2022 and will be a super aged society by 2033 (Foundation of Thai Gerontology Research and Development Institute, 2020). Besides, consideration made on the basis of a continental level found Thailand is ranked the fourth most elderly people in Asia and Thailand is the second country entering an aging society after Singapore. It reflects that the population structure has been changed and the country enters the aging society rapidly.

Based on the review of problem situations and effects on Thai elderly according to economic, social, health and environmental dimensions, 4 important points are as follow:

The first one is around 40% of Thai elderly are working and most of them are informal workers. They do not have guarantee income and savings in their retirement. It is also found that 34% of Thai elderly have low income below the poverty line. In addition, a decrease in working-age population will have an effect on labor market and family income in the future.

The second one is social impact caused by changes in the population structure brings about elderly people tend to live alone increasingly. It is expected that the old-age dependency ratio will be higher from 16% in 2007 to be 23.0% in 2027 as working-age people need to take care of one elderly person.

The third one is most Thai elderly have long-term health condition caused by chronic diseases. The most 2 common diseases found among elderly persons are hypertension and diabetes. Late elderly (80 years and above) most likely have hypertension, accounted for 59% in men and 69% in women, and diabetes, accounted for 12% in men and 11% in women. In this regard, chronic illness tends to have an effect on elderly people to become dependent, feel lonely and depressed. Associate Dean for Academic & International, Faculty of Social Administration and Director of Thammasat University Excellence Center for Social Work and Social Policy Ph.D Candidate (Social Policy) Faculty of Social Administration Thammasat University.

The fourth one is environmental changes including changes in the way of life of people of different ages that affect the patterns of services and welfare management plans for elderly people unavoidably.

Effects from Covid-19 on Thai elderly

The spread of Covid-19 started in Thailand in the early 2020. At the early stage, Thailand could control the spread of Covid-19 quite well. Disease control and prevention system of the country was continuously evolved and long-lasting to be strong while various measures issued by the government sector in different time such as a lockdown, closure of entertainment venues and some sport stadiums, determination of service hours for restaurants and department stores, encouraged people to wear surgical masks and maintain social distancing, collaboration on work from home from personnel of both public and private sectors. Such measures could help the infection rate of Covid-19 in Thailand was low, making the country one of the best countries in the world that could do best in beating Covid-19. Throughout 2020, the accumulated number of Covid-19 infected persons in Thailand did not reach 7,000 persons. It was considered not many compared to western countries. However, the new wave of Covid-19 spread which occurred by the end of 2020 has contributed to more severe effects on the way of life of people of all ages in terms of economic, health, and social aspects. The elderly, considered an important group of the population, have encountered both direct and indirect effects from the spread of Covid-19.

Significant details are as follow (Foundation of Thai Gerontology Research and Development Institute, 2021):

Economic effects: It was found that 81% of the elderly who were still working encountered problems and obstacles at work due to the spread of Covid-19. Elderly people living in urban areas were more likely to have problems at work than elderly people living in rural areas. Moreover, income of elderly people earned from working seems to be decreased, from 40% in the normal situation to 22% during the spread of the disease. It can be said that a certain number of elderly people are facing problems related to economic instability that appears to increase by the rest of their lives.

Health effects: It was found that elderly people living in urban areas were more likely to have health effects during Covid-19 situation than elderly people living in rural areas.

The top 3 issues elderly people are worried about during Covid-19 situation include (1) financial effects on themselves and their families, (2) fear of getting infected or having family members infected with Covid-19, (3) deteriorating health due to missing their doctor's appointment. In addition, it was found that the elderly were more at risk for depression from 0.1% in May 2020 to 1.3% in August 2020 and more at risk again to 1.1% in December 2020 when the new wave of the spread occurred. Besides, health service access by the elderly with low income seemed to decrease by 7.7% during the lockdown, namely, from 92.5% in the normal situation to 84.8% during the lockdown and increased to 91.7% when cities were reopened.

With regard to social effects, elderly people with low income were more likely to face a shortage of food increasingly during the lockdown, especially the working elderly, from 15% in the normal situation to 27% during the lockdown and decreased to 18% when cities were reopened. In this regard, the problem related to a shortage of food during the lockdown was most found in Bangkok (28.7%), followed by rural areas (28.3%), while the problem was least likely to be found in urban areas of other provinces (22.5%). Trends and directions for future Thai elderly development The government has made an effort to develop and solve problems related to Thai elderly on a policy basis in a continuous manner. The government formulated relevant laws and policies to drive elderly work such as the Act on the Elderly B.E.2546 (2003), Amendment of the 2003 Elderly Act, Thailand's 20-Year National Strategy (2018 – 2037), the 12th National Economic and Social Development Plan (2017- 2021), Thailand 4.0 Policy including the use of measures driving the national agenda on aging society 6 Sustainable 4 Change ,which brings elderly innovation as one of the measures to reduce inequality in the aging society. Problem-solving related to the elderly occurred in different characteristics in the past decade. It is a process emphasizing social roles, social development and integration, behavioral modification, building fairness by using local resources and wisdom including employing new ideas to apply by adhering to the basis of new thinking to solve elderly problems (Murray et al., 2010). In other words, the government has viewed the importance of innovation used to facilitate how the elderly spend their lives in order to respond to current

livelihood including promoting, restoring health, and rapid access to information. Besides, the government views the use of innovation as another option to help

develop the quality of life of elderly people by elevating spatial innovation on the basis of mutual responsibility. Emphasis is placed on the roles of every sector like families, communities, local administrative organizations to participate in analyzing problem situations of the elderly. Problems and needs found are brought to reflects ideas and seek solution through participatory learning process so as to develop systems and mechanisms suitable for area conditions and context. In addition, during the spread of Covid-19 causing inconvenience to the elderly's livelihood, the government has worked in collaboration with relevant agencies to formulate crisis intervention measures to deal with uncomfortable situations for the elderly during the crisis at least 3 aspects, which are:

- (1) Economic aspect – The government granted cash payment to remedy those who were affected by the spread of Covid-19 through many schemes, enabling the elderly to access income assistance such as Half-Half Co-payment scheme, purchasing power increase scheme for state welfare card holders, income compensation measure for employees whose workplaces are impacted by Covid-19 or people who have other effects related to the spread of Covid-19, etc.
- (2) Health aspect – The government issued a measure for postal medication delivery to prevent and control the spread of Covid-19 including reducing risks of patients travelling to health care service centers to receive the medicines or medical supplies. In this regard, National Health Security Office (NHSO) implemented the drug delivery service scheme to people who have the rights to national health security system including supporting a budget from National Health Security Local Fund to enable relevant agencies and local administrative organizations to play an important role in implementing a project to prevent the spread of Covid-19 for people entitled to every right and people of all ages.
- (3) Social aspect – The government promoted the working role of volunteers by increasing the role of volunteers in caring the elderly in a clearer manner; both village health volunteers (VHV or OrSorMor) in upcountry areas and Bangkok public health volunteers or OrSorSor. They play a significant role in helping the elderly during the crisis in the form of asking about physical and mental well-being, distributing food at home or communities nearby the elderly's home. Moreover, the government supported the collaboration from private sector and civil society to help and take care of the elderly in a comprehensive manner.

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Elderly Crisis and Care During COVID-19 – Global Perspective



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The outbreak of coronavirus has affected the lives of people across the globe. People of all age groups have equally been affected and there have been short term as well as long effects of the same. Among all age groups, children and old-age people probably have been affected the more, may not be directly by the virus but by the other issues associated with the pandemic. Support for older people, their families and their caregivers is an essential part of the countries' comprehensive response to the pandemic. During times of isolation and quarantine, older people need safe access to nutritious food, basic supplies, money, medicine to support their physical health, and social care.

The COVID-19 disease, in itself, has hit older adults harder than other age groups. Older adults are more likely to already have underlying conditions such as cardiovascular disease, diabetes, or respiratory illness — comorbidities that we now know raise the risk of severe COVID-19 and COVID-19-related death. In addition, a likely weaker immune system makes it harder for older adults to fight off infection. As a result, the impact on older adults is notable. According to World Health Organization (WHO) data from April 2020, more than 95% of COVID-19 deaths were among people over 60 years of age, and more than half of all deaths occurred in people of 80 years-plus.

During the pandemic, older adults have become even more dependent on their caregivers, and, in a pattern similar to the one that has raised the rates of domestic violence, negligence, some caregivers have used the pandemic to exercise their control and abuse further. Elder abuse tends to occur more frequently in communities that lack mental health or social care resources. The perpetrators of the abuse also tend to have mental health problems as well as reporting feelings of resentment with their informal caregiving duties.

The corona pandemic has changed older people's daily routines, their care and support, ability to stay socially connected and how they are perceived. Older people are

facing challenges to spend more time at home, lack of physical contact with other family members, friends and colleagues and anxiety and fear of illness and death. It is therefore important that we create opportunities to foster healthy ageing during the pandemic.

The need for elderly care has become more important at this time of pandemic as there has been higher risks for them to be affected by the virus. Even if they were not affected, it has become more important to keep them safe and provide them with adequate nutrition and preventive health care support. It has been observed that families have tried to take adequate steps to keep the elderly people safe. Apart from regular care and support, one of the significant issues is concerned with mental health. Several organisations have taken initiatives to provide mental health care support specifically for the elderly persons to keep them free out of trauma.

Each one should take the responsibility of caring for the elderly persons in their family and also extend necessary support to others who have been struggling to take care of their elderly persons at home. Taking care of all family member is equally important along with care for the elderly. The entire situation has taught several new things to all of us and one important thing is probably additional care for the elderly people in the family.

As a responsible citizen we may think of doing the following things to keep the confidence of the elderly people:

1. Support for Bathing, dressing, personal hygiene, feeding, toileting, continence care, transferring, and lifting.
2. Some forms of physical exercise to the extent possible and meditation to release tension and fear of death.
3. Wherever possible, the elderly persons can also be involved in supporting the cooking, home gardening and reading books.
4. Involve them in chatting, video calling with other distant family members, listening music and if possible, engage them for storytelling to younger kids in the family.
5. It is important to keep the elderly persons away from news & media publicity to the extent possible, as this might lead to further tension and put them in trauma.
6. Keep regular track of their health parameters and whenever required immediately consult with the doctor for necessary care & support either at home or at hospital.

These are some of the suggestive measures which may be followed in taking care of the elderly persons in the family. The entire world is struggling to find out ways to overcome the pandemic situation and we should work in solidarity and bring in convergence for care of the elderly persons across the globe. It is important to have cross learning from different countries on their way of caring for the elderly persons and such learning can be adopted in across other countries. In this way we can bring in a global model of elderly care during the pandemic and continue our fight against corona virus.

OLDER ADULTS AND COVID-19 PANDEMIC IN NIGERIA



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The global population faces unimagined situations due to the coronavirus (COVID-19) pandemic, which was reported in Wuhan; one of the most popular cities in China in December 2019 (Forster et al., 2020; World Health Organization, 2020; Yang, Zhang, and Chen 2020). The virus spread internationally within one month of the first identification and was transmitted via close human-to-human contact (Huang, Wang & Li et al. 2020). The outbreak of the virus was declared a public health emergency of international concern as well as a pandemic on January 30, 2020, and March 11, 2020, respectively, by the World Health Organisation (Farzanegan et al., 2020).

One of the devastating impacts of the COVID-19 pandemic is the loss of human lives especially older adults. The United Nations (2020) believes that with the COVID-19 pandemic, many developing countries and especially in the African continent are going to face long-term consequences in many areas like support for older adults especially since many of them like Nigeria do not have institutionalized means of care other than the family.

The family is primarily the main source of informal support and care to older adults in Nigeria (Ebimngbo & Okoye, 2017; Ekoh, et al., 2021a; Oluwagbemiga, 2016). They provide material support such as food, clothing, money, and immaterial support such as advice, being heard, understood, and comforted especially during times of stressful events, care in times of illness, help with home repairs, housework assistance, etc. (Ebimngbo et al., 2019). The role of the family as care providers for older people is considered important that many Nigerians believe that a major reason for having children is to have people who would care for them at old age (Tanyi et al., 2018) thus having children is part of their retirement plans.

Nigeria received her shipped-in share of the novel coronavirus through an Italian consultant who arrived in Nigeria on February 27, 2020, and reported by the Nigerian Center for Disease Control (NCDC) on the 28th January 2020, being the first reported case of COVID-19 in sub-Saharan Africa (Ebenso & Otu, 2020; Nigerian Centre for Disease Control, 2020). Just as the World Health Organisation predicted, the rate at which the COVID-19 is

spreading in Nigeria is generating serious health concerns especially owing to the weak health care system (Nigerian Bureau of Statistics, 2015; WHO, 2016; Oyekale, 2017).

As part of government efforts towards encouraging the citizens to comply with the sit-at-home order and to cushion the harsh effects of COVID-19 economic realities, the federal and state governments made concerted efforts to provide palliative care in form of food items, hand sanitizers, face masks, and other basic social care (NCDC, 2020). The Federal Government of Nigeria also expanded its social safety net, and welfare programmes in its efforts to reduce poverty, and mitigate the unintentional impacts of the partial lockdown on the livelihoods of the poor, and vulnerable households. These included food rations, food vouchers, conditional cash transfers, and other forms of palliatives targeted at the vulnerable, and socially disadvantaged members of society (Human Rights Watch, 2020). However, as a result of corruption and haphazard distribution methods, many older adults were left behind and had to rely solely on their families

Nigeria does not have a national social welfare programme that offers assistance to older adults and the consequence of not having a national social welfare programme for older adults became evident during the COVID-19 pandemic. During the outbreak, older adults had little to rely on, which could help them cope with the economic hardship (Ewalt & Jennings, 2014). These lack of welfare services for vulnerable groups like older adults during the pandemic in Nigeria was quite glaring that the Ministry for Humanitarian Affairs, Disaster Management, and Social Development has seen the need to develop a comprehensive welfare programme that targets real Nigerians in need and not the haphazard arrangement they are currently running (HRW, 2020). Currently, the Ministry of Humanitarian Affairs stated that the Federal Government does not have a comprehensive list of beneficiaries of the palliatives (Obike, 2020), on the other hand, the ministry noted there is a lack of transparency, accountability, and proper planning with the scheme.

The most devastating impact of the COVID-19 pandemic is the negative socio-economic impact on vulnerable Nigerians especially older adults (Buheji, et al., 2020). Nigeria, in 2018, was announced by the World Poverty Clock to be the poverty capital of the world, with over 40% of its citizens living below the poverty line. Therefore, a large proportion of the population lives on daily income with no savings to act as a financial buffer during the lockdown. Poor people in congested neighbourhoods were worried about how they will cope with hunger and starvation (British Broadcasting Corporation, 2020; Ozili, 2020). It is important to note that many of these poor Nigerians have older family members they are supporting in one way or the other. The vulnerable groups like older adults were hit the hardest by the pandemic (Gilaj & Ballhysa, 2020; Hekurani & Gjerani, 2020; Sinoruka, 2020). Despite advocacy for inclusion in the distribution of palliatives, older adults across Nigeria were not factored into the intervention programmes by governments meant to cushion the effect of the COVID-19

pandemic (Adeyeye, 2020).

Apart from the lack of government support for older adults in Nigeria, the coronavirus pandemic is having a more telling effect on older adults in ways deserving of urgent attention as they are reported to be more affected than other age groups worldwide (Lee, 2020; Sandoiu, 2020). This is because the health profile of older adults is characterized by limiting health conditions (Jaul & Barron, 2017), decreased immunity, comorbidity, chronic illnesses, declining physical functions, and impaired socialization necessitating increased demand on healthcare services (Olagundoye et al., 2020); consequently, it has the potential of increasing their risk of COVID-19 infection and death. The World Health Organization [WHO] (2020) revealed that over 95% of COVID-19 deaths worldwide occur among individuals above 60 years of age, with over half of these deaths occurring in people aged 80 years and over.

Many older adults in Nigeria live in rural communities and so may face more severe social implications of the COVID-19 pandemic, not only as a result of the health risk of the virus, but of not being able to meet their healthcare, social, and basic needs due to limited access to technology and internet connectivity Ekoh et al (2021b) reported that this digital divide has lead to double exclusion of older adults as the pandemic has led to limited physical social contact given the government-imposed total lockdown and subsequent movement restrictions and continuous social distancing. Older adults who participated in the study by Ekoh et al (2021b) reported being physically excluded from contacts with their children, families, and social networks, making it difficult for them to access the needed social, emotional, and economic support. Many older adults are unable to use Zoom and video calls to stay connected to loved ones they have been restricted from seeing and talking to or to use TikTok, Instagram, and Facebook as media to connect to a larger network and be reminded that “we are all in this together”. In facing restricted physical and digital contact with their social networks, many of these older adults suffer double social exclusion

The COVID-19 pandemic has exacerbated the needs of older people in Nigeria, who need care and protection including medical, financial, social, and emotional support (Olagundoye et al., 2020). Additionally, with the unprecedented increase in the population of Nigerian older adults which was put at 9.3 million in 2019, and the dependency ratio of 5 older adults per 100 persons aged 15–59 (United Nations Department of Economic and Social Affairs, Population Division, 2019; Olagundoye et al., 2020) there is no functional national policy (Tanyi et al., 2018) nor social welfare program to address their care and welfare. Similarly, the very limited pension schemes which provide limited income and cover only older adults who are retirees (Fapohunda, 2013), are highly suggestive of the plight of older adults reflected in a further decline in their economic situation during the COVID-19 pandemic. Therefore, discussing the impacts of the COVID-19 pandemic on the well-being of older adults in Nigeria is necessary and timely.

In Nigeria and across the world, the services of a team of professionals, including social workers are required to minimize the debilitating effects of the COVID-19 pandemic on older adults. In fact, given the bio-psychosocial focus of the social work profession, many practitioners would be instrumental in this regard (Amadasun & Omorogiwa, 2020; Isangha, Choi, & Chiu, 2020). It is against this backdrop that social workers must be at the vanguard of promoting policy change in the context of the challenges brought about by the outbreak of the pandemic on older adults. Social workers are social engineers whose services are highly needed during social upheavals such as this pandemic (IFSW, 2020). Social workers can utilize social media platforms to sensitize and educate the public about the pandemic, attend to the psychosocial care of COVID-19 victims and their family members, participate actively in palliative distribution, and can join other healthcare practitioners in rendering help and social services to individuals and families who require psychosocial/counseling support, referral, reintegration, and other forms of social support. (IFSW, 2020). Also, they can be involved in maintaining safety-inclined contacts with vulnerable clients like older adults (Brindle, 2020); distribution and buying of needed goods, psychosocial counseling for the medically isolated, and the general public (Onalu, et al., 2020; Pengli, 2020).

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ELDERLY CRISIS AND CARE DURING COVID-19: PSYCHOLOGICAL PERSPECTIVE



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1. Introduction

We do not have much control over disasters, but we do have control over their effects. Today, the whole world facing a complex disaster called novel coronavirus disease or Covid 19. It all started when a cluster of acute respiratory illnesses was reported from China on 31 December 2019 and later confirmed as novel coronavirus disease on 7 January 2020 (World Health Organization, 2020a). This virus is the same member of the coronavirus family that caused the severe acute respiratory syndrome (SARS-CoV) reported in China in 2003, and Middle East respiratory syndrome (MERS-CoV) reported in Saudi Arabia in 2012. The initial cases have been linked to a live seafood market in Wuhan, China, and the specific animal source is yet to be determined (Li et al., 2020). The detection of this new virus in humans without knowing the source of the infection has raised greatly heightened concerns not only in China but also internationally (Al-Mandhari, Samhour, Abubakar & Brennan, 2020). To date, the outbreak has spread to most provinces in China and more other countries within a relatively short period. Consequent to its spread, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHE-IC) on 30 January 2020 (Al-Mandhari et al., 2020; World Health Organization, 2020b). We recognize the critical effect of coronavirus disease 2019 (COVID2019) that leads to death especially for older people and children. Based on this pandemic situation, the issue of family's well-being and cost

of living, high medical costs especially for the elderly care also. In addition, the nature of the elderly development who are subjected to various problems or mental health is also the reason why it is one of the challenges to the family to take care of them. This article will focus on the challenges of elderly or senior citizens during pandemic Covid 19, their well-being, the challenges as a guardian of elderly and Empty-Nest Syndrome that normally facing by them.

2. The Elderly and well being

The National Population and Family Development Board (LPPKN) under the Ministry of Development, Women, Family and Community (KPWKM) Malaysia has defined the prosperous family as a basic social unit that provides human resources for development and ensures human continuity as the next generation. A prosperous family, on the other hand, means a family situation in a country that is safe, healthy, peaceful, comfortable, harmonious, and satisfying. This covers various aspects including satisfaction and sustainability such as health, mental state, psychosocial, spiritual, political, economic, and financial among family members consisting of various age groups.

Orem (1985) explains that well-being is a harmonious state when a person experiences happiness, pleasure, and joy in their life. Well-being can also be seen through how individuals integrate their way of life which encompasses spiritual aspects and social characteristics. Armstrong, Birnie-Lefcovitch, and Ungar (2005) in turn state that the connection between family members and friends is an interpersonal relationship that forms the structure of the family. Understanding in aspects of care, closeness, expression of feelings and conflict is a definition of family well-being that can be assessed in cognitive and affective terms (Lewis, Haviland-Jones, & Barrett, 2008). The same goes for the well-being and happiness of people who are categorized as senior citizens or the elderly. Various issues and challenges are faced by senior citizens as they age. This includes issues of their developmental problems as well as psychological well-being such as having 'Empty Nest' syndrome and so on.

3. The Definition of Elderly or senior citizens

Senior citizens are defined as those aged 60 and over. This definition is based on the definition made at the "World Assembly On Aging 1982" in Vienna. This definition was adopted at the United Nations World Assembly on Aging in Vienna (United Nations, 1982) among ASEAN countries. An Elderly can be defined as an elderly member or family member. Usually, people, who are called elderly or senior citizens can be detected through physical characteristics such as a wrinkled face, weak body, blurred vision, and so on. In addition, the elderly can also be seen from their biology. For example, when a woman reaches an advanced age, they will experience "menopause" while men will experience "andropause". At this age, they always want attention and affection Because the developmental level of their age will decrease to a child-like level.

The elderly Care

The guardian of the elderly is the person who is responsible for taking care of the elderly from the smallest things to the big things. Among them are related to the health, safety, and finances of senior citizens. But not many people want to take care of the elderly even though the elderly are the people who gave birth and raised them, namely their parents. This is because it is not an easy thing to take care of these seniors. Individuals with a high level of patience are only able to care for the elderly. Usually, when it comes time to decide who will take care of these elderly parents, disputes may occur if each of the children has their career and eventually the responsibility of caring for this elderly will officially be given to the siblings who are not working.

The Challenges as a guardian of elderly

a) Time Management

As a caregiver of the elderly, you really can't run away from various challenges. Among the Challenges that every caregiver must face is time management for themselves and for the seniors themselves.

b) The elderly attitude

The level of patience of the guards can be seen during the service to the cause of this senior citizen. As we all know when we are in the age of the elderly, my behavior will change to the behavior of children. Furthermore, when the elderly has senile dementia or known as Alzheimer's. Alzheimer's disease is highly associated with progressive disorders that cause brain cells to degenerate and die. The disease is also the most common cause of dementia. It will result in a persistent deterioration in thinking, behavioral and social skills that interfere with a person's ability to function independently.

c) Mental health

Caregivers are also vulnerable to mental stress when caring for these seniors. This is because the full focus needs to be given to them so that some ignore their social interests. However, as a caregiver of the elderly, aspects of one's mental health need to be taken care of so that the journey of life in caring for the elderly is smooth and simplified. Caregivers also need time to rest their minds in other words doing fun activities like vacations or whatever activities they want to do

d) Burn out

This often happens to caregivers of the elderly who care or think of the elderly being cared for solely to the point of forgetting their affairs. Eventually when this happens of course all their work will be interrupted

e) Financial difficulty

Challenges in finance also occur when they care for the elderly without any financial assistance. Usually, it is when the seniors consist of their parents. If they work with charities this will not be a problem

4. Empty-Nest Syndrome

This Empty-Nest syndrome refers to feelings of loneliness, depression, sadness, or grief experienced by seniors as children begin to leave home. This syndrome is more

common in women than men. This syndrome is experienced by most senior citizens in Malaysia. They suffer from 'empty-nest syndrome which is a feeling of loneliness and sadness because of living alone in a rural area and away from children. The symptoms of this syndrome are feeling that he is not useful, and his life is over, crying excessively, and feeling so sad that he does not hang out with friends.

According to Muhammad Hazim and Ahmad Syukran (2019), Senior citizens are vulnerable to 'empty-nest syndrome or feelings of loneliness due to several factors such as being alone or abandoned by children who live elsewhere. The effect of this syndrome is that they will feel sad and experience stress or mental and physical health problems. Some have become homeless. In 2010, an estimated 538,000 senior citizens fell into this category. In 2014, it was found that 29.9% of senior citizens may suffer from 'empty-nest syndrome because of living alone or along with their partner without the presence of children. This syndrome can cause depression as if losing a life guide. The feeling of loneliness affects every human being. But unlike the feelings of loneliness, loneliness, loss, and sadness experienced by most seniors when their children leave home, this condition is called 'empty-nest syndrome. The loneliness they experience is more complex compared to other age groups of society.

This is because it involves psychological and social aspects (Holmén & Furukawa, 2002). Al Ubaidi (2017) states that 'empty-nest syndrome is not a clinical diagnosis but a stage of the normal human life cycle. Based on a study conducted by Singh and Dubey (2017), women are more susceptible to 'empty-nest syndrome, as are those with low levels of emotional intelligence but have high levels of dependence. Both groups are considered 'fragile' and easily affected by 'empty-nest syndrome. Several conditions can affect or trigger this syndrome among the elderly, including lower income, lack of social support, and more negative oppressive styles, education level, hormonal changes, gender, retirement, and living in rural areas (Al Ubaidi, 2017). Factors such as these can make the 'empty nest syndrome experienced by the elderly reach levels of mental stress, depression, and loss of self-confidence (Singh & Dubey, 2017).

How to deal with 'Empty-Nest' Syndrome

Family relationships are very complex and different. Despite these differences, some theories suggest that all families belong to the same model of the emotional system. This concept is called Family System Theory. Family System Theory suggests that the family functions as an emotional system in which each member plays a specific role and must follow rules. Based on the role in the system, each family member is expected to interact and interact with each other in a certain way. With this, the issues and challenges faced by every family member, including the issue of 'empty-nest syndrome, especially by the elderly, can be overcome together.

In this regard, to prevent the occurrence of more serious

'empty -nest' syndrome among the elderly, every family member, especially parents and children needs to learn how to communicate better and effectively, reduce family conflicts and deal with problems in a positive way so that parents, children, and families become happier and can avoid all the problems faced in the family. Abraham (2012) suggested four signs of loneliness syndrome among the elderly, namely: i) depression ii) persistent sadness iii) feeling lonely and useless, and iv) feeling emptiness in their relationship with their partner. When parents have these symptoms, they need to seek professional help from their children, relatives, social workers, and government authorities to ensure their well-being

Concerning that, on 5 January 2011, the government has approved the National Senior Citizens Policy (DWEN) and the National Senior Citizens Action Plan (PTWEN) (Department of Social Welfare, 2016). It is a government commitment to create dignified, independent, and respected seniors by maximizing self-potential through healthy, active, positive, productive, and supportive aging to improve well-being in national development (Department of Social Welfare, 2016).

According to Asmawati (2015), the benefits of social support in a family can ensure the psychological well-being of family members is always guaranteed and positive thinking. Umberson (1989) defined that psychological well-being means a state in which individuals experience less stress while going about their daily lives. Psychological well-being in the family refers to well-being derived from various aspects such as social needs, child psychology, or freedom needs that affect spiritual growth and personal personality (Asmawati, Asmah & Zaini, 2019). This is because a good personal personality in each individual can give birth to a group of people who are considerate and tolerant of each other. Dush, Taylor, and Kroeger (2008) also argue that the community of a harmonious society starts from a noble personal foundation by every human being. According to Umberson (1989), psychological well-being is also seen from the aspect of a person who is wise in managing emotions and has always been able to think rationally in any action as well as psychological well-being can be achieved by anyone. In the context of the parent-child relationship, psychological well-being will be achievable by both parties if they give and receive mutual support. Each family member also needs to participate in daily activities at home together. This can build a positive sense of self. When children feel that they are valued by their parents, they feel more positive about themselves and are motivated to do good things in daily life in the absence of negative symptoms. Voydanoff and Donnelly (1998) assert that those who feel themselves not valued or trusted by the family will be vulnerable to doing negative things. With this, negative things such as 'empty nest syndrome either among the elderly or other family members can be overcome.

To curb this syndrome, LPPKN has built the Center for Recreational Intervention and Support (AIRIS) as a place for counseling, therapy, and psychosocial support to families and

local communities. Children need to spend time with parents so that they feel more valued by taking care of or celebrating certain days like Mother's Day, Father's Day, Birth Anniversary, and weddings together. Counseling can also be given so that parents of these seniors consider this to be a reality of life and they should be prepared to face it. Therapies that use pets such as cats are also effective in dealing with this syndrome. This is because the friendly relationship between humans and pets can help those who are lonely. Just having a pet at home and spending time together can help reduce loneliness

5. Conclusion

In conclusion, the implementation and understanding of society on various issues and challenges faced by the elderly, especially issues related to psychological well-being such as 'empty nest syndrome' can be overcome jointly, and the concept of happy families must be done collectively. Psychological elements should be applied and in the process of family development especially those involving the interests of the elderly. The existence of a happy family reflects the society in a good and prosperous state

With this, there is no denying that the government is indeed taking family development seriously. The development of happy families and the well-being of society by focusing on building resilient families to achieve an optimal balance between material growth and community development.

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Social Protection for the Frail Elderly in Poor Villages of Egypt



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The elderly are among the most vulnerable groups of society to social exclusion due to the depletion of their material resources and the weakness of their physical strength, which is gradually explored with age; Therefore, these elderly people go to social care institutions provided by the state to provide them with health and economic services that help them face the pressures of life.

The population of the Arab region is expected to double by nearly one and a half times by the year 2050, from 281 million people in 2000 to a staggering number estimated at 659 million people, i.e. from 02.6 percent of the total population in 2000 to 2.15 percent of them in 2050 AD, an increase 60% during the 35 years from 2015 to 2050.

In Egypt, the Central Agency for Public Mobilization and Statistics expected that the percentage of the elderly in Egypt would rise to 11.6% in 2030, compared to about 7.3% in 2011, which is equivalent to about 5.8 million Egyptians. The agency also indicated that the percentage of the elderly poor reached 5.8% of the total poor in 2011, while The poverty rate among the elderly in the same age group was 19.5%, for males it reached 20.5%, and for females it reached 18.5% in 2013.

Accordingly, the local rural communities in Egypt face many problems that stand as an obstacle to the implementation of rural development programs in particular, and despite the presence of general characteristics of the Egyptian society, there is a consistency in the quality of the problems faced by rural communities.

Poverty is also considered one of the most serious problems faced by developing and developed countries in their urban and rural societies. This is due to the increase in basic needs that people need, as well as the scarcity of possibilities and resources that help meet these needs. Failure to meet these needs leads to the emergence and spread of poverty in its multiple dimensions. Where the standard of living of a poor individual or family is determined by several factors, the most important of which are the income and social services provided by the state to these poor individuals or families; The following table shows the distribution of poor villages over the different governorates in Egypt:

N	Governorate	The number of poor villages	The population of poor villages	number of poor	Number of families in poor villages	The number of poor families
1	Behera	3	163825	49042	32965	9808
2	Sharqia	55	715943	341389	102278	68278
3	Giza	18	156148	63655	22307	9093
4	Beni swife	13	103091	46391	14727	6627
5	Minya	310	3494961	1537783	499280	219683
6	Assuite	234	2825913	1441216	403702	205888
7	Sohage	250	3070047	1381521	438578	197360
8	Qena	84	1337950	599401	191136	85629
9	Axure	29	348214	141027	49745	20147
10	Aswan	4	11528	5135	1647	734
Total		1000	12228620	5606560	1756365	823247

Therefore, social protection represents an essential tool for reducing poverty in low- and middle-income countries. It helps in empowerment and security by improving risk management and facilitating the return on investment in the poor. It supports the growth of human energies, expands the capabilities of the poor and vulnerable, and helps break the vicious circle of poverty.

For this reason, the Egyptian government allocates a large proportion of the state's general budget to the social protection system, but its impact in the past on poverty and the development of human capital was limited. The long-awaited structural reforms that opened the door to changes in July 2014, allocating about 27 billion Egyptian pounds or 3.6 billion dollars of the total saved (51 billion Egyptian pounds or 6.7 billion dollars) include health, education, scientific research and social protection programs – Especially reforming and expanding the umbrella of social safety nets.

Among the efforts of the Egyptian state in the field of social protection in poor villages, which included vulnerable groups of the elderly and their families; Among them we mention the following:

- 1) Launching the "Egypt without debts" initiative to achieve social security in 2015, and starting the implementation of the national project for the poorest villages and supporting it with 500 million pounds from the Long Live Egypt Fund. The youth initiative "Listen to us, there is hope" was supported to achieve community participation in this project and in cooperation with all civil work associations in Egypt, which is what is happening for the first time in Egypt.
- 2) The Karama and Takaful program has many social, economic and humanitarian goals because it is mainly directed to two groups.. The first is families that have children in different stages of education or young ones who need care and health follow-up through solidarity. They are the elderly over 65 years who do not have a fixed pension and who have a total disability or disability.
- 3) The Decent Life Initiative: It is an initiative that is multiple in its pillars and integrated in its features. It stems from a civilized responsibility and a human

dimension before anything else. It aims at urgent intervention to honor the Egyptian person and preserve his dignity and his right to a decent life.

Therefore, facing the pressures of life for these elderly people in poor villages requires combining many professions and human and social sciences, including social service with its various institutions, which aim to help people and provide social services to them and to enable them to perform their roles and tasks in a better way.

THE PSYCHOSOCIAL EFFECTS OF COVID-19 PANDEMIC ON THE ELDERLY IN NIGERIA



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Introduction

The COVID-19 pandemic has drastically changed the lives of countless members of the general population. Older adults are known to experience loneliness, age discrimination, and excessive worry. It is, therefore, reasonable to anticipate that they would experience greater negative outcomes related to the COVID-19 pandemic given their increased isolation and risk for complications than younger adults.

The COVID-19 pandemic has had huge effects on the daily lives of most individuals, including the elderly, in the first half of 2020. Widespread lockdown and preventative measures have isolated individuals, affected the world economy, and limited access to physical and mental healthcare. While these measures may be necessary to minimize the spread of the virus, the negative physical, psychological, and social effects are evident. However, the elderly population, which has been worst affected by both the virus, and the lockdown measures, has seen the least benefits from these solutions. This paper aims to explore the increased negative psychosocial effects on the elderly during the COVID-19 pandemic. It also aims to highlight the need to put in place measures to offer immediate solutions during the COVID-19 crisis.

As the COVID-19 crisis evolves, the widespread effects of both the virus and the preventative measures being taken to protect the population are becoming clearer. The economic consequences of this crisis have been immense, and researchers have suggested that the effect on world economies is likely to be felt for years. However, the COVID-19 crisis has brought with it a whole selection of

other problems, including those not directly related to the virus, but to the lockdown measures which have been put in place across the globe. While the lockdown may be necessary to contain the virus, its effects, ranging from physical to psychological have already been noted. Early studies have suggested that the psychosocial effects of this crisis and the prolonged lockdown include increased stress, anxiety and depression. The disruption of workplaces and widely imposed social isolation are all likely to have a large effect on the well-being of the elderly. While there will not be a group of the population untouched by this crisis, the elderly population is likely to face the worst effects. Media reports have shown that most deaths due to COVID-19 occur among the elderly. Social isolation has shown negative effects on well-being in individuals of all ages, but the effect has been shown to be magnified in older adults. Social isolation often results in loneliness, which is a factor significantly associated with depression in elderly adults, (Adams, Sanders, & Auth 2004). Loneliness, isolation, and depression have all been shown to predict worse disease outcomes in older populations, (Tomaka, Thompson & Palacios, 2006) Furthermore, depression and other mental health issues are linked to higher mortality rates in general, in those over 65 years old, (Blazer, Hybels & Pieper, 2001).

Social workers have responded extremely well to the COVID-19 crisis despite many countries (including Nigeria) reporting a lack of protective equipment, support and resources. The social work role in advocating that social services remain open and adapt to the conditions has largely been successful. For example, plans to support homeless people and other vulnerable groups like the elderly have in many countries been advanced.

A well-supported social service workforce is essential to mitigating the damaging effects of the COVID-19 pandemic on the elderly. Social workers can build on their existing strong ties to communities to rapidly respond in ways that are effective. In many countries social workers are supporting communities that are affected or fearful of the COVID-19 Virus. Social work has an essential frontline role in the fight against the spread of the virus through supporting communities protect themselves and others through physical distancing and social solidarity.

The Psychosocial Effects of COVID-19 on the Elderly Population

The psychosocial impact of COVID-19 pandemic on the elderly has become very evident. There was an increase in anxiety and depression in the general population, especially the elderly. These effects are magnified in the elderly population due largely to stricter lockdowns, higher threat of illness, and loss of social support. The elderly population has relatively high rates of depressive symptoms that those suffering from pre-existing mental health conditions have been most affected by the negative psychosocial consequences of lockdowns. While increased mental health problems in the general population may already be a cause for concern, these concerns go beyond psychosocial

well-being in the elderly. This means that while many societies now face the immediate threat of increasing mental health concerns, the long-term effects could be devastating, as depression and stress result in the older generation facing hastened cognitive decline, and increased rates of Alzheimer's disease. Loss of socialization, increased mental strain and general mental health problems, could have substantial negative effects on the elderly population. Although the lockdowns may be temporary, these effects are likely to be long lasting, and could pose significant risks to the quality of life of the elderly population in the coming years.

As hospitals have filled with COVID-19 patients, access to regular healthcare for non-COVID related disorders has been interrupted. Those who do not seek care for non-COVID related disorders may be at higher risk of illness and fatality during this period. This risk is likely to disproportionately affect the elderly, who have higher rates of health problems than younger populations and are more likely to be encouraged to avoid areas where they could contract the disease.

COVID-19 is changing older people's daily routines, the care and support they receive, their ability to stay socially connected and how they are perceived. Older people are being challenged by requirements to spend more time at home, lack of physical contact with other family members, friends and colleagues, temporary cessation of employment and other activities; and anxiety and fear of illness and death – their own and others. It is, therefore, important that we create opportunities to foster healthy ageing during the pandemic.

Restrictive measures to prevent the spread of the virus, increasing stresses and tensions in homes, and the inability of older people to escape their abusers during lockdowns has created conditions likely to increase the risk of violence, abuse and neglect. Older people may suffer in silence as they do not know how to report incidents or they may feel threatened by their abuser or stigmatized if they ask for help.

Not only are older people at higher risk of serious illness and death from the virus, but government responses to the pandemic are increasing their risk of experiencing abuse and neglect. The global response to COVID-19 has consistently neglected the specific needs and risks faced by older people. Yet older people in Nigeria are still experiencing discrimination and marginalization. Although all age groups are at risk of contracting COVID-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions.

As the COVID-19 pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry, and concern in the population at large and among certain groups in particular, such as older adults, care providers, and people with underlying health conditions. In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But as new measures and impacts are

introduced – especially quarantine and its effects on many people's usual activities, routines, or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior are also expected to rise.

As Nigeria was affected by COVID-19, the elderly population was self-isolated for a very long time, although it is well known that social isolation among older adults is a serious public health concern because of their heightened risk of mental health problems. Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home, such as community centers, and places of worship. Those who do not have close family or friends, and rely on the support of voluntary services or social care could be placed at additional risk, along with those who are already lonely, isolated, or secluded.

Regarding older people and also those with underlying health conditions, having been identified as more vulnerable to COVID-19, and to be told that they are very vulnerable, can be extremely frightening and very fear-inducing. The psychological impacts for these populations can include anxiety and feeling stressed or angry. Its impacts can be particularly difficult for older people who may be experiencing cognitive impairment or dementia. Some older people may already be socially isolated and experiencing loneliness, which can worsen mental health.

Roles of the Social Workers during the COVID-19 Response

The response to COVID-19 includes government and non-government professionals and paraprofessionals, including social workers, who are carrying out a range of essential promotive, preventive, and responsive roles. The roles played by social workers across a variety of settings include:

1. Promotive Functions

- (i) Advocate for the Social Workers to be an essential workforce during COVID-19 response.
- (ii) Coordinate work in inter-agency and interdisciplinary networks to establish and promote social service practice and service standards during the pandemic.
- (iii) Educate, create and carry out information campaigns to keep communities safe and reduce stigma.
- (iv) Train and provide remote training and mentoring to the SSW on practice adaptations.
- (v) Manage and ensure supportive supervision is provided and services are adapted.
- (vi) Monitor and stay up to date on pandemic and protocols to keep staff and communities safe.

2. Preventive Functions

- (i) Identify vulnerable households at increased risk of severe illness due to COVID-19; ensure they receive support to help prevent illness.
- (ii) Work with community leaders to identify community needs.
- (iii) Provide remote psychosocial support, utilizing available technology to contact at-risk families to help them cope.
- (iv) Reinforce gatekeeping mechanisms and family-based

alternative care options.

- (v) Respond to issues raised via emergency hotlines.
- (vi) Carry out contact tracing to identify individuals at risk of COVID-19.

3. Responsive Functions

- (i) Provide protection and support for families affected by the COVID-19.
- (ii) Identify emergency alternative care options for those affected by the virus.
- (iii) Carry out case management processes – assessment, planning, referrals, etc.
- (iv) Provide or supervise psychosocial support.
- (v) Provide material support, food and medicines to impacted households.
- (vi) Manage available cash transfers
- (vii) Provide bereavement counseling and support alternatives to traditional mourning rituals.

Functions of the Social Workers during COVID-19 Pandemic:

1. Ensuring that the most vulnerable are included in planning and response.
2. Organizing communities to ensure that essentials such as food and clean water are available.
3. Advocating within social services and in policy environments that services adapt, remain open and pro-active in supporting communities and vulnerable populations.
4. Facilitating physical distancing and social solidarity.
5. Advocating for the advancement and strengthening of health and social services as an essential protection against the virus.
6. Advocating for inequality and the consequent social and economic challenges.

Conclusion

As the COVID-19 pandemic has progressed, the unforeseen side-effects have started to make themselves known. As lockdowns across the world change the day-to-day life of billions of people, the world has had to adapt to the changes. The elderly population has been hit with some of the worst effects of the pandemic, with harsher lockdown measures, and increased risks of mental and physical health problems. Action by governments to increase access to technology and implement digital literacy programs in elderly populations is absolutely necessary, especially going forward into an increasingly digital future.

There is the need for adequate isolation and protective measures. Individual, organizational, and institutional strategies should be established to ensure that older adults are able to maintain social contacts, preserve family ties, and maintain the ability to give or receive help during the current pandemic. Future studies should focus on specific consequences and needs of more at-risk older adults to ensure their inclusion in public health.

There are many things that older people can initiate themselves or with the support of a caregiver, if needed, to protect their mental health at this time. These include many

of the strategies that were advocated across the entire population, such as undertaking physical activity, keeping to routines or creating new ones, and engaging in activities that give a sense of achievement. Maintaining social connections is also important.

Any psychiatric/psychological intervention may be applied as in-patient/in-person or out-patient/out-person manner. Integrated psychiatrists, psychologists, general practitioners, crisis intervention specialists and social workers should be integrated in handling patients and their caregivers/families.

The following recommendations for future interventions are provided as follows:

- (1) More attention needs to be paid to vulnerable groups, especially the elderly population.
- (2) Accessibility to medical resources and the public health service system should be further strengthened and improved, particularly after reviewing the initial coping and management of the COVID-19 epidemic.
- (3) Nationwide strategic planning and coordination for psychological first aid during major disasters should be established.
- (4) A comprehensive crisis prevention and intervention system, including epidemiological monitoring, screening, referral and targeted intervention, should be built to reduce psychological distress and prevent further mental health problems among the elderly population.
- (5) Support for older people, their families and their caregivers is an essential part of the comprehensive response to the pandemic.
- (6) During times of isolation and quarantine, older people need safe access to nutritious food, basic supplies, money, medicine to support their physical health, and social care.
- (7) Dissemination of accurate information is critical to ensuring that older people have clear messages and resources on how to stay physically and mentally healthy during the pandemic and what to do if they should fall ill.

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The world is discerning phenomenal events during the global pandemic as the chase for COVID 19 treatment. Sierra Leone has been adversely affected by the Ebola epidemic in 2014, now struggle to protect and prevent the Coronavirus from spreading there's fear and anxiety regarding security. Sierra Leone confirms the first case of COVID-19 on March 31, 2020, 03:01PM UTC. Sierra Leone, the country of western Africa. The country owes its name to the 15th-century Portuguese explorer Pedro de Sintra, the first European to sight and map Freetown harbour. Original Portuguese name, Serra Lyoa ("Lion Mountain"), referred to the range of hills that overlooked the harbour. Sierra Leone was colonized in 1787 by freed slaves arriving from England; other groups emerged from Nova Scotia (1782) and Jamaica, (1800) They were financed and governed by the private Sierra Leone Company until 1808 when Britain made Sierra Leone a crown colony.

The King George VI Memorial Home was opened in 1937 to house and care for soldiers wounded during world war II which is the oldest home of the aged in Sub-Saharan Africa. After the war, the British government handed the building over to Sierra Leone's government. In 1988 a few like-minded concerned Sierra Leone citizens formed the Sierra Leone Society for the Welfare of the Aged and took over the running of the home. The home is operated through fundraising activities and donations from philanthropic nationals, companies, different religious organizations, clubs, and well-wishers at home and abroad. The home has homes thousands of aged people since its inception. In Sierra Leone's society, most aged people live with their siblings.

Currently, the home has forty inmates elderly people of which Seventeen are men and twenty-three are females. During this crucial moment in the world as the covid-19 is killing especially older people who have a lot of complications with their health, upon arriving at King George VI home which is the only one in the country to look after aged I have informed no single case of covid-19 has been reported even talk of a death related covid-19. There were huge challenges from sanitation to another health-related issue which is normal with older people

However, the cultural and moral values surrounds the home as one can sensed it when interacting with the inmates

through their attitudes as their mixed feelings also among them, some considered the place as a transition home while as a place to settle finally. As old peoples home is not a recent phenomena in Sierra Leone, especially the capital city Freetown, as mutual care assists build and maintain a true sense of family, in keeping and upholding with Sierra Leonean culture, tradition and religious tolerance in the home quarter concern for common living amongst the small numbers of staff. The atmosphere at home is very peaceful and relaxing as I thrilled by their calmness and openness to talk with me as they considered me as of their staff. An image said from afar: "son life is two things in it, you either get die earlier or you grow old." The building are well kept, Most of inmates are taken their by their close relatives which at times they often pay a visit usually on sundays to drop some feed items and toiletries but other experienced abandonment and disconnected and their hope is with staff who give them hope and courage to hold the forth.

Elderly Crisis and Care Giving during COVID-19 Global Focus Background



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Living in the late fifth decade of my life, I mentioned that I had the opportunity to experience many of the things that were in literary works alive. Although some things are very pleasing, a very small number of them mention the more things that were with great pain. While I was in primary school period I witnessed the first youth uprising in Sri Lanka and the destruction of lives and property that followed. (1971 April) Then I witness second youth uprising of 1987-1989 and the thirty years war. Huge lives and property were also destroyed. This has hampered the economic, education, social, cultural and spiritual development of Sri Lanka. In addition there have been sporadic civil strife and more recently, the destruction of lives and property due to election compaction. It can be said that all these are due to human activities. In addition, I have seen the loss of lives and property due to natural disasters including landslides, flooded, and droughts. Of these there is the tsunami disaster of December 26, 2004, which affected Sri Lanka as well as the south Asian region. We had in the literature about the tsunami that the lives and property destroyed there were enormous. According to Moltus the above facts illustrate the natural and human activities that are the main factors in influencing population control. We have heard of this global epidemic today but early more people did not believe it.

I remember the first quarter of year 2020. The all media personal Started reporting on electronic media, social media and printed media. The deadly disease is reported to be spreading around the city of Uhan in China and is spreading rapidly around the world.No one really knew about this disease. Everyone in the society were terrified. According the various discourse of the society began. Those conversions did not seem to be scientific. How ever people wanted to know how to protect (the mselves) from the disease. Meanwhile the general situation changed with the meeting of the first infected patient in Sri Lanka.I never forget that day. Parents rushed to the schools to bring all their children home safely. The traffic increased as people tried to get home quickly from the office. Mean while people rushed to the markets to buy foods. The congestion in traditional herbal pharmacies has also increased due to the perception that traditional medicine is appropriate for the disease. After that world health organization propose to wearing facemask, washing hand and keep one miter diction each others.Now began vaccinations.Now we past over one and half year but there is no proper solution. everyday people count death people and effected personal.

However COVID19 current go lable epidemic has had a profound education, social, economic, political, cultural and spiritual impact on Sri Lanka as well as the entire world. People always we live with new normal. This is good idea and when wes to pormanage this panamadic?

I would like to say, children, women and the elderl⁻¹ yare the most vulnerable to human activities or natural disasters. I would like to draw your attention here to the care of the elderly in face of this epidemic in relation to the Sri Lanka. The country was ruled by the Portuguese, Dutchand English for 450 years. Various transformations took place during the seregins. Religiously, Catholicism and Protest anti smwere prevalent in Sri Lanka. At the same time Indian workers were import wd for plantation. Thus for the first time in history, elder homes were started to take care of plantation labours who was imported to Sri lanka as they got older. The Catholic churches in England as well as in Sri Lanka played a significant role in the sehouses. Sri Lanka gained independence in 1948.

Sri Lankan family system

The extended family system existed here even before it become a colony. In the late 1960s,the concept of the small family gold was introduced. Accordingly ,it was popularized that two children is optimal for one family. With the provision of financial incentives for this the youths went beyond the prescribed rules and resorted to permanent surgeries in an illegal manner, resulting in family problems due to the lack of children after marriage. Health development ,rising education levels, and increased life expectancy all contributed to the aging of the population. Also the postponement of marriage due to women moving to ward shigher educational so contributed to the aging of the population. Under these circumstance, Sri Lanka automatically be came anuclear family unit. Accordingly one famiy limited to two or one child. Some young families live

together and the tendency to avoid having children also evident today. With the transformation of the extended family, the Sri Lanka family corporation came under severe crisis.

1. Child care and socialization family Changes in the role of the mother such as the mother being employed or engaged in other economic activitirs, and not having extended family service to care for the children.

2. Caring for the elderly and meeting (provide) the irneeds.

The transformation of the extended family into a nuclear family, the involve men to fall family member sin economic activities, and the permanent or temporary separation of children from their home towns have create Introduce free economic policy. I think 1978 turning poin to Sri Lanka because introduced free economic policy and provide tax free policy for investors. According tothis situation more foreign investors invested in Sri Lanka.Sri lanka government established board of investment and Greater Colombo Economic Commission (GCEC).

Many investors started large factories base in Colombo. Subsequently, the Government of Sri Lanka established free trade zone. First,the Katunayake free trade zone was estabilished near the Katunayake Inter Ntional Airport. Later Biyagama and Koggala also establish free trade zone.

Young people from villages migrated toColombo and the suburbs to start factories and provide other services they needed. Also with the opening of the factories ,rural youth migrated to the cities for road development and other infarstruction. It was during should be mentioned that the youth of the village this period women began to go abroad for the domestic work. At thesame time urbanization and westernization flourished in Sri Lanka society.

Elderly Crisis and caregiving during COVID-19

As Asians ,we never thought elders as a crisis because they are our elders. Some time they can beour father., Mother, grand father, grand mother uncle, aunt, religious leader or Teacher actually they built our country and society, They protect our culture, custom. They have indigenous knowledge, local technology, folk story, folk dance, rechual a methods and craft and many things including.

Fear of COVID-19

Elderly people are scared as 60 years olds are most at rick in the face ofthe COVID 19 because all media and people discuss this matters. Every morning every electronic mediaccount death and affected people detail. Also printed media and social media say this matters. According this situation elder people. Automatically get fear. The lackh of methods to allivate this fear was as erious problems. The shortage of psychological counselors is also a big problem for the frightened adults in the face of this catastrophe. Lack of formal attention to such needs is also a problems.The problem was exacerbated by the failure to go to the home level and quickly fun a psychology counselor. AT the home level there were people to take care of and counsel when

faced with such problem in an extended family. With the expansion of the nuclear family, the lack of someone to play this role has had a profound effect. The need to take action to alleviate this current situation is an ongoing problem.

Supply of non-communicable diseases.

Today it is revealed that many adults suffer from non-communicable diseases such as diabetes, high blood pressure, cancer, kidney disease and high cholesterol. Many adults seek treatment for the disease as they go to government clinics. In some cases, the curfew time of a curfew does not prevent adults from being able to attend clinics due to a lack of medication. In such a case, the situation of the elderly who are living in dire straits due to lack of money to go to private pharmacies and lack of money to buy should also be taken into consideration. Some adults think that they are scared to death because of lack of medicine. That too is a problematic situation. The problem is that there are not enough health staff to realize that not having a day or two of medicine is not the cause of death.

Lack of medical test

The adults are prepared to go if they are given a date for a medical test (examination), or if they become infected in any way, they will suffer from not being able to go. These conditions can sometimes lead to severe trauma and irritability or severe impatience. We need to work on understanding the facts in such a way that we are confident that we can get another date for medical test. It should be forgotten that it is important to provide transportation facilities and to provide mental healing during the medical examination. This helps to control the stress in adults. There for attention should be paid to that.

Financial problems

We know that economic power also affects adult independence. It should be noted that many in the society do not benefit from government pensions of any other social security scheme. Many people who are not members of a social security system are dependent on their children and are helpless. If they do not receive something from them. Policies needed to secure the economy of the elderly must be formulated immediately and their independence secured. In some cases, the government provides medical assistance to low income seniors, but they are inadequate, so steps must be taken to increase aid. We need to start dialogues in the society about this.

Isolation

There is nothing in the world like loneliness in the world like loneliness, in the mean time, let's look at the problem of adult unmarried people. These people have knowledge that can be utilized, and if there is property, animals, friends and loved ones from far away come forward to take care of those adults. Without something like that, no one seems to care. Eventually I tried to move into an adult home, but who was the guardian there? Who cares if hospitalized? Who commits death? The question arises is presented and if it is not answered properly, it is also avoided. It is necessary to start a discourse to find answers to such

problems and it should be noted that the future is bleak if permanent are not formulated.

Domestic violence

Increase in the domestic violence because people have to stay at home for about 17 months, which is very stressful. Violence can also lead to physical conflict as a result of being mentally distressed to the point of impatience. This emptiness becomes unbearable and frustrating for the older generation. Regardless of the problem, adults and parents can create a sense in society that taking steps to avoid conflict will help protect their physical and mental health. The words that are often used can cause problems and the importance of using good words should be socialized. Urgent steps should be taken to establish mindfulness in every citizen. This emptiness can be discussed in the future.

Dementia and the elderly

Dementia is a disorder that is affecting more and more families today. Working with older people with this disease requires special skill. A psychiatrist, a professional social worker and the caregiver of the elderly family are essential to diagnose the disease in a timely manner.

Workshops should be organized to provide specialized abilities and skills to the caregivers of the elderly who are identified in this way. Society has not been able to understand these patients on a human level. Therefore, patience should be practiced to take care of family members. It may be mentioned that a medical treatment is very essential with psychosocial council.

It is the responsibility of social work professionals to provide care for the elderly in the face of this epidemic. We work on human dignity, equality, social justice, diversity, protection of human rights and prejudice. Accordingly, an assessment should be made of the elder's sacrifice which the society has built. We would like to conclude by saying that it is very immoral if we forget the mandate that we can go on.

ELDERLY CHALLENGES AND CARE GIVING IN COMMUNITY IN COVID-19 PANDEMIC SITUATION INDIA – AN OVERVIEW



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Introduction

The elderly population is increasing due to the increasing life spans and decreasing birth rates all over the world. India is no exception to this demographic transition. According to Census 2011 the population of elderly population has

increased to 8.6% and according to HelpAge India report 2011 it is expected to rise 12.4% of population by the year 2026. Hence it is an important socio-psychological problem in almost every family and involves strains and stresses in taking care of the elderly. The increasing ageing population is a major challenge for the public health care system in India. According to the data of Outlook India online magazine dated 17th September 2021 the elderly people will continue to rise and will double from 8.6% in 2011 to 16% by 2041. It is the matter of concern to work on wholistic and effective strategies for the healthy old age for elderly population.

The major problem which affected each human being in the world is COVID-19 pandemic. The emergence of second and third wave, and the new strain of SARS-COV-2 infection has further puzzled the lives of this population. Widespread lockdown and preventive measures have isolated individual affected the economy and limited the access to physical and mental health care. The elderly population which has been worst hit by the virus and the lockdown measures has seen the least benefits from these digital measures. The various challenges of elderly population during COVID-19 Pandemic are vulnerability of infection, access to public and private health services, stigma towards COVID-19, lack of social support, lack of financial support and elderly staying with vulnerable family members. To understand the problems the author conducted an in-depth interview in local community following the strict COVID-19 precautionary measures. The information's shared by them clearly indicated the need and challenges of the elderly population.

INDEPTH INTERVIEWS

The author has done interview with seven respondents to understand the effect of the COVID-19 pandemic, their social and psychological problems and needs of the elderly population. The first respondent was 72 years old female. She thanked God that they weren't affected by the virus. Her daughter and son in law got affected and it took a toll in their entire family's emotional lives. She hates being locked in and she feels that she wants normal more than anything and she was feeling lonely that she had no one to talk to. She misses the good old days. But at the end of the day, she feels that it is all for good and it saves us from infection. Financial situation was tight as she lost number of tenants moving back to their natives in the reason of work from home. Being a landlord and her house being her only income she struggles to meet her regular needs but still she was thankful that God gave her 3 courses of meal every day without any difficulty! She has a closed group relationship with her church members and find it unhappy not meeting them or spending time for God. She is waiting for the day that covid gets extinct.

The second respondent was 60 years old male. He feels COVID-19 is a very unfortunate experience we got to go through. His entire family got affected simultaneously after being back from a trip to his native and it drained out all their emotional and financial resources. He felt all the

symptoms associated with covid and also got hospitalized. He was scared for life and feels that he had so much to do in life during those times. He literally says that he battled with the disease for himself and for his entire family. He was recently retired L&T employee and he felt really bad doing nothing at home and states that he was too busy before and had nothing to do rather by being locked down at home. He says that all his savings vanished in treatment and didn't face anymore poverty- no money kind of situations. He says that his daily routine had completely got collapsed and he couldn't do anything about it. He felt hopeless and he feels that he believes that everyone has to do something in order to fulfill the existence of life!

The third respondent was 81 years old female. She feels covid-19 is a karma of what we have been doing to this world. Exploiting it! Her son got affected with minor symptoms and got okay it seems but the thought of losing her son made her really anxious which led to many sleepless nights. She is content with what she has and thankful that God took care of her during such unfortunate circumstances. But she felt that she had no one to talk to and sometimes she was forgotten to be fed and she said this in a way of secrecy so that her daughter in law couldn't hear. She has three grandchildren and says that she feels happy whenever she looks at them but still, she misses her being herself during the young age when she hadn't need to be dependent on anyone. COVID or no COVID she says this is her life and she got to live it.

The four respondent was 68 years old female who has a petty business. She was carrying a basket full of fishes in the mid of a super- sunny day the interviewer stopped her for some questions and she began talking. She says COVID-19 is a demonic situation that ruined everyone's livelihood. She was affected and recovered it seems which made her suffer covid and post- covid symptoms and says not to worry because she has a body made of steel. She says lockdown was the toughest time for her to survive. She has two children who are married and she and her drunkard husband were cut off from them. She had the commitment of being the bread winner of the family by selling fishes. She is determined to earn until she lives in the world and says that though it hurts, she is glad that she isn't dependent on anyone else for food or financial aspects. She had a tough time during lockdown as she could not go out for business and had faced many abusive situations from her husband demanding for money to get drunk and she had nothing to give him or to eat with. She says that somedays she had only one course of meal with which she had to spend the entire day. She says that she knew many people as she travels street to street to sell her fishes but her routine was completely spoilt during the lockdown. Now she is glad that lockdown is lifted and she expects nothing else rather than being independent and being there for herself in the time of need even in such an old age.

The fifth respondent was 72-year-old female. She says that covid is an unfortunate situation but she hadn't gone out that much even before the lockdown so nothing made a difference. Her family members had been really careful that

they weren't infected. She had a postponed surgery because of covid fear which made her left hand not fit to do any work. She says that she has hypertension and many health problems which took away all her strength but she had to cook and do daily chores for her family in spite of her inability and wasn't recognized for anything. She says that lockdown was just an extra burden for her as she had to give an "extra care" to all her kins. She feels that her family is really dependent on her to do all the chores and they are of no help! She is burdened so much and badly yearns for a rest. She didn't have tough situations on food or money as she and her husband received pension money every month... And she feels that she needs a vacation, at least a day off!

The sixth respondent was 75-year-old female. She says to escape covid we had to wear masks and should distance ourselves not only to save our life but to save our loved one's lives. She knew some people on her street got affected by covid and was really careful not to get close even to their houses. She had a son who passed away 3 years ago. And her daughter in law works as a house help in three houses to take care of her old mother-in-law and two young daughters. During lockdown they were under severe poverty and borrowed so much money even for food. And she feels bad for her daughter in law struggling with all these responsibilities and misses her son so much. She feels alone in a room full of people. She sits on her porch and watches the street all day and wonders why her life became like this and he feels that she couldn't do anything to help her daughter in law's struggles. She had some friends from street to whom she used to talk off all her sorrows but she feels that now she is all alone and even scared to talk with anyone as they might be a source of infection and thinks that she has got responsibility not to get infected to take care of her grandchildren and really wants them to be in a good position once they grow up.

The last respondent is 69 years old male. He says COVID-19 is a harmful disease which threaten our lives. He is a single man who was chased away by this family and lives on a bus stand and expect NGOs for food. Luckily, he was never infected though he was outside all the time. He thinks lockdown is a good thing which lessens the infection and it is something that intensified humanity in people. He feels that he is dependent on people and feels bad about it but he is glad that humanity still exists and sees God in whoever helps him. Only during lockdown, he met many people who was ready to help him which was like an oasis on a desert for him. He started to believe in people only after the lockdown. He is struggling internally but was very much positive about every aspect in life. He misses his old life when he was working to raise his children and when he became slightly dependent all his respect got depleted and it worsened to chase him out. He is struggling from loneliness which was visible through the light on his eyes while talking. He feels powerless and glad to see goodness in people when he thought there isn't any.

Based on the above sharing of experiences from the seven respondents the author has summarized the challenges as

- Lack of access to health services during lockdowns- Elderly population have to go for regular checkups and tests to maintain the health. The accessibility become a very big challenge due to lockdown and COVID-19 restrictions. They also had fear of COVID-19 infections. The elderly population who was need of lifesaving procedures like dialysis, chemo and radiation therapy faced lot of challenges. Many hospitals were changed into COVID-19 only centers which affected the elderly population to visit the hospitals. The few hospitals literally denied to admit elderly population who were COVID-19 infections and specially who were dependent on care takers. The author is evidence for that. Access to local drug stores were also very limited.
- Fear of COVID-19 Pandemic – During the last two years everyone have information overload of COVID-19 pandemic. There are lot of wrong information about the pandemic which creates the fear in the mind of everyone. The fear makes the situation worse for the elderly population when they have no care takers.
- Limited availability to public and private transport was a major challenge. These made compulsion to live inside the four walls of the house and look for home based care. The situation of people who were poor was very pathetic.
- Lack of social contact and employment. Loneliness is a major challenge for elderly population. The continuous lock down had made them to stay alone very much away from the dear ones. The loss of social engagement and contacts play an important role in their physical and mental health. Limited visit by family member due to fear of COVID-19 aggravated the problems. The elderly population who was doing petty business and jobs with minimum income to support themselves lost their source of income which made the situation still worse. Due to lack of employment, there was need for food. It was very challenging to get food and other basic needs.

Loneliness creates major problems like social depression. They will be constantly worried that family and relatives also remain during this uncertainty period of risk. There is a need of community care centers for elderly which helps them to meeting their own friends to share and care strictly following the COVID -19 precautionary measures

THE WAY FORWARD.

Elderly care is not only the responsibility of the immediate family members and the Government it is responsibility of each and every member of the society. The challenges are very complex and it has handled in a very effective way. The elderly needs the actual information of precautions, care and treatment in COVID -19 infections to be safer during this period. Limited access to media and other media sources can reduce anxiety and preoccupation. The family members and care takers should regularly have a check or pay a visit with all precautions to see their loving elderly have all the needs and support on a daily basis. There is need of providing healthy food and supply of required medicine has to taken

care of. The stock of medicines to be kept incase there is any strict restrictions. The elderly should be taken to hospitals with precautions unless they require it. There are many sources of contact like giving a call and distant relatives can talk to them through virtual platforms. Regularly meeting will help them feel better and safe. There is need of following adequate precautionary measures to safeguard the people during the pandemic times.

Elderly who are tested positive should be given proper treatment and test can be conduction if they have some symptoms under the guidance of medical doctor. They should be supported with control measures such as masks, hand hygiene sanitizers and maintaining social distancing. They have to be guided to keep themselves engaged in activities they like such as hobbies, practicing Yoga and exercises. The involving themselves spiritually and religiously makes them feel better. There is need of support system to take holistic care of mental and physical health and protection from ill-treatment and abuse. The love and care and listening ears without judgement are the best medicine for the elderly in this important period. It is very important to build resilience and wellbeing during the pandemic.

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Elderly Crisis: Stories we co-create.



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Several years ago, I had a conversation with my Mum who was in her late 80th then. She was telling me that she was not able to manage her life as she had before. She was saying: “You know, I can’t do this and that any longer”.

As my Mum was always a very active and dynamic person, it was rather painful to listen to her “sad story”. Also, because I thought things could hardly become better in the future, I was feeling helpless and even guilty for not being able to help.

Many of us happen to be in a similar situation, don’t we? Our strategies differ. We are trying to express empathy or sometimes “bribe” the elderly with “toxic positivism promises”, like “Things will change for better!” or “Don’t say “that”, you look great!”. We sympathize with them or

invent nice stories to support them. We try to make them believe in the “better truth” we do not believe ourselves. Finally, after some time spent with our elderly clients, we feel the difficult mission completed, and we escape, with a sigh of relief, to the “alternative world” of younger people to their full abilities.

Do the elderly appreciate our encouragement and compassion? I think yes and no. Yes – because we agree to listen to their problems and No – because they often trust nothing is changing for them after we close the door.

But maybe our visit can make a change? Maybe we can have better, more rewarding conversations with elderly people? And feel better?

Coming back to our dialogue with my Mum, after I had listened to her, I said: “Yes, I agree, things change when we get older, and some developments are not in our favour. But instead of foretelling a hopeless future, why don’t we examine and explore what you are STILL able to manage in your life”. And during the next hour, we were developing the list of “Things I can do”. We came up with 17 “can-dos”, and as I was about to leave, I suggested to my Mum that every next day she would add one new point to the list.

Another practice was the List of Daily Appreciations to NOTICE and be thankful to the world for all the nice things and nice people around.

How is this practice of shifting the focus is helpful?

Your perspective defines how you see the world. You can focus on what is missing and getting worse in your life as you are advancing in years and feel helpless and depressed OR you can choose to celebrate what is still working and available to you and feel more confident and proud of how you cope. This is just a matter of choice and I think we should encourage better choices of our clients.

By co-creating “can-dos” stories we help elderly people to appreciate and enjoy what they have (instead of supporting their complaining of what they don’t have) and celebrate what they can do (instead of moaning about what they can’t do). We help clients to sustain their mental health and develop their psychological resilience.

I think we also help our future selves to learn how to choose stories we want to tell ourselves when we grow older.

MENTAL HEALTH EFFECTS ON ELDERLY DURING THE COVID PANDEMIC AND ROLE OF SOCIAL WORKER



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Mental Health Effects of the Covid Pandemic on Elderly

The Covid pandemic has had the following effects on the people, and more so on the elderly because of their age-related anxieties:

- Overall Mental Health Effects: Anxiety about varying opinions on Infection, Vaccines, Second and Third Wave, etc.
- Mental Health Effects of Social Distancing: No Physical Touch
- Isolation, Family Conflicts and Violence, Substance Use
- Mental Health Effects of Infection and Quarantine of Self: Fear, Anxiety, Depression
- Mental Health Effects of Infection and Quarantine of Family Members: Fear, Anxiety, Depression

Role of Social Worker in General

The main role social workers can play during the pandemic is promote community-based older persons' associations (OPAs).

Aims: HelpAge International (2016) elaborates that OPAs actively engage the elderly as agents of change rather than passive beneficiaries in their own lives and communities. OPAs are most useful during a pandemic such as Covid, as they aim to:

- Improve the dignity and quality of life of older people by encouraging support from governments, among their peers, families and younger people.
- Encourage increased social interaction by providing a forum where older people can meet to discuss their problems, develop solutions and celebrate important holidays and events.
- Promote mutual help for vulnerable older people within and outside the association.
- Provide social support and activities to improve the livelihoods of older people and their families (HelpAge

International, 2006).

Benefits: The benefits of an OPA to older people include:

- Mutual support and friendship with other members
- Religious ceremonies arranged locally, omitting the need for them to travel long distances to attend
- Social activities such as home visits and OPA gatherings
- Support when they are sick, experiencing financial hardship or during emergencies
- Activities to improve livelihoods, income, health and food security
- The opportunity to comment on their own development and priorities for developing their village
- Representation to local authorities and service providers (HelpAge International, 2006).

Services: The OPAs can organise the following development services and workshops on life skills and healthy ageing for its members, as well as all the older persons in the neighbourhood and their family members:

Development Services: The OPAs can plan the following development services for its members:

1. Preventive health services
2. Educational services
3. Recreation and cultural activities

Workshops on Active Ageing: Workshops on active ageing may be organised on the following topics:

1. Sharing Pleasures of Growing Old and Challenges of Ageism and Gender
2. Life Skills Development Workshops
3. Family Life Education
4. Sexuality Education
5. Facilitation of Reminiscences and Life Reviews
6. Death Education
7. Management of Older Persons' Associations
8. Biological Changes and Healthy Ageing
9. Psychosocial Changes and Healthy Ageing
10. Physical Activities and Nutrition in Old Age
11. Personal and Household Hygiene in Old Age
12. Environmental Health and Hygiene and Old Age
13. Sustainable Environment and Old Age
14. Family and Community Inclusion in Old Age
15. Financial Security in Old Age
16. Prevention of Violence in Old Age

Life Skills Workshops: Factors that make us vulnerable to mental health problems and disempower us are:

- Low self-esteem

- Reactive, rigid, irrational, and negative thinking patterns
- Low emotional intelligence
- Weak relationship skills

Workshops for older persons on life skills development are most essential for promotion of mental health. These Workshops may comprise the following modules:

- Self-Empowerment through self-esteem, self-responsibility, and assertiveness
- Proactive Thinking Skills comprising rational, flexible and creative and positive thinking skills and decision-making skills
- Emotional Intelligence comprising emotional awareness in self and expression, awareness of emotions in others/ sensitivity/ empathy,

regulating negative emotions, and enhancement of positive emotions

- Collaborative Interpersonal Relationship Skills comprising positive perception and feelings for others, positive verbal skills and body language, sensitive listening skills, interdependence, cohesion and adaptability, win-win goals in relationships, positive and negative feedback skills, and collaborative conflict management skills

Facilitate Reminiscence and Life Review: In old age, facilitation of reminiscences and life reviews are most relevant because of the long lives they have lived. This would:

- Foster skills of self-understanding, conflict resolution, acceptance of life as lived, and the understanding that life is finite, which all together can promote well-being in old age.
- Revise the meaning of past choices, decisions and events by using current wisdom to understand or accept what took place in the past.
- Appreciate the significance of the events in the formation of their unique adult personality.
- Take pride in areas of achievement as well as be able to accept areas of conflicts, failure, crisis, or disappointment without being overburdened by a sense of inadequacy.
- Integrate one's past history with one's present circumstances and to feel content with the outcome.
- Seek to find an integrative thread that makes sense of the life one has led without belaboring past mistakes.

Death Education: Death is a taboo subject but essential in old age as the elderly experience death of parents, spouses, siblings, and friends, and are anxious about their own forthcoming death. It is all the more important during a pandemic. Grief is an active process that involves choices in coping in which a person must do several things:

- Acknowledge the reality of the loss.

- Work through the emotional turmoil.
- Adjust to the environment where the deceased is absent.

- Loosen ties to the deceased (Worden, 1991, cited by Kail & Cavanaugh, 2007).

Bereavement is a long-term process of adjustment to the death of a loved one and is more all-encompassing than grief. It commonly includes:

- Physical symptoms,
- Role loss and seeking meaning in the loss,
- Trying to solve problems that arise as a result of loss of the loved one, and
- A variety of intense emotions, including anger, sorrow, anxiety, and depression (Newman & Newman, 2009).

Death education is therefore essential in old age as it can comprise discussion on the following topics:

- Coping with Grief and Bereavement after the Death of the Loved Ones
- Acceptance of the Inevitability of Death
- Hope for Immortality
- Planning a Good Personal Death

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Social Work with the Elderly during COVID-19 Pandemic in Japan



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The Government of Japan issued the first emergency declaration in March 2020 due to the spread of the new coronavirus infection. And since then, we have been practicing social work that "does not infect others" and "is not infected", despite being in the midst of the Corona pandemic. We will report on what kind of social work practices we are doing, especially in the area for the elderly. In this report, we will introduce only the area of wellbeing for the elderly from among the results of "Survey, (conducted in June & July 2020), on the Current Situation and the Future of Social Work Practices in the Spread of New Coronavirus (COVID-19) Infection" [1] that were compiled by the Japanese Association of Social Workers (specified non-profit organization). Let us look specifically at the social work practices that have become impossible due to the spread of corona infection: "We are limiting the number of users, etc. regarding the works in the facility." "We were creating places for the elderly in the community, but it became difficult to hold any event." "I can't visit the house I should visit." "I can't meet and interview the elderly people face to face." "Cancellation/Restraint of annual events and community welfare activities" "Distribution of public relations magazines (providing information to families and communities) was delayed because we were unable to create event places for the elderly." "Less frequency of watching and home visits have made us more difficult to grasp their current conditions."

Also, the users are refraining from services and hospital visits for fear of infection. This has led to a stagnation of support. "

The social work practices (mentioned above) that can no longer be

done are as follows:

(1) Client interviews

"Interviews with the target person" and "Interviews by visit" are no longer possible.

(2) Service provision

"Providing places for services such as consultation/exchange/problem finding" cannot be done

"Restraint of community-based welfare activities", and "Cancellation of annual events".

(3) Information provision

"Delay in the provision of information". Next, shall we look specifically at the social work practices that have been newly implemented due to the spread of corona infection:

"As a response to curbing consultations by the hospital for reducing the spread of Corona infection, we recommend our users to focus on essential consultations and accompany them at the hospital."

"We will respond to consultations regarding various benefits" "We will accompany and give advice as a guide for them to receive public assistance with more ease for maintaining a living in the recent Corona wrecked difficult times. "

"Contacting the person who came to a place to stay and whom we are worried about, we will conduct an individual interview."

"The effort has increased, such as disinfection and wearing masks, prior confirmation for a visit, and getting permission to wear masks at the time of

interviews."

"We posted a quiz on the local bulletin board and presented the respondent with a free gift in order to prevent secondary health damage such as frailty of the elderly due to weaker physical strength and muscular strength from self-restraint with less body movements."

"While decreasing our visits to the elderly's homes, we have increased telephone contacts to discuss their current situations and futures and their related organizations."

The above-mentioned new social work practices can be summarized as follows:

(1) An "Online interview" will be conducted.

(2) As support / adjustment,

"Re-adjustment of services and Support associated with corona" will be provided.

(3) As infection prevention measures,

"Health management, hygiene management, and infection prevention education" will be implemented.

Next, we will introduce examples in the communities.

In special nursing homes for the elderly, the residents tend to become severe when they are infected with COVID-19. In order for Corona clusters not to occur, the residents are prohibited from going out; outsiders are also prohibited from visiting to the home; and they cannot even meet with their families. However, even in the prolonged corona wreck, we have made it possible for them to meet with their family members through the window of the balcony. At first, it was

a visit where they could only meet face to face through the window or put their hands on the window from both sides. Then, it has become possible to convey their voices using a microphone, and recently it has become possible to give an online visit to their family members.

Online visit in this way has had the added benefit of allowing families who have not been able to visit because they live far away.

In Tokyo, you had to make a reservation by phone or internet to get the vaccination. Many elderly people cannot use the Internet. Although they try to make phone reservations, the lines are always busy. So, they are not able to make it. Elderly people who could cooperate with their children's families did not have trouble making reservations, but those who did not have someone to help them were really in trouble.

In Toshima Ward, Tokyo, social workers have helped elderly people to make reservations for vaccine on their behalf.

In the wake of the corona pandemic, the government has reopened a conference to consider "All-Generations Social Security", saying that it will consider sustainable reforms across social security, such as pensions, labor, medical care, nursing care, and measures against the declining birthrate.

However, this "All-Generation Social Security" could become a measure to significantly reduce or abandon the national responsibility by thoroughly shifting the role of the social security system to: self-responsibility and family responsibility, and mutual help by citizens & social welfare corporations.

If such a measure is taken, the gap between rich and poor would be further widened. And citizens would not be able to live a normal human life, however hard they work. Citizens would also be burdened with more taxes and social insurance premiums. Without enough money, citizens would have no choice but to give up such services as necessary medical care and welfare, child-rearing support and education they want to receive. We, as social workers, are working on social actions to prevent Japan from becoming such a ruthless society (mentioned above) if the measure would be taken.

[Notes]

[1] Masaki Uehara, Go Takaishi, Isao Ishii eds. (2021)

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Aging and Care-giving in the midst of the COVID-19 Pandemic: A call for Gerontological practice in the Philippines



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This purpose of this article is to give a discourse about what aging means in the Philippines and how Filipinos view the concept of aging and care giving in a family and cultural expectations. Second, is to reflect about the impact of pandemic in the life of older persons and hopefully to look into gerontological social work practice in our country. Finally, I want to share in thisA article some of my personal reflections as a social worker and family caregiver of my mother during this pandemic.

Reaching sixty (60) years old in the Philippines really means acquiring dual citizenship or we call them senior citizens. Republic Act 9994 stated that a senior citizen is any Filipino citizen who is a resident of the Philippines, and who is sixty (60) years old or above. It may apply to senior citizens with "dual citizenship" status provided they prove their Filipino citizenship and have at least six (6) months residency in the Philippines. The Philippine government enacted laws and it is written in the Philippine constitution that the family has a duty to take care of its elderly members while the state may design programs of social security for them.

The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children. Respect for elders is one of the important values held by Filipinos. In a Filipino family it is normal to see an older person especially if it is a parent to stay with their children until their old age. It is also the best success indicator of being a good parent if their children are willing to take care of their old parents because we say it is the time to pay for their sacrifices bringing up their children despite the hurdle and hardships. This respect for elderly is a strong cultural value and even addressing an older person requires using a polite language as entitlement.

Caring for the older persons in the Philippines is a common practice by the family and extended family. The most common type of caregiver is the family caregiver: someone

who takes care of a family member without pay. The other types are professional, independent, private, informal, and volunteer caregivers. Based on literatures a family caregiver is a relative who provides emotional, financial, nursing, social, homemaking, and other services on a daily or intermittent basis for an ill or disabled loved one at home. Most family caregivers volunteer their time, without pay, to help with the care needs of a loved one. There are also schools which offer courses on how to be professional caregiver. Professional caregivers work for an agency, and the care recipient hires the agency to provide care.

In the context of the Philippines, there are many family caregivers in the Philippines while there are professional caregivers who considered work overseas. In a study by Monton 2021 an existing literature has noted how a disproportionate percentage of Filipina women who are employed in personal care and service positions, especially within caregiving positions. There are many Filipino women who went abroad by applying as professional care giver and left their families back home for high paying jobs overseas.

Presently the concept of family caregiving is quite a challenging task because it imposes a lot of pressures and challenges because of the demands of the modern times to maintain the full-time job while having an older person at home to take care of. A study which describe the present caregiving situation of Filipino adult-child caregivers (CGs) in Davao city, Philippines presented a result between stressors and perceived burden showed that social support provided a buffering effect for CGs experiencing higher burden perception. This suggests that community-based counseling and education programs to assist CGs in dealing with stress may positively contribute to reduce burden. (Verona, et a 2007)

Gerontological social work practice or those social workers who are experts at meeting the biopsychosocial needs of older adults is a limited field of practice in the Philippines. If there are social workers who are working with older persons, they are only mostly confined in the government agencies. Their work usually involves organizing groups of older persons and conducting social activities like dancing and exercises and provision of the quarterly allowance for the older persons. Since we only have few homes run by the government and if there are private institution for the elderly the access is only for those families and financial capability to pay for the professional care givers this is costly and even culturally unfriendly to Filipinos to bring their old parents in home for the aged and to be taken care of by other person outside the members of their family.

There is also quite a myopic understanding of the importance of this field as the knowledge about how to take care of older person was associated with caregiving profession per se and for some social workers they associated it merely with physical activities of taking care of an adult person. There is a still a need to advocate about how significant is this field of practice and why social workers must learn and acquire knowledge and competence in this area. It is also crucial to

consider that being an elderly means another stage of life wherein the individual has a specific biopsychosocial needs that must be meet. A strong social and community support is needed not only for the elderly but also to the caregivers considering the effects of burn-out, compassion fatigue and other emotional and psychological impact.

The pandemic brought so much challenges into an adult person because of the lockdown and COVID protocols that surely put restrictions for their mobility or being a part in the community. Prior to this pandemic many senior citizens usually gathered for community wellness exercise, social dancing and even making social connections. Since pandemic they are confined to their homes and for those who are like my mother who would love to engage in talking with real people they will find this an idle time. They become bored and as if they wonder why they need to wear mask and face shield and not allowed to go out even just outside their own neighborhood.

It is really challenging to a lot an of older person to keep their sanity and certainly has an effect to their psychosocial health. It is also threatening their own physical health knowing that the virus was quite discrete and usually affecting older person with co-morbidities. According to one of the article of the effects of the COVID 19 in the elderly population it was expressed that psychosocial impact of the virus has been worst to older persons because of the lockdown measures, and they also have least benefit in using digital technology. (Jaarsveld, 2020) This in reality what is happening as there are many older persons who lack access and skills to use the current technology. There is a digital divide among young and older generation.

Aging is one of the most difficult part of life especially for those who are not prepared for it in all aspect of life emotional, psychological and even financial. I have seen several older person having struggles in transition of this last phase of life when I personally conducted studies on Personal Retirement Planning and Quality of Life among Retirees of University of Mindanao (2018) and Holy Cross of Davao College (2020). Some people even had difficulty accepting the reality that they are now in this stage of life with declining mental and physical capacity because it translated to them as time of weakness and dependency. Some may rely to their children for love and affection and even financial assistance how to survive.

As a social worker and caregiver of my mother I have found this personal experience as emotionally and psychologically rewarding but also challenging moment in my life. Although, I have my social work training for years but my practice in socialwork was with children, women, refugees and Internally Displaced persons. I think on my part I have found myself in a vulnerable situation because of emotional feelings attached to the person that I need to take care of. This is the time I am reflecting why in other countries they have home for the aged. The challenge also comes from the reality that I have full time work and I also need to take care of my aging mother at the same time.

As a caregiver I can see my mother's desire to walk and remember a lot of things in her life but because of her slight dementia she will go back to the period of life that her memory will go back to her difficult childhood memories. She started as a child laborer at the age of eight and turn to be a housemaid from eleven until she got married to my father which serves to be her escape from such life of being a bread winner in her own family. There are many Filipinos who never fully enjoyed their childhood and unconscious this unresolved experiences have a lot of impact to their adult years.

Dealing with dementia without prior knowledge is challenging to someone who will do a full time care giving job. It turned out that I changed my role as my mother's mother during those years. I am lucky to experience that feeling of becoming a parent of such wounded child as sometimes she was crying because of her fears recalling her early childhood years. The pandemic is quite unfriendly to an elderly person because when my mother confined to our home she feels so much boredom because we cannot go outside to the park or to the church. I collected several videos with me and my mother so that I have time to view them reminded myself how beautiful it is grow old gracefully and it also made her happy to see herself and me. I think the good side only with lock down is I can work from home and have a full-time care giving time.

Since I cannot do it all myself I involved my nieces and nephews in this caregiving job especially when my mother becomes bedridden after hospitalization. Caregivers need also to take care of themselves or self-care is your best strategy. I honestly, appreciated my role as a care giver than a social worker but I do hope that we can do more programs and interventions for elderly while they are still alive and being able to appreciate what we have done for them.

I personally advocated on honoring the elderly social workers who reached twenty-five years in practice so that they will feel dignified being recognized for their contributions. I even wanted to promote retirement planning workshops for employees especially those in the academic sectors for them to prepare themselves if they reach such stage of life. We may not have all the gift of living longer but for those who will have such chances they will grow old with dignity with a community and family willing to provide them with necessary social and emotional support.

In the final moments of my mother, I did not regret that I have spent time with her and being able to prepare for her funeral. I think this is a beautiful memory given to any children to honor and serve their parents in their final years of life.

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Plummeting the threats of COVID-19 smooth as communicating upkeep at home-As care giver



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What is COVID-19 and the way is it unfold?

COVID-19 or 'coronavirus' is a brand-new disorder that emerged in 2019 and reasons respiration infection.

The maximum not unusual place signs of COVID-19 are fever, tiredness and a dry cough. Some human beings can also additionally have aches and pains, nasal congestion, a runny nostril, sore throat or diarrhoea. These ciphers are generally restrained and start gradually. An insufficiency of breath is a key indicator as a person will become superfluous ill.

Some human beings grow to be inflamed however don't increase any signs and do not experience ill but can be contagious. About 80% of human beings get over COVID-19 with no need unique treatment.

Around one in six human beings becomes extra severely ill and could increase problem breathing. Older human beings, and people with underlying fitness troubles like excessive blood pressure, coronary heart troubles, diabetes, or respiration troubles are much more likely to grow to be

severely ill with COVID-19 and are much more likely to die. People can seize COVID-19 from others who've the virus. The disorder spreads from man or woman to man or woman thru small droplets from the nostril or mouth. These are unfolded maximum whilst someone with the virus coughs or sneezes.

Reducing the dangers of COVID-19 even as imparting care at home General shielding measures

It is essential which you take the subsequent WHO advocated measures to guard yourself from infection, and which you assist the ones you take care of to additionally do so.

Regularly and punctiliously wash your arms with cleaning soap and water. You must wash your arms for as a minimum 20 seconds, consisting of the fingers and backs of your arms, among your fingers, your fingers, fingertips and nails. Regularly remind older human beings you take care of to try this and assist them in which necessary.

Wash arms earlier than and once you consume or earlier than you help the man or woman you're being concerned for to consume; after you operate the rest room or help a person else to; after imparting any bodily care or having any bodily touch with the man or woman you're looking after; after touching animals; once you contact your very own nostril, eyes, or mouth; and after you've got got touched something which can also additionally had been touched through others, consisting of door handles, surfaces, handrails, phones, mild switches and Avoid touching your eyes, nostril and mouth. If you ought to contact your face, wash your arms very well earlier than and afterwards if possible. Regularly remind human beings you take care of now no longer to the touch their eyes, nostril and mouth.

Make certain you cough or sneeze right into a tissue. Throw the tissue away right away. If you do now no longer have a tissue, cough or sneeze into your elbow. Then, right away wash your arms very well. Try to be metres far from the older man or woman you take care of in case you want to cough or sneeze.

Remind human beings you take care of to do the same. Try to preserve a metre distance from the man or woman you're being concerned for in the event that they cough or sneeze. in case you want to assist them blow their nostril, throw the tissue away right away and wash your arms and theirs.

Ask older human beings you take care of and different family individuals now no longer to exit except absolutely necessary. If they need to exit, they must keep away from groups, live metres far from human beings and wash their arms right away on returning home.

What you may do as a carer Stay at domestic as an awful lot as possible, handiest going out if it's miles unavoidable to gather meals or medicines. Ask a own circle of relatives member, pal or neighbour to do that for you if possible. If you need to pass out, keep away from any businesses and live metres far from human beings.

If you typically produce other human beings go to you to offer care, or to help you in offering care to others, ask them now no longer to return back if possible.

If medical experts or carers ought to go to to offer clinical assist or care, ask them to take precautions through sporting defensive device and washing their hands.

Make certain you realize the way to touch a fitness issuer in case you are concerned the older man or woman you take care of may have COVID-19. The maximum suitable location to move for assist will rely on wherein you stay and the centres available. Your neighbourhood recommendation won't be to move right away on your nearest fitness facility. Try to discover these statistics earlier so that you are prepared, ought to the man or woman you take care of, or you, sense ill.

The domestic surroundings

While you and people you take care of are keeping apart at domestic, it's miles critical to maintain your surroundings as secure as possible.

Clean the house often, which include surfaces you contact frequently. This consists of tables, chairs, door handles, mild switches, bathroom flushes, taps, telephones and different monitors or electronics.

Caring for an older man or woman with suspected or identified COVID-19 Be privy to the principle signs of COVID-19 and be careful for any signal of them.

If you watched the older man or woman you take care of has a fever, test their temperature if possible. Check your personal temperature in case you sense ill with a capacity fever.

If the older man or woman you take care of has any of the principle signs, help them to isolate themselves from others withinside the family to the best quantity possible.

Contact a fitness issuer and observe the recommendation you're given. If you're cautioned to journey to a fitness facility, do now no longer use public shipping until unavoidable. If possible, each the older man or woman and also you ought to put on a mask.

If you cannot get right of entry to a fitness facility, or in case you are despatched domestic from a facility, you could ought to appearance after the older man or woman you watched or understand to have COVID-19, at domestic. There are matters you may do to take care of the man or woman at the same time as decreasing the hazard to yourself and others:

If in any respect possible, isolate the man or woman in a room cut loose yourself and different individuals of the family. If this isn't always possible, attempt to maintain as an awful lot distance as possible.

Keep the house, and in particular the room the man or woman is in, properly ventilated.

Try to restrict the quantity of human beings withinside the family offering care and having touch with the man or woman. If you're the principle carer and might offer all of

the vital care yourself, restrict different family individuals touch with the man or woman.

If you're at better hazard of COVID-19 and there's a person else withinside the family capable of offer care ask them to do so, so long as the older man or woman is glad with this.

Ensure the man or woman beverages water often to live hydrated.

Encourage the man or woman to consume and attempt to make certain nutritious food are available.

Make certain the man or woman takes any remedy, as informed through a fitness worker. This may be remedy to deal with the signs of COVID-19 or remedy for different fitness conditions. Ibuprofen isn't always advocated for human beings with COVID-19 because of capacity complications. Paracetamol may be taken to decrease a fever.

Monitor the oldie 's signs and are seeking for scientific assist in the event that they appear to be getting worse.

You have to are seeking for assist without delay in case you note the following:

Increased hassle breathing

Persistent ache or stress withinside the chest

New confusion or you're not able to evoke the oldie

Bluish lips or face

The oldie who's ill have to put on a mask as tons as viable, if available. You have to additionally put on a mask at the same time as presenting them with care. Masks have to be modified frequently, and specifically in the event that they turn out to be damp. Avoid touching your masks at the same time as carrying it and wash your palms without delay after eliminating it.

If you want to assist the oldie with non-public care, washing, dressing and toileting as an instance, put on gloves if viable and wash your palms without delay afterwards.

If the oldie is not able to get out of mattress, try and assist them to extrade role frequently. Wear gloves and a mask at the same time as doing this and wash your palms without delay afterwards.

Make positive the oldie have their very own linen, towels and consuming and ingesting utensils.

If you and others withinside the residence are sharing a bathroom and washing centers with the oldie, this location have to be wiped clean after every time the oldie makes use of it. If viable, the oldie has to smooth it themselves. If this isn't always viable, you have to attempt to go away time after the oldie has used this location, earlier than you smooth it. It have to be wiped clean earlier than you or different human beings withinside the family use those centres. Wear gloves and use family cleaners.

Laundry have to be washed frequently at a warmth the usage of ordinary detergents. Try to apply gloves and strive now no

longer to shake the laundry earlier than it's been washed.

Looking after older human being's broader fitness and wellness-

It is vital which you deal with the overall fitness of these you're worrying for, together with any unique situations they already have.

If the older oldie you're worrying for will become ill, they have to preserve to take any medicine they had been given via way of means of a physician for different ailments or fitness issues.

If the older oldie you take care of has any underlying fitness situations, specifically diabetes, hypertension, coronary heart or lung problems, are seeking for scientific recommendation without delay in the event that they have a cough, fever or shortness of breath.

If the oldie you take care of desires scientific assist or recommendation now no longer associated with COVID-19, discover if there may be a manner they are able to keep away from going out to a fitness facility, as an instance via inquiring for a medical examiner to go to at domestic, or looking for recommendation over the telecellsmartphone.

It might be vital to consider the intellectual fitness of the oldie you're worrying for, in addition to their bodily fitness, all through this annoying time. Many human beings will sense irritating and confused approximately what's happening, and the regulations imposed.

Look out for symptoms and symptoms that the oldie you're worrying for is probably suffering with their intellectual wellness. Are they feeling sad, withdrawn, irritating or confused? Try to be encouraging and supportive and ask for assist in case you want it.

Remind or aid older human beings you take care of to live cell and lively, taking a few mild workouts across the residence if viable, or in mattress if they may be not able to get up.

Sleep is vital for wellness. Do what you could to aid the oldie you take care of to get enough relaxation.

Put a plan in region for in case you have been to turn out to be unwell. Talk to buddies and own circle of relatives approximately how they are able to assist offer care in case you are not able to. Reach out to any organizations or domestic-primarily based totally carers you presently get hold of aid from to agree how they might assist if needed.

Document the care desires of the oldie you're worrying for together with:

List all medications, the oldie you're worrying for is taking, while they may be taken and what dosage, wherein to locate them at domestic and wherein to get more Make a listing of applicable fitness and care centres and vendors you operate or get aid from, together with touch facts Give a few facts approximately every day recurring – what the oldie you're worrying for loves to do, while and what they devour, after they sleep etc. Coping with the uncertainty and adjustments

resulting from COVID-19 may be specifically tough for an older oldie with dementia.

Protecting towards COVID-19: human beings with dementia may also locate it tough to recognize public fitness facts and to recollect to observe steerage like washing their palms. Keep reminding the oldie you're worrying for and assist them to take those measures wherein vital. You ought to strive the usage of reminiscence aids, along with notes and photographs and additionally offer encouragement and rejoice accomplishments while the oldie you take care of remembers. Consider how tons facts to impart approximately COVID-19 and the disaster scenario, to keep away from inducing tension.

Maintaining a recurring: for someone with dementia adjustments in recurring may be tough and may motive accelerated tension, and irritability. They ought to result in adjustments in behaviour, accelerated on foot round and delusions. This can in flip be tough for you as a career. Do what you could to maintain matters ordinary. Try to keep any sports you will generally do across the residence and maintain to normal meal and bedtimes.

Plan your days in advance: with adjustments on your day's sports due to the regulations resulting from COVID-19, strive to devise your days in advance, changing any sports you could not do, with new matters across the residence. Once your days are planned, try and stick with them as tons as viable to keep a regular recurring.

Managing tough behaviour: there isn't always but any proof to indicate that COVID-19 has an effect on someone with dementia's cognitive status, however adjustments in recurring and accelerated strain may also have mental affects and result in adjustments in behaviour. If you spot this withinside the oldie you take care of, try and be as reassuring as viable and try and keep your recurring. You may also need to recollect retaining a diary of while tough behaviours are visible to attempt to recognize why they are probably happening.

Wellness of these you're worrying for. Some tips:

Given the tough and doubtlessly tension frightening scenario of the COVID-19 pandemic, ensure you inspire the oldie to speak approximately any fears. Listen, reassure, consolation and try and keep a tremendous attitude. You can also consider the usage of a while collectively to research something new, as an instance, a brand-new handicraft Try to sell cognitive stimulation. You ought to pay attention to tune collectively or talk unique objects, memory remedy is effective, as an instance searching at images or different non-public gadgets along with vintage newspapers or magazines, letters or postcards. This can assist to reactivate own circle of relative's reminiscences and may be reassuring

Do a few bodily workouts collectively? Although you won't be capable of exit, try and live bodily lively with a few mild workouts across the residence

Do a few mild comforts/activities collectively, along with looking after plant life or animals?

Try to make sure the oldie you're worrying for can experience a few clean air.

Try to make sure you keep a balanced and nutritious weight loss plan for the oldie you're worrying for with mealtimes at a normal time every day.

Sleep: try and inspire an excellent sleep recurring for the oldie you're worrying for, and keep away from dozing all through the day, specifically because of lack of factors to do. This ought to have an effect on the oldie's sleep at night

Looking after your self

It is vital that, as a career, you appearance after yourself at this time. It is a annoying and tough scenario for everyone, and your fitness and wellness are vital. Many of the tips indexed above might be vital for you, in addition to the ones you're worrying for.

Remember your very own threat when it comes to COVID-19, specifically in case you are older or have underlying fitness situations, and take the measures defined above.

Make positive your appearance after your very own fitness. If you're taking any medicine, recollect to maintain doing this and try and have weeks deliver. Avoid taking Ibuprofen because of its threat of complications. If you exit for longer walks, keep a metre distance among yourself and different human beings.

Make positive you get good enough relaxation and do what you could to make sure an excellent night's sleep.

Try to plan ahead. Talk to own circle of relatives and buddies approximately any assist you would possibly want in case you turn out to be unwell otherwise you locate your scenario too tough. Also ensure you've got any vital facts out of your fitness offerings approximately what you have to do in case you or the oldie you're worrying for presentations signs of COVID-19.

It is vital to live linked with buddies and own circle of relatives, specifically all through intervals of isolation. Find approaches to live in contact, via way of means of telecellsmartphone as an instance.

Try to take a break. Do what you could to make a while for yourself. Try to time table small quantities of rest time into your day courage the

man or woman to relaxation and sleep whilst needed.

Resources

www.who.int/news-room/q-a-detail/q-a-coronaviruses

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html

www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#treat

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www.alz.co.uk/news/adi-offers-advice-and-support-during-covid-19

www.francealzheimer.org/coronavirus-confinement-comment-prendre-soin-de-son-proche-malade/

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Sustaining Family Cohesion and Strengthen Elderly Conditions During Crisis



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"You are not alone, We heal as one" shout out of the front liners, social workers, medical professionals, and the world.

Have you counted the seniors of age? Senior citizen: Variably defined as an elderly or retired person and this term generally refers to someone who is at least 60 or 65 years of age and up. This article shares the elderly experiences and how they felt this pandemic times.

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her abilities that can cope with the normal stresses of life, can work productively and, fruitfully and, can make a contribution to his or her self, family and, community.

Evidence from the World Health Organization suggests that nearly half of the worlds' population are affected by mental illness with an impact on their self-esteem, relationships and, ability to function in everyday life.

Facing this pandemic, many of us feel alone, stressed and, even worst, feeling depressed. On the other hand, Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. Some committed suicide because they were not strong enough to face their problems alone. A house is not a home when there is no one there. Who left behind at home? When all are out for work? Grandparents are at home to take good care of the house, do the laundry and, do the cleaning, even go to the market and, cook food for the family members. But this time the scenario has a varied condition to consider. Many elderly people experience crisis knowing that many

have died across the country even in the locality, that pandemic is an unseen enemy. Grandparents are left by their partners and it is either who comes first to pass away. Older persons who are idle can be seen on street bringing their old bags filled with unwashed clothes and sleep where they catch up the dim of the night not only outside the church doors, wide cemented floor but also on vacant tables at the market. When they woke up, off to the street again to beg. So sad to know that older person choice of living sometimes nobody would guide them. For instance, a separated couple left their grandchildren with two children to their 70- year- old mother, one child is very ill and, bedridden, and, the younger sibling is 5 years of age, thus, they will starve to death to do no errands for them. The grandmother obliged to take good care of the children thus not an income earner but to look for ways and means. In another scenario, a social worker was employed from afar and, got a piece of news that her loving grandmother must be brought to the hospital because of difficulty breathing. Oxygen is exhausted, and he is not around to help personally his grandmother. Facilitation has been made, but no hospital can accommodate because it was full. The social worker helping people was not able to help his own. There is no home for the aged or temporary shelter and even feed the hungry program. Thus this contributed to the older persons in their mental health problem, unloved, unwanted and to the extent, they felt not useful anymore at home. Tend to stow away.

On the other side of the coin, the importance of maintaining good mental health is vital to living a long and healthy life. Good Mental health can enhance one's life, while poor mental health can prevent someone from living a normal life. Families who value family relationships could bring the positive outcome of each other's presence. Staying at home and, pray together every day holds family relationships more and, amazingly strengthened. Perking up one's interest in gardening, animal raisings like chicken and, pigs. Elderly persons as they are can be given opportunities in livelihood programs. In this manner, valuing older persons was once young like us at their prime age who has contributed to who we are today.

I do believe that coping mechanisms amidst pandemic will sustain family cohesion when one take time to reflect on your selves and feelings that we will always be safe while we adhere to the strict protocols to save ourselves by doing social distancing and, working from home can be more helpful and offers you the space and opportunity to focus on yourself.

*By pausing questions of How do I feel about this current situation? How is it affecting my actions and behaviours? Can I surpass this crisis? By taking down notes, it will give an idea of how important life is to be saved.

*By sticking to old routines as much as we can, the corona virus has made us find new ways on how

we live our daily lives, but as far as we know this doesn't mean everything has to change.

*By staying close to our normal practice by maintaining

some resemblance of composition from our pre-pandemic days. If staying from home is new to you, for example, start your day the same way that has been practiced with care.

*By a period of constant change, having some sort of familiarity in your daily activities can make life feel easier. It has also been studied that our bodies be likely to function better when eating, sleeping and, exercise patterns are set to a regular schedule

The elderly must go outside, just because if we were advised to stay in to be safe, it doesn't mean we need to be locked up in our homes. It would add up to dwelling on problems and being unable to stop thinking about them, go for a walk around our backyard garden to the closest green space or under the tree. It is more advisable that exposure to nature will not only make us feel better emotionally and mentally, it also contributes to our physical well-being by reducing blood pressure, heart rate, muscle tension, and the production of stress hormones.

*By Staying connected and not isolating ourselves will help everyone to manage stress and, can even guard us against unhealthy coping mechanisms and, by keeping in touch with friends, family, neighbours and, maybe even our classmates like asking how they're doing and let them know how we are doing. Offer support, love and, encouragement and that will be the best healing ever;

*By counting our blessings, we felt good and spread gratefulness powerful magic effect.

*By being thankful for our good health and, surrounded with friends and, caring, family.

*By the gesture of thanking the people who are facing the coronavirus i.e. doctors and, nurses, social workers and, to our police officers and, even delivery workers, organizers of community pantries, all those heroes who are knowingly putting themselves at risk to serve the community.

The Elderly is fond of listening to the radio and television viewing. Turn off the news and, divert self to stay informed about what's happening

around the vicinity through reliable sources, such as the World Health Organization (WHO) and, Department of Health. Limit to listening to helpful tips instead.

Seeking professional help is a must in this crisis condition following protocols by social distancing and using telehealth-based platforms to reach out to the elderly and everyone who needs to avail counselling services especially those who are in emotional distress. This will guide and give information on how to recognize distress that affecting individuals and families to guide throughout the process for healthy coping and, importantly, referrals to local crisis health centres for information, follow-up care and, support.

I believe in this saying that Nobody must be left behind or forgotten as we heal as one. A family is a group of people who want as well as choose to be together embraced by a bond so powerfully strong that not even the slightest test of trials or troubles can breach. I think Lilo got it right when

she said, "Ohana" means family.

This article reminds us that the Elder's aspiration in life is to live with good health, with dignified self and worthy individual, seeking economic independence and have a peaceful death. Longing for love care and, warm hugs. At home, they seek understanding of their needs and concerns, which will ensure happiness. Extending emotional support to the elders keep them assured of a good-humored life, which is certainly the ideal way to live a healthy life. However, for many people, providing care and attention to elders is possible because older people are important members of any society and therefore have the right to live in dignity in later life.

The Elderly journey may not be a bed of roses, but we, who are younger ones, must be reminded that we are not here today if not for our older persons instead think and feel that "Caring for those who once cared for us is one of the highest honors they must receive".

The Elderly and Response of Care in the Pandemic



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As part of comprehensive response to the pandemic, which has been the essential need for support for elderly people, their families and their caregivers. During times of quarantine and isolation, elder people need access to nutritious food, basic supplies, money, medicine to support their physical health and social care. When it comes to COVID-19, those more clinically vulnerable have been impacted, more so on the elderly generation.

Varied research during the pandemic showed that, adults 60 and older, especially those with pre-existing medical conditions, such as heart disease, lung disease, diabetes or cancer are more prone or likely to have severe even deadly, coronavirus infection than other age groups.

Some of the things that can be done as follows:

It's important to keep the elderly people health and wellbeing at the forefront and what to do if they do become infected with COVID-19. As well as keeping safe if you are a caregiver keeping self well is crucial.

As a caregiver you should take all the precautions you can to avoid becoming infected yourself. The basics wash your hands frequently with soap and water before and after providing care, preparing food, using the bathroom, or touching surfaces in public places. Frequently clean touched

surfaces in the home, including mobility and medical equipment used by the elderly such as walkers, canes and other supportive equipment.

Another important way to lower the risk of your older-elderly catching COVID-19 is to make sure friends, family and visitors take precautions to spend time in a safe manner. As seen physical distancing had an impact on many people's mental health. We need to keep older adults safe, but keep in mind that social isolation can have a negative impact on older people's immunity and mental health. So taking safe measures means reducing isolation and loneliness.

Seeing where possible to help the elderly feel more connected and feel involved, use technology, try and show them how to video chat with others using smartphones, laptops or tablets. (If this is possible to do so) By using apps on these devices to provide captions for adults with hearing challenges. It is also encouraged that friends and family outside of the household to telephone, write notes or send cards to lift loved one's spirits.

Keep the elderly adults involved in activities that which keeps their memories alive.

The Plight of the Older People in the Philippines During the COVID-19 Pandemic: An Excerpt from National Reports



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The Philippine Commission on Human Rights on their Inputs to the Report to the General Assembly of the United Nations Independent Expert on the Enjoyment of All Human Rights by Older Persons stated that, since March 2020, the imposition of community quarantine and stringent social distancing measures caused restrictions in mobility among people, suspension of operations, closure of business establishments, implementation of alternative work arrangements in government and private offices, and stoppage of mass public transportation. These developments caused severe disruption in economic activities all over the country, strongly affecting the means of livelihood and subsistence of low-income households, most especially senior citizens, among others.

Based on the reports, some of the measures imposed by the National government and the local government units were not well-received. These include measures that limit the freedom of movement of older persons, such as quarantine rules that impose 24-hour curfews, as well as the decision to

ban senior citizens from major public transportation options. These measures, although benign in their purpose to protect older persons, are ageist; they perpetuate a stereotype of an unhealthy, frail, and physically vulnerable older person.

There are more than a hundred nursing homes in the Philippines that provide home care and other specialized interventions (retirement, assisted living or residential care, individual long-term care, care for patients afflicted with Alzheimer's disease and other kinds of dementia, adult day care for the local elderly, rehabilitation for stroke patients, other short-term care, palliative care, in-patient behavioral and mental health care) for older persons. These institutions are being managed by faith-based organizations, non-government organizations, and a few government agencies situated in major cities in the Philippines. However, based on the directory and the information available, there are limitations at this point to verify how many of the institutions are licensed and accredited by the Department of Social Welfare and Development.

According to the Department of Health (DOH), they shared that across the country, only 35 hospitals have geriatric wards. In a mapping done by the Institute of Aging of the University of the Philippines Manila (a state university), they found that among these hospitals, only one has a COVID-19 geriatric ward. The COVID-19 health crisis has revealed how the institutional capabilities to provide age-responsive health care is severely lacking in the country.

Regarding economic necessity, almost half of the older population are still working despite health issues; however, most of them are low-income informal workers, such as street vendors and tricycle drivers. Majority of them are not covered by the pension system because: they neither had sufficient disposable income to save for a pension when they were younger; nor did they meet the strict eligibility criteria for the current social pension for the poorest sectors. In this context, the work cessation had the potential to render them and their families hungry, buried in debt, or both. 60% of older persons live with at least one child and a significant proportion of them are dependent on their family for financial support. More older women than men report that their children living in the country are their main source of income. However, many of their children are also working as daily wage earners affected by the lockdown. In these circumstances, adult children will find it difficult to make both ends meet, much less provide for the medicines and other basic needs of their aging parents.

Many older people requested for assistance to obtain medicine, vitamins, and additional financial assistance. Law enforcement and barangay personnel assigned in checkpoints are not aware that older people who need immediate medical response and have supporting documents are allowed to pass through checkpoints. Some older persons who are not registered residents are being denied assistance. There were also numerous requests for assistance due to absence of and limited income. These issues and concerns among older people requires immediate actions and recommendations in

order to answer their needs and to promote their human rights. Older people should not be locked down when the rest of the population are already allowed to go outside their homes. They are against discriminatory policies on the freedom of movement. Like the rest of the population, they know the risks, are capable of taking care of themselves, and are still capable of doing work outside their homes.

There is a need to clarify government rules on older people in areas where community quarantine is still being imposed. The language of the protocol causes misunderstanding because it states the prohibition first and then provides the exceptions last. A rewording of the policy or an issuance of a clarificatory policy on this is needed to remove misinterpretation among enforcers on the ground.

National authorities need to ensure that the government rules (which do not prohibit older people from going outside their homes) are implemented properly by local governments, enforcers, frontliners, and the private sector. It appeared to them that the inconsistent policy on their freedom of movement in community quarantine situations is present because there is no coordinating body where complaints, clarifications, and issues can be forwarded for speedy and appropriate resolution. There is a lack of information dissemination campaign on these rules.

The government needs to intensify its efforts to reach out to invisible older people in communities: those living in isolation, the homeless, and other older people not in the government's radar. Observably, there is a significant number of older people who are wandering and even living in the streets despite its dangers and risks. They all need permanent and long-term intervention by the government. Policies won't work oftentimes when it is not being given value specially when its intention does not coincide with the thrusts and priorities of the leaders and politicians.

Certain initiatives by group of people in many societies of the country has spurred both local and national interests and even somehow awaken the Filipino values of unity and solidarity. Community pantries were organized in order to provide food stations for the marginalized and disadvantaged individuals and families who were badly affected by this pandemic. Neighborhood support activities such as providing food packs and volunteering in various outreach services has helped many older people survive this health emergency.

In line with the National Government's Vaccination Program, priorities are given to older people to be inoculated together with their family members. The first few months of implementation of the vaccination program were intended for all frontliners, older people and persons with disabilities. Although challenges brought about by

misinformation has adversely affect their perspective and understanding on the safety and trustworthiness of the vaccines, it is one of the top most struggles among government personnel in advocating vaccination at the communities.

In a country where family ties are notably strong and

well-defined, the Philippines is also faced with numerous issues and concerns among the older people specially in this time of pandemic. The government has been implementing measures to help them but it is clearly not enough in as far as ensuring the human rights and opportunities of the older people is concerned. The support extended by the people, organizations and groups at the local level has really supplemented the efforts of the government. On this note, the government in this pandemic really functions as a collective effort of the people as co-responsible units in the society.

Advocacies on stressing that "no one should be left behind" are sometimes a mere imagination. We can't deny the fact that there is always a little percent of the population are left while the most advances. On the other side, these advocacies are considered little hopes for those sectors such as the older people to be noticed and be truly given attention. While this hope is not yet gone, there is still that possibility when our imagination meets the reality of its desirable moment. A time when all of us feel that no one is not deprived or taken-out of their human rights, worth and dignity.

References:

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Department of Social Welfare and Development Institutions for Senior Citizens, available at <https://www.dswd.gov.ph/programs/residential-and-non-residential-facilities/centers-and-institution/> (last accessed on 03 October 2021).

Inputs of the Commission on Human Rights of the

Philippines to the Report to the General Assembly of the United Nations Independent Expert on the Enjoyment of All Human Rights by Older Persons, June 5, 2020.

Republic Act No. 7160, otherwise known as "The Local Government Code of 1991," mandates the autonomy of the local government units ("LGUs") in attaining their full development as self-reliant communities at the barangay, municipal, city, and provincial levels. Under RA 7160, the LGUs are given more powers, authority, responsibilities and resources to achieve self-reliance and become more effective partners in the attainment of national goals, including that of social welfare and development.

ELDERLY CRISIS IN THIS TIME OF PANDEMIC



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“It is really wonderful how much resilience there is in human nature. Let any obstructing cause, no matter what, be removed in any way, even by death, and we fly back to first principles of hope and enjoyment.” – Bram Stoker, *Dracula*

The Philippines is the third highest Catholic population in the world after Brazil and Mexico. Going to church regularly and attending church activities and gatherings is one of best practices and culture for older Filipinos. Churches in the Philippines are usually filled and overcrowded, with people sitting very close to each other especially during Wednesday and Friday where older people are devoted to the Mother of Perpetual Help and Divine Mercy. This caused in an enclosed space with decreased ventilation and poor air circulation. During the Mass in churches people are involved in singing and praying together, facing and nodding when greeting each other with peace, receiving communion served by the priest or Eucharistic ministers. All of these factors could be the source of transmitting the spread of corona virus. Thus, the need of strict observance of the health protocols. So being in a church and attending mass and other gatherings can be deadly for older Filipinos in this time of uncertainties.

At the onset of this pandemic, the older people are at the high risks. Becoming ill and needing treatment or hospitalization and medical costs are extremely expensive for an average Filipino. The government needs to improve the fragmented healthcare system in the Philippines. Hospitals in the country are reaching maximum capacity much more when other variants are more viral, experiencing a shortage of beds and inadequate supply of personal protective equipment. It is recommended that healthcare infrastructure in the country should be prioritized to respond to the COVID-19 pandemic

The Philippines has been easing restrictions and lifting stay-at-home orders – and many people are itching to get back to “normal.” Regardless of the easing of restrictions on business and other activities, it’s still recommended that those with health problems, with compromised immune systems and those with comorbidity or those over 65 years old continue taking precautions.

While everyone is at risk to be infected by COVID-19, elderly people and persons with comorbidity such as diabetes, hypertension, heart and respiratory diseases or with compromised immune systems, are vulnerable. People at risk of the virus are not only the older adults but also those living in poor, over populated urban settings and any community with insufficient supplies of face masks, face shields and those who do not adhere to the health protocols.

The elderly people living at home are also facing the transition in this new normal. It had been two years since the physical distancing and lockdown measures were observed and many older people are not able to carry out their regular activities.

My mother at the age of 88 years old is finding this transition difficult. Before the COVID-19 outbreak, she was very active in participating religious activities, going to church, family outing and even travelled to the nearest municipalities of Maasin City Southern Leyte and to some other provinces in the Philippines. But the pandemic put all her activities stopped. She stayed at home and listened to radio when she attended Mass. Following strictly the protocols she also made precautions through social distancing. It made her really bad and because of that she just took most of her time in bed. Sometimes alone and feeling isolated.

COVID-19 resulted in many challenges and struggles for the elderly as observed by my parent but this new normal also gives new opportunities. Based from the experiences of my mother, Nanay as I called her, she expressed saying: “It is too risky nowadays. As if I had gone back to my own nutshell” she says. But God might have sent a message through this pandemic for us to ponder and pray harder.

In the Province of Southern Leyte there is actually no home for the aged. If the elderly is admitted to the hospital there is also lack of basic personal protective equipment (PPE) and have difficulty observing physical distancing within their confined room due to the number of patients with COVID 19. This is a true scenario that I myself had experienced. When my mother – in – law who was 92 years old was sick with pneumonia, I personally witnessed how she struggled breathing. The family had a hard time buying oxygen and everybody was hesitant to take care of her because she might have the virus. I find time taking care of her before she was brought to the hospital. My heart was broken when she finds herself neglected that is why at her age, she tried to manage herself by showing us that she can eat without assisting her and even smiled though in pain.

When we observed that she could no longer breathe. It was in May 23, 2021 at 2:00 o’clock early dawn that I rushed my mother – in – law to the hospital. So disappointed because the attendant asked us to wait until the result of her antigen swab came out negative. That was the time we were asked to enter the emergency room. No doctor was around yet. By 5:00 o’clock in the morning my mother-in-law was brought to her room with only 1 person allowed to watch over her. She wanted to go home pulling her dextrose and the oxygen. She was completely isolated in the ward and separated from

her loved ones as no visitors are allowed in the hospital. She was so distressed and passed away alone.

Although, it is unclear what is really the level of extent on the impact of this pandemic, its effect is on the psychological well-being which is very evident. In my own observations, most older people experienced so much crisis such as increase in anxiety and depression, fear and mental problems especially those with extended lockdowns. Some have even lost hope and think it is already the end of the world.

The COVID-19 pandemic might have drastically change lifestyle, the elderly felt lonely with excess worry, but as to the case of my Nanay, she would be very happy if she received phone calls or video calls from my siblings. Having a positive mindset, she always pray to God that someday this pandemic will end. That somehow, the young generations, her grandchildren will enjoy the life they deserve to have in this world with hope that everyone will be safe.

To address the challenges, the national government also considers older Filipinos as their top priority in its social amelioration program of financial assistance during the pandemic together with programs initiated by other government officials and nongovernment organizations. For older Filipinos who are anxious about their physical health, local government units (LGUs) created a Barangay Health Emergency Response Team (BHERT) who will assist them in case of emergency or any medical referral.

Further, the Local Government Unit in Maasin City Southern Leyte, Philippines had made an action plan that supported the elderly like support to access their social security and other protection measures, ensure their health and well-being during the pandemic.

As my personal reflection I found out that elderly crisis has never been easy but somehow a

challenging and frightening experiences of both my mother and my in-law. They combat both the physical and social losses. Apart from the threat of the COVID-19 pandemic, they viewed their body as something limiting, and often considered themselves as being 'handicapped' due to their deteriorating health conditions. In the case of my mother she was sick many times but we cannot bring her to the hospital for check-up due to some restrictions. Before the death of my mother in-law, she had also the fear of taking some medications or attend follow-up treatment. Through their conditions vary but they were so fragile. Family visitation are also restricted which is also the cause of increase to their vulnerability and neglect which is in the form of emotional, physical, psychological and mental health. With their vulnerability to infection, they have spent their days without doing anything, even talking to others, as an effort of keeping up with the requirements of 'social distancing'. They begin to regard life as a suffering.

In conclusion, the COVID-19 pandemic has brought devastation to the whole world which challenge the government to take immediate actions and interventions so

as to prevent the virus especially to the older adults who are at high risks. As a result, this brings fear of death when they were made aware on the impact of COVID-19. As a developing country, the Philippines is insufficient when it comes to the national healthcare infrastructures across all other countries to become imperative in order to effectively cope with the future epidemics. However, if only we discipline ourselves to the strict observance of the health protocols, allowing ourselves to keep distance 1 meter apart from others, I think in our collaborative efforts, together, we can fight against this virus. Filipinos need to be more resilient.

"Through the guidance of the Almighty God and our Blessed Mother Mary, I wish everyone is safe and in good health. May we strengthen our faith and trust in Him as we prepare to walk into the future we pray for the "new normal" to come. May God bless us all."

Elderly Situation and Measures: Bangladesh Perspective



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Aging is a normal biological phenomenon in which physical weakness progresses slowly and slowly, leading to poor performance and immunity. In general, aging is often an indicator of age. This is an unavoidable biological reality. It has its own movement. Despite various preventative discoveries, it is beyond human control. Aging is one of the ultimate truths of life. This time is actually the last chapter of human life. The inevitable result is death. If you don't want to die prematurely, you need to enter this stage at the end. Therefore, age is the fate of life. When a person reaches retirement age, that is, at the age of 65, that age is considered to have begun. However, the role of continuous age in determining aging in developing countries is minimal. This is considered to be the beginning when no one can actively contribute to the workplace. However, given the average retirement age in the Asia Pacific region, existing legislation, health status, etc., 60 can be statistically considered an actual age limit. According to the 2013 National Elderly Policy, people over the age of 60 are considered elderly in Bangladesh.

The situation of the elderly in various societies in Bangladesh

As an Asian country, Bangladesh has a long cultural and religious tradition in elderly care. Families and societies are expected to take care of the elderly. However, rapid socio-economic and demographic changes, widespread poverty, diminished social and religious values, the influence of Western culture and other factors all led to the collapse of traditional group families and social welfare. The characteristics of older people in different social classes are as follows: Wealthy rural elders are middle-class and upper-class peasants, businessmen, and people of traditional and advanced cultures. They live in large families with sufficient respect, service and fame. The social, cultural and financial situation of the middle class in old cities is relatively good. Most of them have their own safe shelter. Most of them live in ordinary families and enjoy the same privileges as the wealthy people of the country. They try to get rid of this condition through various social works. Wealthy urban elders are primarily retired officials from various established organizations, retired government officials, or owners of large corporations. Members of their families and communities usually show sufficient respect and respect for their opinions. Elderly people in this category often feel isolated, lonely, and ignored. Usually their sons and daughters aren't with them, and they're crazy about their own business in their own community.

On October 1, the Bureau of Social Affairs celebrated 2021 International Veterans Day with dignity. The topic this time is "Digital Equity for All Ages". As the main guest of the day, Honorable Minister of Social Welfare BirMuktijoddhaNuruzzaman, Ahmed MP, said the senior citizens' allowance was first introduced in 1996 after the establishment of Minister Sheikh Hasina, a government led by Prime Minister Hon'ble. rice field. As part of its policy to implement an old-age benefit program, the government has allocated Rs 344.54 billion per month of Rs 500 to Rs 570,000 for 1,000 elderly women and men. In the good faith of Prime Minister Sheikh Hasina, 112 poor prone upazilas have been brought under 100% old age allowance program in FY 2020-2021 and another 150 upazilas are being brought under 100% old age allowance in FY 2021-2022. Life expectancy in Bangladesh is rising exponentially. Today, Bangladesh is a developing country recognized by the United Nations. According to UNICEF, Bangladesh's life expectancy has increased to 73.4 years in 47 years since independence. According to the CIA World Fact Book 2016, the proportion of the population over the age of 60 was 3.9% of the total population in 1947, 3.4% in 1971, 7% in 2015 and 22% in 2050, which was Bangladesh in 2100. The same is true if it is in. The elderly population will make up 37% of the total population. In 2015, the country's emerging population at age 014 will be 29% of the total population, by 2050 it will be 17%, and by 2100 Bangladesh's youth population will be only 14%. Analyzing this data, we find that by 2100, the total population of the country will be about three times the number of young people. Will future parents take care of their sons and daughters, or will they take care of older parents and relatives? Today, only one elderly person has four professionals (15-59 years old) on

our shoulders. And in 2100, three old men will depend on one. For now, we keep the mother with us, but we put the father on the shoulders of another brother and sister. Break the bond between parents.

Physical, psychological and social problems of the elderly

Most elderly people in Bangladesh suffer from some basic humanitarian problems. These include inadequate financial resources, old age illness, lack of adequate services and medical facilities, loneliness and negligence, deprivation and socio-economic insecurity. Eighty percent of the elderly live in rural areas. Older people in rural and urban areas are victims of extreme poverty and illness. In addition to the usual changes in old age, various illnesses also occur in the elderly body. Narrowing blood vessels can cause high blood pressure, heart disease, stroke, and bleeding in the brain. As the elderly brain gets smaller, some people develop Alzheimer's disease and dementia. As a result, memory decreases, emotions, feelings, judgment, reasoning ability, thinking ability, ability to work, etc. change.

The behavior of the elderly became childish. At one stage he stopped eating and left excrement in bed. There are also various types of brain diseases such as dizziness, trembling of hands and feet called Parkinson's disease. With age, bone loss, known as osteoporosis, occurs. Knee pain, lower back pain, and even body flexion. As a result, efficiency is further reduced. The body's resistance to illness is reduced. As a result, you are more likely to get various types of infections, including pneumonia, tuberculosis, and skin infections. Various types of cancer are common in the elderly. (Dr. ABM Abdullah2021).

Under the influence of modernity, after marriage, their children quickly form different families, as a result of which the joint family foundation of our country has been broken. As a result, at the end of life, the elderly feels helpless in isolation. Deprived of the services of sons and daughters-in-law, the elderly has to pray for the help of others to support themselves in old age. Again, the children of rich families have to leave their parents and move abroad, and despite their financial wellbeing, the elderly have to die alone with loneliness, which is very painful.

Government Policies related to older people

The National Policy for Older Persons 2013 places importance on the contributions from older people within communities, emphasizing the importance of communication and social facilities. Older people are directly involved in the process of implementing policies and monitoring the success of various programs such as education and training, poverty reduction, financial security and health care. The 2013 National Elderly Policy aims to strengthen health care for the elderly and support primary health care in age-appropriate health centers. Increase placement services and temporary mobile camps for people in the mobile area. Educating a healthy lifestyle and preventing illness are priorities and efforts are being made to raise awareness of risk factors and NCDs. In Bangladesh, clean water hygiene, nutrition and gender equity services are very important. The 2013 Child Care Act provides social security for the elderly and requires

children to take care of their parents. The law requires children to make the necessary preparations to feed their parents and provide food, clothing, medical care, shelter and society. Moreover, under no circumstances are children allowed to send their parents beyond their will to an old home. The law also allows victims to file proceedings against their children if they refuse to support their children. One-third of Bangladesh's elderly population receives a social pension. Old-age benefits grant 500 taka per month to men aged 65 and over and women aged 62 and over who qualify after a socio-economic means test. Only one person per household is allowed to receive retirement benefits. Of those over the age of eligibility, 27.3% claim a pension. The distribution of the old age allowance inception was from 1997-1998 with total fund of 125 million BDT where monthly 100 BDT allocated per person to 0.40 million of beneficiaries. It has been increased in 1998-1999 to 485 million BDT. If we look after that we can have a look at the following table given below-

The year wise statistics of the distribution of the Old Age Allowance since inception is given below:

Fiscal Year	Fund (million BDT)	Monthly Allocation per person (BDT)	Number of Beneficiaries (in million)
1997-1998	125.00	100	0.40
1998-1999	485.00	100	0.40
1999-2000	500.00	100	0.41
2000-2001	500.00	100	0.41
2001-2002	500.00	100	0.41
2002-2003	750.00	125	0.50
2003-2004	1800.00	150	1.00
2004-2005	2603.70	165	1.31
2005-2006	3240.00	180	1.50
2006-2007	3840.00	200	1.60
2007-2008	4485.00	220	1.70
2008-2009	6000.00	250	2.00
2009-2010	8100.00	300	2.25
2010-2011	8910.00	300	2.475
2011-2012	8910.00	300	2.475
2012-2013	8910.00	300	2.475
2013-2014	9801.00	300	2.725
2014-2015	13068.00	400	2.725
2015-2016	14400.00	400	3.000
2016-2017	18900.00	500	3.150
2017-2018	21000.00	500	3.500
2018-2019	24000.00	500	4.000
2019-2020	26400.00	500	4.400
2020-2021	29400.00	500	4.900
2021-2022	34445.40	500	5.701

Source: Department of Social Service, Government of Bangladesh (web:dss.gov.bd)

The distribution of the old age allowance inception has been increased in 2021-2022 with total fund of 3445.40 million BDT where monthly 500 BDT allocated per person to 5.701 million of elderly beneficiaries.

Recommendations for Solving Older Problems

First, we must remember that older people are part of our family. He/she should be treated like any other family member. Our moral responsibility is to always take care of the elderly as well as the children. We should show them love, love, and respect. There are nursing homes in many countries around the world. It is necessary to take such preventive measures in Bangladesh as necessary. Therefore,

to avoid negligence and liability, they should not be squeezed into these elderly housings. In our country, only civil servants receive a small pension allowance after retirement. It is important that they have such a facility. The government needs to think about it. The amount of pensions and old-age allowances must also be good so that they can continue to eat and are independent. Appropriate hospitals need to be established so that older people can receive better treatment at lower cost. State hospitals need to provide separate beds for them. Various tests and medications need to be available for free or at low cost. In addition, it is necessary to establish a specialized department for the treatment of the elderly in large hospitals. Family members and children should be careful to have regular medical examinations. Older people should be invited to various social, family, religious and even government functions so that they do not feel unnecessary and neglected. May the lives of our elders be truly enjoyable, peaceful and sweet memories. Don't put a strain on your family and society and feel negligent. It should be remembered that one day all newcomers will have to experience old age. Today, we hope that families, societies and nations will regain their dignity in all situations by fulfilling their responsibilities and obligations for the benefit of the elderly, without considering them as a burden.

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