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Mala Kapur Shankardass

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From Editor

Population over 60 years is doubling rapidly in almost all regions of the world. This pace of population ageing is unprecedented and by now or in the coming decade in many countries as per UN data the number of people aged 60 years and older will outnumber children younger than 5 years. This demographic shift occurring at different pace and with varied intensity in the regions of Africa, Asia and Europe, forms the background of the articles in this issue of the Journal. The different countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic transition. Some of these concerns are reflected in this special issue on old age bringing international perspectives related to theory and practice together.

In the articles included here by various experts contributing from different countries from the various regions of the world, namely Africa, Asia, and Europe the focus is on the need to designing active ageing policies on the one hand which is clearly stated by Marvin Formosa from Malta in his article here, and on the other facing the inevitability of one's death as pointed out by Marcin Muszyński , Arkadiusz Wąsiński & Artur Fabiś from Poland , to discussing adult literacy programs and the use of technology in which Saadia Amjad & Samina Rafique from Pakistan bring emphasis on for the wellbeing of older persons and at the same time as Isaac Kabelenga comments on the accusations on older people for the practice of witchcraft in Zambia which greatly undermines their status in families and communities. While the consequences of such abuse in certain parts of Africa and elsewhere too are harmful to the dignity of older men and women but there are also instances in certain parts of the world as stated by Natasa Todorovic , Milutin Vracevic, Dejana Stanisavljevic & Natasa Milic from Serbia in their article in this issue on intergenerational solidarity indicating respect to older people.

Ageing brings various changes in the lives of older people and at times towards their later years both older men and women need institutional care. In some societies

there are emerging different options for housing the aged and one of the options which is getting popular in ageing societies is the concept of senior living communities as pointed out by Anupriyo Mallick in his article on India included in this issue. Living arrangements of older people are of much discussion in recent times especially in terms of the need for long term care which is making heavy demand on governments to provide for in all ageing countries. As Kim Mee Hye, an expert from Korea comments in her article presented here we need to review long term care policies quite critically. A big emerging concern in ageing societies is the growing incidence of elder abuse both in family and institutional settings. Are our societies ready to combat the problem of elder abuse is a big question mark and one of the solutions seems to be to have robust retirement policies which safe guard the interests of older people. As an expert from Japan Masa Higo indicates in this issue retirement reforms is a must for ageing societies in order to cope with changing needs of the society. It is observed in various contexts that life satisfaction issues are pivotal for the wellbeing of older people. But in many instances there are problems in achieving this. In their article Işıl Kalaycı and Metin Özkul from Turkey bring focus to this crucial issue which requires thinking especially with regard to the impact of various social processes such as urbanization, industrialization, migration and other aspects of social change affecting ageing societies and having diverse consequences on the lives of older people. In discussing changes affecting societies we are in current scenario impacted by COVID 19 which is causing havoc with lives of people all over the world and older people are most vulnerable to this pandemic. In this issue the last two articles one by Sam Togba Slewion from Liberia and another by Chandrakala Diyali from India reflect on this concern from different perspectives providing an interesting theoretical and empirical understanding to the phenomena. All the articles included in this issue of the Journal enrich us with varied perspectives, concerns focusing on different challenges and responses to old age.

Old age is now an experience which many in different countries go through unlike it was few decades back and especially in parts of Africa and Asia. People all over are living longer with life expectancy steadily increasing in all regions. In fact in many parts of the world people are living beyond 80s and 90s and healthier than in the past. In parts of Asia in particular the time taken for population ageing is much shorter than that in countries of Europe. Consequently there is less preparation for people and governments to plan for old age in many developing countries and specifically in the Asian region as much as it is in Latin and South American countries. While there are many challenges to face as populations age there are also numerous opportunities available to those living longer and for governments to plan for this fast emerging resource. Additional years bring longer chances for employment, pursuing social and economic activities, using opportunities for further learning and engaging in desirable activities at the individual level as well as in families and communities. While it is true that older people can be a useful societal resource, an important precondition lies in their health. Thus active ageing policies are both conducive for individuals and

for societies in the long run. Governments must plan for the health of their citizens in young and old age as well as reduce disability by not only tackling it at the individual level but by also creating enabling environments in the society. Supportive mechanisms become important for people at all ages but more so in later years when certain socioeconomic and health related vulnerabilities may set in.

Old age means different things to people and there are many variations in what people feel is part of their later years. While individuals can prepare and manage their old age to some extent a lot depends on societal responses, reactions, and socioeconomic challenges accompanying the experience. It becomes important for governments to have policies and programs which enable people at all ages to have quality of life and be protected from abusive environments. A pertinent concern relates to be able to cope with life transitions whether it relates to retirement, socioeconomic changes in life situations, relocation from places, positions and engagements, and adjust to new environments be it age related or adapting to psychosocial circumstances. Certain developments in most ageing countries relating to emergence of lifelong learning, establishment of retirement communities, provision for long term care facilities, technological aids, protection against elder abuse, preparation for later life health and social crises and end of life care, improving intergenerational solidarity, providing social security, improving coping mechanisms and much more are all part of facing old age related matters.

This edition of the journal on old age touches on some of the concerns highlighted above by providing international perspectives considering different theoretical and empirical discourses prevailing in various countries getting across culturally and geographically outlined practices. This edition of the journal also has 2 reviews of books recently published which contribute towards enhancing our knowledge on old age issues from a contemporary international perspective. Besides the above mentioned articles there is also one relevant Report related to innovative forms of activation and education of seniors in Poland. This is an example of new trends seen in current scenario of ageing societies for the welfare of older people. Hope you will enjoy reading this issue as much as I gained by putting it all together for wider readership.

Mala Kapur Shankardass[1]

1 Assoc. Professor, University of Delhi, India; Asia Representative, International Network for Prevention of Elder Abuse (INPEA). Sociologist, Gerontologist and Health Social Scientist. E-mail: mkshankardass@gmail.com

ARTICLES

Marvin Formosa[1]

Activity theory as a foundation for active ageing policy: the Maltese experience

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Abstract
Reflecting upon the possibility of value-free policy that is unfettered from any epistemic morals, this article focuses on the overt and covert influences involved in the choice of the Maltese government to hinge ageing policy on activity theory. The influence of activity theory on international and national ageing policies reached unprecedented heights as the World Health Organization, United Nations Economic Commission for Europe and European Union all began championing the concept of active ageing as the foundation for ageing policy in their respective member organisations. An Active Ageing Index was also developed to quantify the extent to which older persons can realise their potential for active ageing lifestyles. Malta also supported such a policy ethos and in November 2013 the Maltese government launched the *National Strategic Policy for Active Ageing: Malta 2014–2020*. While this strategic policy was successful in enabling higher rates of employment, social participation, and independent living amongst persons aged 60-plus, at the same time it overlooked the heterogeneity of older persons in terms of socio-economic status, gender, ethnicity, sexuality, disability. The possibility that active ageing lifestyles are stifled by older persons' experiences of ageism and age discrimination was also overlooked. It is augured that the second *National Strategic Policy* for active ageing policy in Malta, targeting the years 2021–2027, mitigates against such lacunae by employing a more democratic understanding of activity theory and active ageing ideals.

1 PhD., Department of Gerontology and Dementia Studies, Faculty of Social Wellbeing, University of Malta, Msida MSD 2080, Malta, marvin.formosa@um.edu.mt

Introduction

Max Weber's (1949) advocacy of a value-free policy that is unfettered from any epistemic morals has been subjected to widespread criticism in the second half of the past century. Critics argue that the contrary is really the case and that for public policy to be socially relevant it needs to become consciously value-relevant and not value-free (Gray, 1983). Social planners, the argument continues, cannot analyse the effects of social structure and change in an ethically-neutral context if their recommendations are to be relevant for the vulnerable members of society. Ageing policy is no exception to such debate and one finds much discussion as whether there can be such a thing as purely empirical ageing policy that is divorced from philosophical and analytical underpinnings (Pierce & Timonen, 2010). Many argue to the contrary, and point out that theories influence policy makers "to systemize what is known, explain the how and why behind the what of our data, and change the existing order to solve problems" (Bengston et al, 2009: 3). In fact. contrary to the erroneous belief that theories are the sole prerogative of academics the whole oeuvre of public policy is always hinged on some hypothetical stance. Admittedly, such ideological pivoting is never explicit, especially since the hegemony of 'third way' politics in the 1990s. Yet, a socio-historical analysis of welfare policies for older persons have always uncovered a strong overlap between the dominant theory of ageing of the day and the character of public policy on ageing (Pierce & Timonen, 2010). For instance, the predominant role theory in the 1940s was founded on the conjecture that inactivity is normal in later life and had a negative impact on older persons' social and psychological well-being. As a result, the prevalent social policy of the post-war years was to encourage older persons to either maintain their existing activities or replace the ones that they had lost with new ones.

This article focuses on the overt and covert influences involved in the choice of the Maltese government to hinge ageing policy on activity theory. It argues that the management of ageing policy in Malta is neither the result of coincidence nor chance but based upon policy makers' awareness of the promising potential of active citizens to continue participating in social, productive, and cultural affairs which are all highly beneficial to economic growth. However, all that glitters is not gold and the adulation of active ageing may also be counterproductive and ultimately oppressive. This is because idealisms of active ageing risk ignoring the real physical and mental abilities and limitations of people's bodies, by imposing oppressive normative standards which could result in some groups, such as frail older persons for example, to experience social exclusion and marginalisation.

Activity theory: Origins and development

The activity theory of ageing was developed as a psychosocial theory to describe the individual and social life conditions that promote a maximum of satisfaction and

happiness while individuals adapt to the multiple challenges of ageing. It claimed that the needs of older persons were essentially the same as those of middle-aged people, and thus, suggested that the optimally ageing person is one who remains engaged with the social world by maintaining the activities of middle age as long as possible (Versey, 2015). Activity theory made contradictory statements to disengagement theory which promulgated a gradual detachment from social roles in later life as an individual's natural and adaptive response to ageing (Cumming & Henry, 1961), although it is noteworthy that activity theory does not reject that some form of disengagement can occur with advancing age. Indeed, activity theory regards any possible detachment as a product of society's disinvestment on older adults rather than a manifestation of ones' needs and wishes. Havighurst, Neugarten and Tobin (1968) summed up the main premise of activity theory in the following terms:

> The older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his [sic] social world. He [sic] maintains the activities of middle age as long as possible and then finds substitutes for those activities he [sic] is forced to relinquish: substitutes for work when he [sic] is forced to retire; substitutes for friends and loved ones who he [sic] loses by death.
>
> Havighurst, Neugarten and Tobin, 1968, p. 161

Activity theory therefore gravitates around four core concepts – namely, activity, equilibrium or homeostasis, adjustment to role loss, and life satisfaction (Havighurst 1961). The 'activity' concept was perceived as having such an important relation with the personal adjustment of people who were more mentally, physically, and socially active. This concept implicitly assumes the idea that an individual should maintain the level of activity kept in middle-age and that the pattern of activities must be preserved with minimum downward adjustment. Those activity patterns are meant to fill the older person's needs, which is being kept the same since middle-age call for the maintenance of the 'equilibrium or homeostasis' conquered at that life stage. Moreover, it is believed that the absconding of roles following and during the transition to later life leads to possible experiences of isolation, depression, lower life satisfaction, and lower self-esteem. According to activity theory, lost roles and activities in later life should be replaced by other activities on the premise that interaction with others are a central feature in the sustaining of social serves and identities during the life course. Finally, it was theorised that participating in social activities leads actors to experience a sense of zest, enthusiasm, accomplishment, self-esteem, and optimism. Indeed, life satisfaction consists in a key indicator of psychological adaptation and wellbeing in later life, whereby the maintenance of activity in older age is motivated by the need to keep a socially supported self-structure that would bring about higher levels of wellbeing and quality of life.

In due course, the 1970s witnessed a renewal of activity theory. For instance, Lemon and colleagues (1972) moulded it in a symbolic interactionist theory to argue

that the maintenance of activity in later life is motivated by the need to keep a socially supportive self-structure that would allow life satisfaction. Such a mechanism would consist in preserving activity by replacing lost roles that would maintain role support and, in turn, would improve self-esteem. Lemon and colleagues' thesis also posited that activities can be designated to three categories – namely, informal, formal, or solitary:

> Formal activity refers to participation in social or formal voluntary organizations. Informal activity describes interpersonal interaction with friends, relatives, or members of a community. Finally, solitary activity includes pursuits that can be done alone, such as listening to the radio, watching television, or certain hobbies.
>
> Versey, 2015, p. 11

For Lemon and colleagues (1972), while solitary activity provides the least opportunity for role support, informal activity possesses the greatest opportunity for social integration due to the intimate nature of interpersonal activity with relatives, friends and acquaintances. Hence, informal activity constitutes the most useful resource in mitigating against the challenges brought on by one's transition into later life.

Activity theory is not without is critics. While it proposes that maintaining activities helps to 'extend' middle age, therefore delaying the ageing process or the adverse outcomes of growing old, some argued that this statement remains unproven (Bengtson et al. 2009). In fact, many people have no desire or interest to sustain a high level of activity or the attitudes of middle age as they enter and settle in later life, and may not want to replace some of the activities that they have lost. Although Havighurst (1961) put forward a number of assumptions about the relationships between personality and successful aging, activity theory disregards several factors, such as personality traits and lifestyle, which influence the relationship between activity and life satisfaction. Life satisfaction among older people is dependent not only on the amount but also on the type of activities in which they are involved (Harris, 2003). Moreover, contrary to Lemon and colleagues' (1972) assumptions, research concluded that the type of activity alone is not a significant mediator in the relationship between activity and life satisfaction and one needs to pay attention to the meaning attached to it (Memec, 2003). For instance, in a study of older adults and solitary activity, solitude was a major part of later life. However, this facet of daily life was not always experienced as a negative experience, and most older persons did not agree that being alone is always emotionally harmful. Critics pointed out that this free time was channelled into challenging yet enjoyable activities such as reading, crossword puzzles and walking. As Versey (2015) argued, additional research found that the link between activities and life satisfaction includes a number of mediating factors such as accessibility of activities, levels of commitment, freedom of choice, and quality of the activities. It is only when such conditions are met that engagement in activities is likely to create meaning, life satisfaction and sustained participation. Finally, critics claimed that activity theory tends to overlook health status (e.g. physical or cognitive decline), economic-related

inequalities, and diversity issues (such as gender, ethnicity, location of residence, disability and sexuality among others) that may function exclude older adults from engaging in certain activities of their choice and preference (Formosa & Cassar, 2019).

Ageing policy in Malta

The number of national and international policy documents making a reference to activity theory is extraordinary. The Older American Act (1965) is a paradigmatic example of how activity theory influenced an extended spectrum of programmes for older persons aiming to promote an independent ageing in the community. A similar degree of influence is found in the White House Conference on Aging (1961) which stressed the obligation and fundamental right of older persons to remain 'useful' through participation activities, civic affairs, and employment. More recently, activity theory played a pivotal role in the World Health Organization's (2002) recommendations for a positive and healthy old age:

> If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. The World Health Organization has adopted the term 'active ageing' to express the process for achieving this vision. Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.
>
> World Health Organization, 2002, p. 6

The influence of activity theory on ageing policy reached unprecedented heights as the United Nations Economic Commission for Europe (UNECE) and the European Commission's directorate General for Employment, Social Affairs and Inclusion developed the Active Ageing Index to quantify the extent to which older persons can realise their potential in three distinct domains that determine their experience of healthy and active ageing – namely, employment, social participation and independent living (Zaidi, 2020). Such a project was highly consequential for UNECE countries, which also include transcontinental Eurasian countries and non-European Member States, to formulate their national ageing policy according to the overlapping interface between activity theory and active ageing. Malta also supported such a policy ethos and in November 2013 the its government launched the *National Strategic Policy for Active Ageing: Malta 2014–2020* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013). Herein, active ageing refers to enabling the expanding population to remain healthy (reducing the burden of health and social care systems), stay in employment longer (reducing longer pension costs), whilst also fully participating in community and political processes. The implementation of the

National Strategic Policy was not simply contented with the location of technocratic solutions, but remains unyielding in its quest to contribute towards a fairer society, one that is based on the principles of social justice. Indeed, the *National Strategic Policy* is underpinned on three key values. First, that Malta is truly transformed into a 'society for all ages', one that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all. The value of 'intergenerational equity' constitutes a second unfailing dimension. Ageing policy in a democratic society champions equal respect, equivalent opportunities, and comparable living standards between different generations. It is important that policies on active ageing communicate the dimensions of respect and what citizens, as opposed to government and policy experts, regard as the rights appropriate to different stages of life. A final emphasis present in the *National Strategic Policy* is empowerment, as it demonstrates a commitment to renew public policies on ageing so as to revolve around the needs and wishes of the older population.

The *National Strategic Policy* sought to improve the quality of life and wellbeing of Maltese older persons through policy work in three distinct areas – namely, employment, social participation, and independent living:

Employment. The policy framework warrants that contemporary economic policies contribute towards promising levels of older workers, whilst enabling persons above statutory retirement age who desire to continue working to achieve their objective. These objectives are necessary so that societal economies mitigate against falling levels of working age populations and the impact that this has on dependency ratios and skills shortages, facilitating the reduction of potential future poverty amongst older persons through early exits from the labour force, and supporting the potential of older workers to play an important part in delivering future economic growth. In this respect, it offered the following policy recommendations: continuing vocational education and training for older adults; improvements in healthy working conditions, age management techniques, and employment services for older workers; taking a stand against ageism and age discrimination; and a tax/benefits system.

Social participation. It is well-documented that individual aspirations alone are not enough to sustain participative lifestyles. The determination of older adults for optimal levels of social engagement will always encounter **a** range of structural barriers, difficulties that may result in unwelcome experiences of material and social exclusion. In this respect, the policy offered the following policy recommendations to augment the levels of social participation in later life in Malta: ensuring an adequate and sustainable income for all older persons; providing adequate financial and social resources for older persons to live in dignity and participate in society; developing and implementing national programmes to involve older people as volunteers; supporting Local Councils in taking a leading role in the provision and coordination of late-life learning initiatives in their community; and initiating a digital inclusion programme.

Independent living. The strategic policy underlines that society should not be content solely with a remarkable increased life expectancy, but must also strive to extend healthy life years. Strengthening measures of health promotion, care and protection, as well as disease and injury prevention at all ages enables more older persons to lower their probability of illness and disability, whilst aiding them to ensure high physical and mental functioning that fosters independent living. This in turn entails the opportunity to live in age-friendly and accessible housing and local communities that are sensitive to the needs and services sought by older individuals, and that provide accessible transportation to enable participation in activities of independent living. Indeed, active ageing is not in conflict with the reality of increasing medical burden with advancing life. Rather, it calls for maximising older individuals' autonomy and participation to the highest possible extent whether residing in the community or in care homes.

From accomplishments …

The choice of the Maltese government to base the country's national ageing policy on activity theory resulted in a number of services aimed at enabling older persons age-in-place as long as possible. Most importantly perhaps, constituted the various efforts on behalf of the government to strengthen the presence of older workers and adults in the labour market. Publicity campaigns to promote active ageing have been carried out on various media such as radio and street billboards. These campaigns have promoted the qualities of older workers among employers, and tried to encourage older workers to improve their employability through lifelong learning. Government budgets included two measures meant to attract older people to the labour market. The most significant measure was the change in the legislation so that workers of pensionable age would be able to continue working without losing their pension entitlements, irrespective of the amount they earn. Although collective agreements in Malta tend not to focus specifically on older workers, there exists some industrial relations practices, often based on the Maltese employment legal framework, that assist older workers to remain employed. For instance, the last-in first-out practice is advantageous for older workers. The 'Temporary Agency Workers Regulations' served to enable older people join or remain further in the labour market, albeit on temporary contracts. As regards the training and re-skilling of older workers, the Employment and Training Corporation developed successful schemes which subsidized the employment of persons aged 40 and above. The *Employment Aid Programme*, to mention one scheme, sought to facilitate access to employment for several disadvantaged social groups by giving financial assistance to those employing them.

Other policy initiatives at the forefront of the government's attempts to improve the levels of active ageing in Malta included the transformation of Day Centres for Older Persons into Active Ageing Hubs that fulfil the role of 'lifelong learning hubs'.

Parallel to such learning activities there also exists nationwide learning modules on information and communication technology for persons aged 60-plus in a number of e-learning centres. Moreover, Active Ageing Hubs now include Representative Committees which are functioning to enable older persons run and coordinate such organisations. Pre-retirement learning programmes are also being run on a nationwide scale. At the same time, community welfare services range from the handyman service provides older persons living in the community complimentary repair jobs to the incontinence service provides diapers at heavily subsidised prices. Night-shelters offer older persons who live alone a secure and protective environment to spend the night in, and the respite service targets families who take care of their elder relatives at home by providing three weeks of care service in **a** care home for older persons. Other services include the Telecare Plus service which enables subscribers to call for assistance when required, the Home Help service which offers non-nursing personal assistance and light domestic work, the Meals-on-Wheels service which supports older persons who are unable to prepare their meals, and the Live-in Carer service which provides financial support to older persons who employ a full-time carer of their choice to assist them in their daily needs. Domiciliary health services include a mobile interdisciplinary team made up of administrative staff, nurses, occupational therapists, podiatrists, personal caregivers, physiotherapists, social workers and dentists.

Fully aware that the human rights to be active in later life need to safeguarded, the government also enacted a number of policy developments as far as legislation on elder abuse is concerned. In addition to establishing the Office for the Commissioner for Older Persons, it introduced new forms of deterrent measures in the Maltese Criminal Code which include innovative concepts to ensure maximum protection for older persons, even from relatives. This legislation in fact allows the possibility that persons convicted of crimes where older persons are victims will be liable for damages upon sentencing – thus, eliminating the need for older persons to pursue the perpetrator for damages through civil law. Another ongoing measure is the ratification of a *Protection of Vulnerable and Older Persons Act* which will make possible a preventive, ameliorative, remedial, and punitive role for the justice system so that the human rights of vulnerable citizens are also catered for.

Finally, the publicity surrounding the concept of active ageing also resulted in a higher uptake in applicants to read for a graduate programme in either gerontology, geriatrics or dementia studies run by the Department of Gerontology and Dementia Studies at the University of Malta. This department was also instrumental in accessing funds from the European Union to provide a 28-hour intensive training program on dementia management and care for all nurses working in public care homes for older persons and geriatric settings. Last but not least, while the University of Malta coordinates a vibrant University for the Third Age, which includes around 800 members and operates in seven centres, in 2019 it launched the first University of the Fourth Age. Malta has indeed taken a leading role on the conceptualisation and documen-

tation of active ageing initiatives in care homes for older persons and with persons with dementia; thus ensuring that no older persons is left behind as far as the possible participation in active ageing initiatives are concerned (Formosa, 2019).

... to shortcomings

In its compulsive drive to hinge ageing policy on the premises of activity theory, the *National Strategic Policy* overlooks the heterogeneity of older persons in terms of socio-economic status, gender, ethnicity, and sexuality. At the outset, there requires a serious discussion of the intersection between economic capital and gender within such a social policy framework. While in the past opportunities for social engagement in later life were quasi complimentary, as they revolved around the family and religious activities, in contemporary times most social activities are consumerist in nature. As a result, there is a strong correlation between engagement in active ageing and financial capital whereby older persons who experience risk-of-poverty lifestyles are less likely and able to join their peers in leisurely and meaningful activities. The different life course experiences of men and women also have an impact on the ability to engage in active ageing. Although women are in greater numbers among the older population, especially in the group of old-old, and despite the fact that women face unique challenges in later life, such as higher rates of poverty and lack of caregiver network, such unique challenges are not specifically addressed in the *National Strategic Policy*. As Calasanti (2003 : 202) argued, active ageing is geared towards "middle-class whites with sizable pensions and large automobiles… marked by 'compulsive tidy loans' and populated by 'tanned' golfers' … attained only by men whose race and class make them most likely to afford it". Indeed, one can add that the *National Strategic Policy* is elusive as how older persons form minority ethnic groups might differ in patterns of active ageing when compared to average Maltese citizens. Such differences will become of increasing importance in the foreseeable future now that an increasing percentage of the residents in Malta are not Maltese. Undoubtedly, local policies should ensure a common analysis and vision on long-term care that traverse ethnic statuses, one that supports the development of fair solutions to improve the wellbeing and dignity of all, irrespective of one's ethnicity. Similarly, one notes a lack of attention on the daily lives and unique needs of non-heterosexual older persons. Current discourse on older people's needs and citizenship is framed by a heteronormative perspective which marginalises older persons from the lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LBTIQ) community. Most centrally, the 'invisibility' of older lesbians and gay men at ageing policy in Malta means that such people face high risks of exclusion. While the onset of later life raises the possibility for social exclusion irrespective of one's sexuality, being old *and* lesbian or gay compounds this possibility, leading to double and triple jeopardies whereby lesbians and gays face age, sexist and sexual forms of discrimination.

In its inclination to overcome the deficit model of old age, the *National Strategic Policy* joined the coalition that sings the praise of the 'new elderly' by celebrating their virtues and resources. This positive stance characterises, more or less, much of mainstream gerontology, which van Dyk (2014) termed as 'Happy Gerontology' due to its efforts to promote positive views on old age by overlooking physical and cognitive frailty, as well as ageism, while at the same time stressing the continuities between midlife and independent/active later life. On one hand, active ageing in Malta tends to emphasise physical activity at the expense of mental capacity, and thus, over idealise a particular model of ageing. Indeed, both objective and subjective expectations for active ageing are typically framed from 'youthful' and 'middle-aged' standpoints which are certainly not always congruent with the lifeworld of older persons. Political discourse on active ageing tends to be hinged upon the 'successful ageing' paradigm, a viewpoint which fails to acknowledge the "cumulative disadvantages, status divisions and life chances that marginalize and devalue the lives of older people" (Katz, 2013, p. 61), and hence, renders the presence of physical and cognitive frailty as a *persona non grata*. The *National Strategic Policy* focuses its energy and efforts on celebrating and propagating the so-called 'third-age lifestyle' at the expense of older and more defenceless people in the fourth age. Active ageing policy in Malta does not aim for a general revaluation of old age but rather an attempt to liberate healthy retirees from negative age-stereotypes whereby older persons who are dependent on care or suffer from dementia or severe chronic disease have no place in active ageing policy. On the other hand, the possibility for active ageing lifestyles in later life is stifled by ageism as older persons experience high levels of age-related social exclusion – such as when younger people either address older persons in benevolent-yet-patronizing 'baby talk' and exaggeratedly slow and loud over-accommodation, or practice forms of physical and psychological distancing. Ageism may also lead to outright age discrimination, especially in employment circles, when older job applicants are rated less positively than younger ones even when they are similarly qualified. Since ageism induces ageing persons to hold ageist attitudes towards themselves and same-aged peers, many older adults consider 'being old' an undesirable category. This is evidenced by acts of 'internalised microaggression' such as when either older persons rationalise unfair assessments from others by apologising for their slowness, or when older public speakers engage in age blaming by drawing attention to their perceived deficits due to ageing. Such internalised ageism may also result in self-exclusion from engaging with other social groups in community events if older persons perceive themselves to be 'too-old', and if they are anxious that the social interaction with friends and acquaintances will be difficult, discriminatory, or even lead to immediate misunderstandings or rejection (Swift et al., 2017).

Conclusion

Although the concepts of the active theory as a basis for an active ageing policy are still relatively new in Malta, one can already observe a degree of improvement in

the quality of life and wellbeing of older persons. For instance, one notes consistent improvements in the Active Ageing Index for Malta to the extent that the United Nations Economic Commission for Europe & European Commission (2019, p. 12) concluded that "even though Sweden is the country with the highest score in all years, Malta is the country undergoing the sharpest increase between 2010 and 2018, with the growth of 7.1 points". However, this is not the same as saying that all is well within this paradigm shift. There are too many fragmented actions, and one still to find the right balance between the triumvirate of employment, social participation and independent living. At the same time, the passion for an active lifestyle in late life was extensively steeped in a homogenous view of older persons that neglected the wide-ranging diversity within such a population cohort. It is augured that the second *National Strategic Policy* for active ageing policy in Malta which will be targeting the years 2021–2027 mitigates against such lacunae by employing a more democratic understanding of activity theory and active ageing ideals.

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Marcin Muszyński[1],
Arkadiusz Wąsiński[2],
Artur Fabiś[3]

Confrontation with inevitability of one's death. The perspective of senior learners

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Abstract
The paper is the first of three publications which will address the problem of existential concerns explored from the perspective of seniors. The common feature of these papers is the attempt to investigate this phenomenon be means of qualitative research conducted among seniors. We believe that seniors in their late adulthood or old age are more deeply aware of the approaching death, what motivates them to reflect on the fragile and finite nature of human existence and the meaning of their lives. As they face challenging thoughts and sense that these thoughts focus on the most fundamental existential problem, they try to respond to it and formulate individual solutions. This is very interesting for researchers because the reality studied is in this case recognized as it is being formed, *in statu nascendi*. The dynamics of this process is connected with the way seniors experience themselves as they cope with their existential concerns on daily basis. With every new experience, they may arrive at different conclusions or confirm that their present way of thinking and evaluating life is the right one. The purpose of presenting diverse research reflections in the papers is not to verify again an again the results obtained previously in other samples but rather to grasp the complex picture which shows the ways seniors approach life and death, understand their existential concerns and their importance in life as well as the mechanisms they use to buffer existential fear in different circumstances. The publications present different research strategies including analyses of materials obtained as short written statements, unstructured interviews and survey questionnaires.
As part of theoretical introduction to the research problem, this papers presents reflections on the main aspects of finiteness of human existence, set in the interdisciplinary sci-

1 PhD., University of Lodz, Poland, marcin.muszynski@now.uni.lodz.pl
2 Prof., University of Lodz, Poland, arkadiusz.wasinski@now.uni.lodz.pl
3 Prof., Pedagogical University of Krakow, Poland, artur.fabis@up.krakow.pl

entific discourse. A special emphasis in the discussion is put on the self-reflective context of confrontation with the anticipated, inevitable death in the light of the essence of human existence recognized as an autotelic value. The research section focuses on exploring how do seniors approach the phenomenon of transience of life and inevitability of death. The research material was obtained in the form of short statements written by seniors as answers to open ended questions. As a result of the analysis, a quite complex catalogue was created of responses of seniors to the inevitability of death – from acceptance of one's own death to suppression of the death-related thoughts. The analysis also resulted in the typology of five approaches towards death, presented by the seniors. The names of these categories are, in our opinion, symbolic and include: stoic, worldview-based, existential, anxiety-based and avoidance approach.

Introduction

The awareness of the inevitability of death, viewed as anticipating the end of life, is the awareness that everything what constitutes each dimension of human existence will eventually cease to be. Philosophical anthropology treats it as dramatic announcement of helplessness in the face of the end of one's own existence (Marcel 2005; Tischner 2002; Buber 2000). Human helplessness against the mystery of death causes existential fear of that what is unknown and at the same time unchangeable.

The awareness of death evokes fear of the end of one's life, which not only means loosing everything what constitutes the material world and every person forming the world of social relationships of an individual. It also means loosing oneself in biological, psychical and spiritual dimension. In this context, death awareness is the source of drama of human existence. It leads to a belief that death cuts off all possibilities to act and prevents all forms of agency in one's life (Wąsiński, Górniok-Naglik 2018).

Thus, this drama is recognized in helplessness against both the course of events in the social reality during and after death, and loosing self-awareness, the existence of *the self*. There is no way to fix anything, apologize or change one's thinking or behavior. Everything is impossible because all self-creative activities which lead to personal transformation assume the presence of another person (Tischner 2012). But death deprives of possibility to interact with anyone (Fabiś 2018).

The source death anxiety is associated with even deeper dimension of the human existence drama. It is not only fear of the void identified with idle existence in the infinity as then there is still the awareness of own being. It is the fear of extermination which means a definite end of individual existence, an actual and final non-existence. The only way to respond to this drama constructively is with individual conviction of how much one has been able to realize their humanity through personal self-creation (Wąsiński 2016a). The power of self-creation in the face of the realized drama of own existence is revealed in intentional agency towards oneself, identified with reaching personal maturity.

Existential drama experienced on the grounds of the realized inevitability of one's own death takes place in at least three layers of human inner struggles: a) meaningless-

ness of life in the perspective of approaching death, b) meaninglessness of own death understood as stepping into the void of non-existence (non-being), c) meaninglessness of hope for continued existing after death (Marcel 2005; Frankl 2014; Tischner 2000).

Everything people use to express themselves, what is their somehow implemented potentialities is connected with the fact of their existence in a given place and time and their engagement in the self-creative work on self (Wąsiński 2018). And while it is possible to picture what dying is, using the categories offered by different sciences like biology, medicine, psychology, sociology, andragogy or even what death itself is from the philosophical or theological perspective, it is impossible to approach non-existence empirically. The lack od rational justification of existence after death causes fear of entering the greatest mystery of human life – the mystery of non-existence. For people in their early and late old age, this fact generates a dominant attitude of avoiding thinking about passing and situations which stimulate reflections on their own death, of suppressing thoughts which lead to deep reflections. The courage to confront one's own finiteness is a rare treat (Fabiś 2018).

Reflection upon one's own mortality is about grasping the meanings assigned to life recognized in the perspective of increasingly more likely moment of death and the meaning of life in the context of the imagined non-existence. From the geragogy perspective, confrontation with the inevitable death in the old age is an important area of scientific investigations and reflections. Individual preparation to intellectual and spiritual confrontation with the inevitability of one's own death may provide the grounds to accept own mortality in the late old age (Erikson 1982) and stimulate gerotranscendence (Tornstam 2005). Finally, such attitude fits into the concepts of wisdom (Kunzman, Baltes 2005; Sternberg 2003).

In this context, distribution of opinions of Poles regarding their attitude towards faith in God and religiousness is not without significance. Faith in God who can breathe the eternal life into a person is something that may help to overcome fear of death and give it timeless, metaphysical sense. According to data by the Central Statistical Office, the majority of adult Poles shape their attitude towards death based on religion. At present, as much as 81% of Poles aged 16 and more declare they believe in God and are members of mainly Catholic church but also other christian denominations (GUS 2018). This translates into the perception of death phenomenon – two thirds of Poles are convinced that death is not the end of everything in human life but rather a transition to another dimension (CBOS 2005). A report by the Central Statistical Office also confirms the known regularity that of all age groups, seniors aged 75 and more are the most engaged in thinking about death (CBOS 2019).

Existential aspect of confrontation with inevitability of one's death

Reflection on the fragile and finite nature of human existence revolves around the inevitability of death. At first, it is a distanced confrontation with the death of other, a stranger, then the experience of death involves the loss of the loved ones and finally, one has to face one's own finiteness. Being powerless against own passing is connected with realizing that death is inevitable and probably the only certain element in the biography of every person and, therefore, it seems it should be the object of reflection. Regardless of the whole spectrum of individual and socio-cultural factors which differentiate the conditions and the quality of life of every human, one thing does not change and is undeniable – at some point their life will end. People experience the fragility and finiteness of their existence by participating in the inevitable: death of others – total strangers and loved ones and experiencing own ageing, gradual loss of vital powers and fitness, struggles with illnesses and anxiety about the ultimate end of life.

Transience of life is what gives it its dynamics and uniqueness (Yalom 1980). As they experience their own transience, individuals feel inner tension between the need of agency in their life and helplessness in the face of the finiteness of their existence (Fabiś 2018). This tension reveals two poles in experiencing life. On the one hand, people strive to become more and more aware agents who manage their lives and feel responsible for the quality of personal self-creation (Wąsiński 2016b). Life is then treated as existential challenge which is constantly renewed at different stages of adulthood. This challenge is voluntarily tackled through self-actualization and self-transcendence (Maslow 1999; Frankl 2014; Manenti 2003; Tarnowski 2007; Tornstam 1994). On the other hand, in their self-actualization efforts people experience that their agency is limited. They realize this when confronted with their helplessness against the uncertainty of their fate. Despite the strive to identify existentially important values and give meaning to their own choices, decisions and actions, confronted with death, individuals become convinced about their insufficiency (Frankl 2009; Yalom 1980).

Helplessness against one's own mortality is a common element in every historical era, cultural circle, socio-philosophical and religious system and every individual strategy of reaching personal maturity through self-creation (Becker 1974). In this context, it can be said that people live in the "shadow" of their own anticipated death. The transient nature of life is identified with entering the subsequent stages of individual development, identified during childhood, adolescence, adulthood and old age (and later, old old age) and encourages self-reflection on the value and meaning of life lived in the light of one's own biography (Dubas 2013; Fabiś, Wąsiński, Tomczyk 2017; Wąsiński 2018). Biographical perspective is understood as an in-depth intellectual experience of the self, which brings one closer to the fact of the inevitability of death in the lifelong perspective. Thanks to self-reflective referring to one's finiteness, the vision of the inevitable death is lived through not only in the old age but also at earlier developmental stages. This makes death the integral element of life, important

for shaping the attitude towards self, other people, the world and one's own place in it, the choices made and acts that set the direction of individual biographical path.

The ability to reflect on the fragility and finiteness of existence deepens individual awareness of existential dilemmas which are irremovable and, at the same time, the awareness of the necessity of existing which involves overcoming the inner struggle between *have to exist* and *be able to exist* (Uchnast, 1987). In this context, the phenomenon of personal being is revealed. Pascal (1921) associated it with the noble character of human existence and V. Frankl with human ability to self-transcend (1971).

Human existence understood as consciously experienced existence is never automatic, it does not happen by itself. It requires lifelong efforts of personal self-creation during which this *being able to exist* is realized (Wąsiński 2018). It is likely the greatest challenge in human life. It should be emphasized that it is also the most poignant experience of existential loneliness as every individual has to face it alone. I. Yalom (1980) identifies existential loneliness with the experience that extends far wider than simple social loneliness. It is expressed in the fact that every individual gets to live their own life and experience their own death. No one can do it for them. Every individual sets their own unique path of becoming in their humanity, of reaching personal maturity and existential fulfilment.

Research into fear of death or studies that consider fear of death as one of the variables are not common in Poland (Makselon 1983; Matuszewski 2002; Sękowski 2019), and these which have focused on older people are extremely rare. The existing investigation in the senior population are focused on elderly using out-patient services (Łukomska, Wachowska 2008) and University of the Third Age students (Fabiś 2018; Deręgowska 2014).

The subject matter literature suggests that activity, including educational activity, may be a serious inhibitor of reflection on finiteness (Tornstam 2005). Therefore, it seems justified to investigate seniors who are active learners. In case of Poland, U3As are the places where educationally active seniors meet. The authors were interested what do active and educated individuals think about death or if they do think about it at all. How do they view death.

Methods

The study is part of a bigger research project the focus of which are buffers mitigating fear of death. The project has been implemented using mixed methods which include qualitative and quantitative data analyses. The exploratory sequential design was used (Creswell 2013). The paper presents only partial results from the first stage of the research which is the base for further investigations.

Respondents' statements regarding finiteness of their existence were investigated. The main purpose of the study was to identify thoughts, emotions and behaviors that referred to passing and death. The following research problems were identified: What thoughts, emotions and behaviors referring to the inevitability of one's own death are

present in the respondents' narratives? What thoughts, emotions and behaviors are stirred by the awareness of the inevitability of one's own death? What meaning do the respondents assign to them?

The research material was collected using the technique of studying personal documents which were treated as original source produced by seniors – active learners (Peräkylä, Ruusuvuori 2013; Kubinowski 2011; Łuczewski, Bednarz-Łuczewska 2012) who participated in a U3A lecture on existential aspects of finiteness and transience of human life in the light of existential concerns. The lecturer provided numerous references to biographical experiences of different publicly known persons from the world of culture, science and sport and showed how did they experience and deal with their existential concerns. It must be emphasized that the lecture was not, in any regard, experimental and was not delivered to stimulate any emotional states of existential fear among the participants. It was rather treated as the invitation to engage in reflections on life and death phenomenon. According to the assumptions, the lecture referred to the relevant experiences and reflections of seniors. It was to create a space for reflections on the issues addressed and active discussion with the seniors. After the lecture the participants were invited to take part in the study. Their participation involved writing short answers to open questions about different aspects of passing and inevitability of their own death. Participation in the study was completely voluntary (Silverman 2001). Written answers were synthetic responses to the questions posed. The sample consisted of older people who were active learners of the Universities of the Third Age. The individuals selected were 60 years old and older, were able to verbalize their thoughts, experiences and emotions easily and were open and authentic when sharing their reflections on the given topic. The intention was to form the sample with narrators representing the most diverse opinions and experiences to ensure diversity of experiences-and perspectives of thinking and acting within the investigated area. There were 311 statements written by the seniors and analysed.

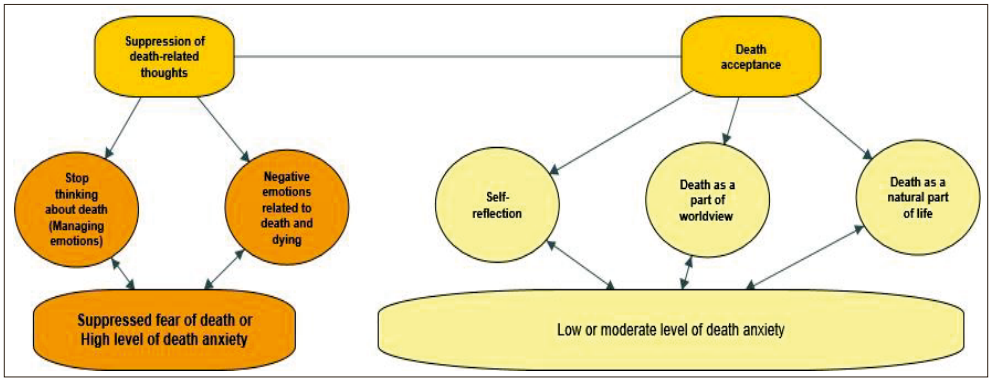
In the qualitative research data collection is strictly connected with the analysis. The next steps of the research procedure involved more and more theoretical and analytical explanation of the data collected. The NVivo software to support the qualitative data analysis was used to analyse the data and organize the large volume of empirical material obtained. It was also used for data visualization and helped better organize the research material.

Results

Figure 1 presents the model of thoughts, emotions and actions connected with the awareness of the inevitability of death, built on the basis of the main categories identified during coding. The analyses revealed that seniors emphasized the importance of the natural order part of which is death. Thoughts, emotions and behaviors generated as a response to death which is the inevitable, independent on the human will conse-

quence of life spread on the following continuum: from suppression of death-related thoughts to acceptance of the fact that it is the integral element of human life which someday has to happen. Between these poles were inner struggles with the awareness of death, identified as thanatic fear and self-reflection about life and death. Thanatic fear paralyzes seniors emotionally, intellectually and spiritually in every act of thinking about their own death. It is the inner struggle with something that has to happen. A radical form of dealing with the awareness of the inevitability of death is suppression of death-related thoughts. It involves excluding the experiences of the self in the context of anticipated death from the catalogue of important matters. Perhaps, it is an unaware effort to cancel the reality of death in one's own life. On the other side of this antinomy are inner struggles with the awareness of death, which bring constructive resolutions. Self-reflectiveness of the seniors involves fear-suppressing openness and curiosity regarding that what is inevitable, unknown and touches the mystery of human existence. Its most radical form is mental and spiritual acceptance of not only the fact of the inevitability of death which ends every human life but, first of all, the inevitability of one's own death. Permission to euthanasia is beyond this dichotomy as it assumes a relative attitude towards the value of life in the context of death. The value of life is acknowledged given the subjective criteria which, when unmet, make life pointless. Death is then a salvation from the unaccepted forms of living.

Figure 1 Thoughts, emotions and actions related to the awareness of the inevitability of one's own death.



Source: own study.

Between the two poles of the above mentioned continuum: suppression – acceptance, is a whole sphere of thoughts, emotions and actions with which seniors respond to the awareness of the inevitability of death. The analysis of the empirical material obtained allowed to identify and categorize the respondents' statements into several main categories. The first category refers to death as a natural part of life. Second refers to accepting one's own mortality as the consequence of the adopted worldview. The

third category refers to self-reflection and deeper confrontation with the problem of passing. These categories may be connected with the acceptance of one's own death and the tone of the narratives indicates low or moderate level of death anxiety. Other categories are formed from the statements focusing on the negative emotions related to death and dying, as well as behaviors suppressing thoughts about one's own finiteness. These categories show directly a high level of death anxiety or even suppressed fear of death.

The detailed description of the above mentioned categories is presented below. They are presented starting from the ones connected with the acceptance of death to these which involve withdrawal and suppression of death-related thoughts.

The first category is connected with the statements showing the acceptance of one's own transience. The respondents declare that are at peace and have no difficulties to accept their own mortality. Apart from the simple statements like *I accept this*; *what will be, will be* or *there's life, it end with death*, there are also declarations which show death as some natural, indisputable order, impossible to comprehend and there is no need to investigate it any further – the phenomenon of one's own death should be rather accepted as something natural. These statements emphasize the necessity to accept death and do not suggest any vision of further existence. The thoughts and emotions are justified by the assumption that death of every living creature is natural and inevitable. One is helpless against it and the logical response is to accept it. The finiteness of existence is natural.

I think we are all mortals, therefore I think of death with a stoic calm.

For me, it (death) *is a natural stage of life.*

There is nothing to accept, everyone dies eventually.

The second category includes statements which refer to accepting one's own mortality as part of personal worldview. It means that for some respondents death is a transition to a better form of existence, guaranteed by faith, while others accept – according to their own concept or in some unspecified way – that they will continue to exist or simply cease to be. The religion-related declarations are dominated by the images of heaven, meeting with God and the loved ones, waiting for a reward for the life lived according to the given religion and even hope to do good on earth. What is more, this existence includes some relationships with the living ones: watching over them, helping them and observing them *from above*. The respondents who declared their religiousness, explain their peace with their hope for eternal life:

But I'm rather not afraid because of my faith.

These are not negative thoughts because I'm going to meet with God.

Hope that I'll be happy "there" and I'll help others who still live.

The third category should be connected with stimulated self-reflection on the essence of one's life and its finiteness. It includes statements regarding the balance of life, the present and the future. The dominating terms are *uncertainty* and *ignorance* but these words are followed with the desire to understand and confront the issue. Such attitude results in focusing on the present life which becomes more precious in the light of own mortality and the desire to live it to the full. These are the most diverse messages which prove the multitude of reflections stirred by the vision of one's own death:

My time in this world is limited so I should live my life as best as possible.

Life on earth is a fight for survival, we constantly make good or bad decisions.

The awareness of passing, the motivator to use the present time.

I work so I can remain in the memories of my loved ones.

The other group of categories is constituted by the narratives with dominating thanatic fear or suppressed death anxiety. The narrators used words like *anxiety*, *fear*, *concern*, *sense of distress* or even *terror*. Some respondents added explanations, mentioned the source and circumstances of their concerns. It is the very moment of leaving, fear of being left alone in the moment of death, of losing physical strength, patience or even dignity. The respondents fear the most that they will become a burden for others and are afraid of physical suffering. There is also anxiety regarding the unknown, that what will be after they die.

The first category in this group includes statements which reveal negative emotions. It is mainly sadness, depression, anger, helplessness regrading one's own death as well as the sense of losing worldly possessions, contact with others and even future events which the respondents will no longer witness. There is also concern about the loved ones, so that they do not worry and move on. The respondents wish their death to be sudden and free of suffering (including emotional suffering). They clearly mention that they are afraid to be dependent on others and might need the support of others in the very moment of passing into the other world. The thanatic fear is revealed as anxiety about one's own future after death. A special group are the statements expressing terror at the physical aspects of death, the carnal side of losing life. Negative emotions refer also to the very moment of dying, especially hope that it will happen quickly.

(...) I'm afraid that I can die and for long no one will know that I died.

(...) so that I am strong and accept death with humility and honor.

(...) that I'm not a burden for my family.

The other group within this category are actions taken to suppress thoughts about own finiteness. The declaration: *I don't think about it* is common. It is a typical avoidance of confrontation with mortality. The narrators deny that they even have such

thoughts or admit that they do not allow themselves to think about death. It means that they have to make some effort to escape the topic of their own limited existence. They also admit, they do not always succeed. Their argument to support this attitude is that they are relatively young (young-olds) and that makes them believe that they do not need to confront the inevitable. Other argument they use is that such reflections are pointless. For them, it is more important to direct their thoughts to specific activities connected with everyday life of seniors.

It's best not to be aware that one is dying.

I try not to think about old age, I have a whole life before me, I'm far from dying.

I try to make different plans and not to think about it (death).

Declarations regarding the anticipated life after death are a separate group. They were divided into four main categories, depending on the worldview. The most statements clearly presented respondents' vision of life after death according to the religion represented. They emanated peace, certainty but sometimes also doubts intertwined with hope for a certain end.

I would like to deserve the eternal life in heaven.

I hope my soul – immortal will remain in heaven.

I think I will have to give account of my life before God.

Another group are the beliefs which suggest (not clearly, however) that one's vision of life after death is rooted in religious concepts but rather presents an alternative form of of afterlife. Many of them picture meeting with the loved ones who have already passed away or contacts with those who have left on earth.

I will live in the other world with my late loved ones.

I hope I will meet my parents.

I will watch over my family.

Similar but not always easy to interpret clearly are the descriptions of a better life, other world or dimension, which are probably derived from a religious worldview but seem to present an undefined existential concept.

I will pass on to another world.

I will walk through a tunnel at the end of which there will be a light and then, a flowery meadow.

I will live in another dimension.

There is also the category of statements which express atheistic visions of death. The dominating motive are descriptions of one's own body as physical matter subject to decay or cremation. The key concept of these atheistic visions is non-existence. References to non-existence are common and usually limited to a short declaration that nothing awaits one after death.

I will turn into dust after death.

I think that death is a definite end of human existence. I simply cease to exist.

I will be eaten by worms.

There were also statements revealing lack of clear vision of self after death.

Discussion

Stoic approach. The statements from the first group – death acceptance – originate from a simple assumption that there is no point arguing with the natural course of life and eternal laws that govern the world. This approach is connected with life balance which allows to control one's emotions and is expressed in the attitude: "That what exists, has to die" (Tatarkiewicz 1999). This attitude reveals the naturalistic worldview which, however, does not originate from a deepened reflection and rational arguments explaining individual approach towards the independent rules of life and death.

Worldview-based approach. Referring to one's worldview which guarantees further existence after death seems to be a mechanism where good deeds are rewarded, individuals who meet expectations of their culture and religion feel peace which reassures them in their visions of afterlife – visions presented quite precisely in holy scriptures (religions) and less precisely when they are images of returning to the ecosystem or becoming part of the universe (Becker 1973; Greenberg et al. 1986).

Existential approach. The most engaging image of self in the perspective of one's own finiteness leads to the conclusion that there is no better attitude towards own death than full acceptance. This results in deeper involvement in the present life accompanied by the awareness of one's fragile nature (Yalom 1980; Comte-Sponville 2011and reflections on one's biography and efforts made to balance life.

Anxiety-based approach. The first category within the anxiety-based approach are images of the physical aspects of dying and death, the whole process of passing away and what will happen with one's body, as well as suffering and being a burden for others described by A. A. Zych (2013). This fear, however, was observed mainly among terminally ill patients.

Avoidance approach. The other group of death-related visions marked with anxiety is closer to the concept of ontological fear of pointlessness according to the reflections by P. Tillich (2005). This is how the attempts to stop thinking or avoiding thinking about death can be explained (Fabiś 2018).

This picture of multi-aspect approaches to one's own mortality reveals a great deal of mechanisms to cope with the fear of death; the mechanisms which have been studied and described mainly by psychologists investigating the terror management theory. The results presented herein inspire further studies in the context of TMT. They can be the starting point for the qualitative analysis of data obtained from active senior learners to determine the buffers mitigating fear of death, generated by this social group.

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Sadia Dilshad[1], Samina Rafique[2]

Adult Literacy and use of Technology: A case study of Pakistan

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Keywords: long life, technology, adult literacy, old citizens, older people

Abstract

The contemporary era of Pakistan can be characterized by the expectations of reaching old age and therefore having long life mainly due to better standards of hygiene; condition of life and better medical care (Giesler & Krings, 2015). The voice regarding old age and technology is pen down by different authors and it is highlighted that use of technology is need of the day either young or old (Formosa, 2013). The main aim of this study to find out the gap between old age people and use of innovative technology in 3rd world country like Pakistan. For this purpose the current survey study intends to explore the effect of adult literacy with the use of technology. The retirement age in Pakistan is 60 years. Furthermore, according to world population review 2020 people above this age are 2.73% of total population. These old citizens from Islamabad will be taken for the current study who mostly have basic education. Generally speaking mostly old citizens lives at their home with their children/grandchildren. Moreover, for the study data were collected through personal visit of the researcher to with the help of structured interview (which served as questionnaire at times) developed through intense review of literature. Pakistani government do not officially provide any sort of activity for such people but usually they organize the home gatherings of their age. Analysis done on the basis of quantitative data. On the basis of findings conclusions were made. It is concluded that most of the elderly female know to use smart mobile phones in their daily life. They have better knowledge to use digital home appliances and also made their life easy.

1 PhD., International Islamic University Islamabad, Pakistan, saadia.amjad@ gmail.com

2 PhD.,International Islamic University Islamabad, Pakistan, samina.rafique@yahoo.com

Introduction

Today, innovation has become need of individuals that they can't escape from. Or maybe, it is proper to state that it assumes a major function in most part of one's life. Envisioning a world without it is inconceivable. To state it in an unexpected way, innovation is answer to most issues of humanity. It has advanced over hundreds of years to be what it is today. The essential point of innovation is to improve solace of utilization in whatever structure it is. It is constantly intended to ease life of individuals. Innovation is fundamentally significant for each part of human life.

Now technology has likewise improved instruction. These days, present day hardware can be utilized for learning in schools. It is intended to facilitate the way toward learning and educating. Rather than writing boards, there has been a huge utilization of projectors in school.

Technology affects the way people communicate, learn and think. It helps the community and defines how people interact with each other in everyday life. Technology plays an important role in society today. It has a positive and negative impact on the world and affects daily life. We live in an era when technological progress is common. The internet and cell phones are a few examples. However, with the development of technology, all this has a downside.

One aspect of technology that has had a big impact on society is how it affects learning. This makes learning more interactive and collaborative, helping people to better interact with the material they are learning and having difficulty with. In addition, it gives you better access to resources. With the advent of the Internet, it gives us access to information 24 hours a day, and you have access to almost everything on the Internet. It also makes it easier for students to get the job done. Students can answer quizzes and exams more easily, and teachers who can teach online can be very effective. It also widens class boundaries by encouraging self-study. People can access the training through YouTube and social media. It helps students learn better than lecturing and reading textbooks. These technological advances have made learning more fun and more convenient.

Another way technology affects society is through communication, which is how we speak and communicate with each other around the world. Technology has brought many new methods of electronic communication. For example, there is email, social media, you can meet someone who lives on the other side of the world, but video conferencing, where you can conduct electronic conferences. Finally, technological advances in healthcare have helped keep people safe and healthy. There are many innovative apps on phones that, while people do track their weight, calories, heart rate, and other health parameters, at any time of the day. Increased accessibility of affordable treatments, changes in healthcare that benefit the elderly, and hospitals using cutting edge technology in their operating rooms.

However, research shows that mobile communication negatively affects people when it comes to communication and making personal contacts. Mobile technology can reduce communication and relationships between people. Less personal time when you find that you don't have enough time for yourself because you are still in touch with someone. It can also distract you from your schoolwork. There is also a loss of privacy as anyone can find you anywhere and anytime of the day. In conclusion, all of this affects the way people operate today. Without technological advances, our way of life would not be so complex. Technological influences are shaping the way people operate today (Allen, 2019).

For this purpose the current survey study intends to explore the effect of adult literacy with the use of technology. The retirement age in Pakistan is 60 years. Furthermore, according to world population review 2020 people above this age are 2.73% of total population.

Research Design

Quantitative approach was used to obtain the required data. Survey method was applied. Sample was selected through convenient sampling technique from Islamabad territory only. Questionnaire was used to gather the responses of the participants. The start of the research was taken to record and do the structured interviews and the researcher conducted almost 30 interviews by paying the personal visits to the respondents but after that many respondents felt easy on self-responding in the absence of the researcher so researcher distributed the structured interviews in the form of a questionnaire to them. Although 350 women were approached for this research but only 200 responded comprehensively so 200 responses were analysed for the sake of findings and discussion. The age of the responded was 60 to 80 and all are women because they are facing challenges in keeping themselves updated in modern forms of communication especially during the pandemic . Women are less familiar with latest technology that's why we ensure that how much technology affects their daily routine and how much awareness they are needed to make their life easy and useful for the family. It was an observation that the latest means of communication like internet was having a deep impact on the lives of senior citizens in Pakistan but mostly the women were not feeling easy to use this and still prefer to have a one on one communication or a group discussion at their friends or the family members. While studying the issue it was noted that not only the communication but all the innovative technology based gadgets were not welcomed by these women despite their usefulness. Men are mostly not having a big issue with modes of communication here in Pakistan. Even the less educated male are aware of innovations in this field and do not face difficulty to use at all, so the target population was women only.

The female senior citizens from Islamabad were taken for the current study, which at least has basic education. Islamabad being the capital of Pakistan has the highest

literacy rate so no problem was faced for the collection of data but still the sample was taken by convenient sampling technique. Generally speaking in Pakistan maximum number of old citizens lives at their home with their children/grandchildren. So they have a good support at home to learn about new technology and its daily life usage. After collecting data, it was analysed and analysis was done through percentage and mean scores.

Review of Literature

In the quickly maturing population, the old are called upon to adjust to new innovation and the requests of present day society. It is broadly acknowledged that senior people show low acclimation to the appearance of new advancements contrasted with more youthful ages, either on the grounds, that they don't have the innovative experience or in view of their present wellbeing status.

Pakistan at the verge of developing country has **a** big issue of literacy and technology approach in the lifestyle of the people in general and in older people on specific basis. The new technology although making **a** rapid way into the lives of Pakistani youth specially in big cities like Islamabad, Karachi and Lahore but the people above the age 50 still feel comfortable with their traditional gadgets for different tasks in the daily life. Islamabad is the capital city of Pakistan, and is governmentally regulated as **a** component of the Islamabad Capital Territory. Islamabad is the ninth biggest city in Pakistan, with the number of inhabitants in 3.1 million people. Built as an arranged city during the 1960s to as Pakistan's capital, Islamabad is noted for its exclusive expectations of living, safety, and bountiful greenery.

The city's ground breaking strategy, planned by Greek designer Constantinos Apostolou Doxiadis, separates the city into eight zones, including managerial, discretionary enclave, local locations, instructive parts, mechanical segments, business regions, and country and green regions which are controlled by the Islamabad Metropolitan Corporation, upheld by the Capital Development Authority.

Most of the populace lies in the age gathering of 15–64 years, around 59.38%. Just 2.73% of the populace is over 65 years old; 37.90% is beneath the time of 15. Islamabad has the most elevated education rate in Pakistan, at 88%.10.26% have **a** single guy or equal degree while 5.2% have an ace or comparable degree.

The 65% population works in offices either in public or private sector but the female working ladies are still in **a** small number only 28% are sharing the economy workload of the family and they are mostly working in education and health sector. Most of the female population serves as homemakers but with good knowhow about the new challenges and ever changing everyday technology. Moreover, at their push to utilize innovations, they generally face numerous challenges getting from segment attributes, for example, salary, training, geological area, potential incapacities, just as troubles identified with the unpredictability of innovation. Other contributing elements

for this low change in accordance with new advances are the absence of motivating forces, conservative hindrances, computerized aptitudes and proper preparing. A regularly held view is that the market isn't presently contributing enough on advancements for the senior clients, for example, thorough and user friendly benefits for more advantageous day to day environments. Moreover, numerous items and administrations regularly are not suitable to the requirements of senior clients, compounding the feeling of disappointment and prompting reliance on others.

The primary source of data for the older is the Internet, TV stations and magazines. In their push to assume more prominent liability for their own wellbeing, physical status and autonomous day to day environments, the older clients should be more educated using Internet, topical TV slots, magazines and different wellsprings of data.

Innovation may include the utilization of most basic ordinary electrical apparatuses (TV, kitchen, vacuum cleaner, dishwasher, and so forth.) or other more unpredictable machines (Automated teller machine (ATMs), PCs, cell phones and so on.) starting the capacity to appropriately utilize them.

Results of the study

The main purpose of the research of this study to explore the gap between old age people (who have basic education) and use of technology in their daily life. Explore to what extend technology help them in their daily chores and to what extend they know to operate new gadgets to make their life easy. For this purpose sample was selected through convenient sampling technique and selected all old age women from Islamabad territory only. 200 responded from 350 participants were given their response through structured interview which severed as a questionnaire with 15 statements. Information were gathered by the fulfillment of a survey, comprised of 15 statements. These included short and close-ended questions, and was finished by close to home meeting of the specialist, in the wake of having given the fundamental data, unmistakably clarified the goals of the review and guaranteed namelessness of the respondents. After receiving the responses from target sample data were analyzed through percentage. Results of the study shown as under:

Use of Electric Gadgets

Table 1. Use of mobile phone

	Frequency	Percent	Mean
Always	114	57.0	1.79
Sometimes	44	22.0	
Frequently	21	10.5	
Never	21	10.5	
Total	200	100.0	

In regards to use of mobile phone (of the 200 participants) 57% reported that they always used mobile phone and 10.5%never used mobile phones. The reason was not the poverty because in Islamabad the literacy rate is high and most of the people living here are office workers with a above average income. The respondents were house wives but still belong to a middle class family, they just hesitate to use smart phones (many responded that if they started using these phones their kids will make fun of them or treat them as ignorant) and also few of them faced issues e.g. hearing and visual issues More in detail M=1.79 shows that mostly participants always used mobile phone.

Table 2. Use of Television

	Frequency	Percent	Mean
Always	120	60.0	1.55
Sometimes	60	30.0	
Frequently	11	5.5	
Never	9	4.5	
Total	200	100.0	

In regards to use of television (of the 200 participants) 60% reported that they always used television and 4.5% never used television because they are not interesting to watch. The reason is again not poverty but lack of interest in using android TV or the Television using cable network More in details *M=1.55* shows that mostly participants always used television gadget in our daily life.

Table 3. Use of ATM card

	Frequency	Percent	Mean
Always	93	46.5	2.19
Sometimes	39	19.5	
Frequently	6	3.0	
Never	62	31.0	
Total	200	100.0	

In regards to use of ATM (of the 200 participants) 46% reported that they always used ATM and 3% frequently used ATM. More in details *M=2.19* shows that mostly participants always used ATM gadget in our daily life.

Table 4. Can turn on & off mobile/ laptop / computer

	Frequency	Percent	Mean
Always	96	48.0	2.06
Sometimes	47	23.5	
Frequently	6	3.0	
Never	51	25.5	
Total	200	100.0	

In regards to turn on & off mobile/ laptop / computer (of the 200 participants) 48% reported that they can always turn on & off mobile/ laptop / computer and 3% can frequently turn on & off mobile/ laptop / computer. More in detail M=2.06 shows that mostly participants can always turn on & off mobile/ laptop / computer.

Table 5. Can open Mobile App on mobile

	Frequency	Percent	Mean
Always	90	45.0	2.23
Sometimes	36	18.0	
Frequently	12	6.0	
Never	62	31.0	
Total	200	100.0	

In regards open Mobile App on mobile (of the 200 participants) 45% reported that they always open Mobile App on mobile and 6% frequently open Mobile App on mobile. More in detail *M=2.23* shows that mostly participants always can open Mobile App on mobile.

Table 6. Dial or Receive Video call/ Use IMO App for Dial or Receive call

	Frequency	Percent	Mean
Always	117	58.5	1.82
Sometimes	35	17.5	
Frequently	15	7.5	
Never	33	16.5	
Total	200	100.0	

In regards to dial or Receive Video call/ Use IMO App for Dial or Receive call (of the 200 participants) 58.5% reported that they always dial or Receive Video call/ Use IMO App for Dial or Receive call and 7.5% frequently dial or Receive Video call/ Use IMO App for Dial or Receive call. More in detail *M=1.82* shows that mostly participants always dial or Receive Video call/ Use IMO App for Dial or Receive call.

Table 7. Use Messenger App

	Frequency	Percent	Mean
Always	81	40.5	2.35
Sometimes	36	18.0	
Frequently	15	7.5	
Never	68	34.0	
Total	200	100.0	

In regards to use of Messenger App (of the 200 participants) 40.5% reported that they always use of Messenger App and 7.5%frequently used use of Messenger App. 34% reported that they never use of Messenger App because they have not much familiar

about this App (the reason is not the availability of internet but they respondents don't prefer to use the smart cell phone). More in detail *M=2.35* shows that mostly participants always use of Messenger App.

Table 8. Send or Received text message

	Frequency	Percent	Mean
Always	111	55.5	2.05
Sometimes	21	10.5	
Frequently	15	7.5	
Never	53	26.5	
Total	200	100.0	

In regards to Send or Received text message (of the 200 participants) 55.5% reported that they always send or received text message and 7.5% frequently send or received text message. More in detail *M=2.05* shows that mostly participants always send or received text message.

Table 9. Can use searching engine on mobile (on Google & Chrome)

	Frequency	Percent	Mean
Always	72	36.0	2.47
Sometimes	39	19.5	
Frequently	12	6.0	
Never	77	38.5	
Total	200	100.0	

In regards to can use searching engine on mobile e.g Google & Chrome (of the 200 participants) 38.5% reported that they never use searching engine on mobile (on Google & Chrome) and 6% can frequently use searching engine on mobile (on Google & Chrome). More in detail *M=2.47* shows that mostly participants can never use searching engine on mobile (on Google & Chrome).

Table 10. Use YouTube for watching videos on mobile

	Frequency	Percent	Mean
Always	75	37.5	2.25
Sometimes	48	24.0	
Frequently	29	14.5	
Never	48	24.0	
Total	200	100.0	

In regards to use of YouTube for watching videos on mobile (of the 200 participants) 37.5% reported that they always use YouTube for watching videos on mobile and 24%never use YouTube for watching videos on mobile. More in detail *M=2.25* shows that mostly participants always use YouTube for watching videos on mobile.

Table 11. Use Digital Camera or mobile camera

	Frequency	Percent	Mean
Always	78	39.0	2.29
Sometimes	42	21.0	
Frequently	24	12.0	
Never	56	28.0	
Total	200	100.0	

In regards to use Digital Camera or mobile camera (of the 200 participants) 39% reported that they always use Digital Camera or mobile camera and 12% frequently use Digital Camera or mobile camera. More in detail *M=2.29* shows that mostly participants always use Digital Camera or mobile camera.

Table 12. Know how to connect the internet

	Frequency	Percent	Mean
Always	81	40.5	2.33
Sometimes	32	16.0	
Frequently	27	13.5	
Never	60	30.0	
Total	200	100.0	

In regards to know how to connect the internet (of the 200 participants) 40.5% reported that they always know how to connect the internet and 13.5% frequently know how to connect the internet. More in details *M=2.33* shows that mostly participants always know how to connect the internet.

Table 13. Used e-mail account

	Frequency	Percent	Mean
Always	89	44.5	2.29
Sometimes	39	19.5	
Frequently	18	9.0	
Never	54	27.0	
Total	200	100.0	

In regards to used e-mail account (of the 200 participants) 44.5% reported that they always use and 9% frequently used e-mail account. More in detail *M=2.29* shows that mostly participants always used e-mail account.

Table 14. Familiar with social networking tools (FB, Instagram, LinkedIn)

	Frequency	Percent	Mean
Always	75	37.5	2.39
Sometimes	32	16.0	
Frequently	33	16.5	
Never	60	30.0	
Total	200	100.0	

In regards to familiar with social networking tools e.g. FB, Instagram, LinkedIn (of the 200 participants) 37.5% reported that they always familiar with social networking tools (FB, Instagram, LinkedIn) and 16% sometimes familiar with social networking tools (FB, Instagram, LinkedIn). More in detail *M=2.39* shows that mostly participants always familiar with social networking tools (FB, Instagram, LinkedIn).

Table 15. Can you used digital home appliance

	Frequency	Percent	Mean
Always	108	54.0	2.08
Sometimes	29	14.5	
Frequently	3	1.5	
Never	60	30.0	
Total	200	100.0	

In regards to used digital home appliance (of the 200 participants) 54% reported that they always used digital home appliance and 1.5% frequently used digital home appliance. More in detail *M=2.08* shows that mostly participants always used digital home appliance.

Discussion and Conclusion

This study explore the adult literacy and use of technology in daily life. Instruction of the basic educated elderly is the most basic step so as to get comfortable with new advancement of technology. More in detail, this can be cultivated through explicitly planned instruction programs that show older the manner in which

According to the results of the research, majority women always used their mobile phone and watching television in their daily life time. Similar study conducted by Uchida, Hata, Matsurura, Aoyama (2001) only 10% women between the age of 70–89 were using mobile phone and 60% wants to learn how mobile is working and want to show their interest in using mobile phone. Shizuka conducted research on Japanese and showed that only 37% of women aged 60–70 years and some of (19%) women used smart phone in their life. Another similar study by Roupa, at al (2016) revealed that majority (78.3%) of the aged people used mobile phones.

This research showed that some of the women does not used ATM card in their daily life. It may be because they have no enough knowledge about the new technology

(Smart cards, Debit cards) and they may also feel difficult to handle the keyboard of ATM machine or may be it is hard to pay attention to learn to use ATM card in daily life. Similar study conducted by Arsenson at al (2009) who indicated that 57.8% of the senior members living in Athens had not ever utilized the ATMs and thusly they overlooked the administrations and openings gave by the machines of this sort. Unexpectedly, 5.9% of members detailed that they knew about all the administrations and abilities of ATMs. The motivations to abstain from utilizing ATMs were the trouble of taking care of the console, the absence of information about their tasks and the dread of being looted during the exchange.

Additionally, in Netherlands, Mollenkopf et al (2014), demonstrated that lone a little level of the older utilized the ATMs since the wide range of various thought that it was hard to acclimate to new innovation and for the most part to the utilization of new gadgets. In any case, the individuals who utilized them, announced very fulfilled and discovered that innovation encouraged their lives.

This study showed that always women can turn on & off mobile, laptop and computer. Also they are aware to open and use of mobile app. Majority women can dial or received calls and also used different app like IMO, Messenger, Whatsapp for communication (verbal and through video).Some of the women experienced to used search engine on mobile. And also not so interested to see videos on YouTube, the reason is that they are liked to watch TV daily.

Concurring the contrast among genders and the utilization of cell phones, there is an investigation led by Sri Kurniawan (2006), the United Kingdom, indicated that ladies were the individuals who make more and regularly aimless utilization of cell phones, particularly those old enough 65 to 74 years, at a level of 60%, while those matured 75 years and more seasoned, 36%. An exploration completed in Malaysia, among 176 senior residents, by Mohr Hairum Nizam et al, (2008) inferred that older individuals can utilize cell phones, particularly men use them at a rate 60 %.

The study also revealed that some of the women know or like to use digital camera or mobile camera and they also not so much aware to use social network (Facebook, Instagram, LinkedIn). Whereas most of the women used internet and used different home appliances like oven. Washing machine, vacuum, iron, refrigerators and AC. An extra review that was led in New Zealand by Alison Robins (1996), demonstrated that most of the senior residents delighted in at a high rate practically all homegrown offices, given by electrical gadgets. More in detail, 93% of the members had the option to deal with TV, 87% clothes washer and dryer, 99% high innovation fridges and 94% to utilize remote telephones. Like the current discoveries, the aftereffects of the by the Statistical Office of Finland (2003) indicated that 30% of the old ladies utilized clothes washers, though 7% of men utilized these electrical gadgets.

From all the above mentioned, is effortlessly observed that in nations where innovation is exceptionally grown, for example, Asian nations, the old are more acquainted

with the utilization of cutting edge telephones, contrasted with older individuals living in nations where innovation is in beginning phases and is being worked on.

The above analysis revealed that it is very necessary to make familiar elderly women with new innovations which makes life easier. Although the Pakistan is a male dominating society but the female are very influential on the family matters. 98% population is Muslim by religion and Islam has put the female especially the mothers on a very high pedestal. So most of the families are paying much attention to their elderly people but do not motivate them to keep themselves updated especially as far as technology and its uses in daily life are concerned. In societies like Pakistan the old age people are expected to pay more attention to their lives hereafter after a certain age especially when their children get married and they have their own children the role of the parents change and they are supposed to act less modern more orthodox. Although this is not the demand of the society but many female think that by keeping in pace with the technological world they will overlook their role as role model for their grandchildren. So they try to keep their focus on making their younger generation more family and relationship bounded then to keep themselves busy with the modern gadgets. They have a deep fear that this technology will break the family bonding and make them alone so they are reluctant for this way of life. More in detail, this can be cultivated through explicitly planned instruction programs that show older women the way new advances work. Besides, these projects ought to be likewise routed to people who have a place to the steady climate of the old for example, the younger individuals from the family. It would be useful if the more youthful made a difference them to acquaint with each item, eliminating fears of utilizing high innovation gadgets. It is a high demand of the time that the older people are helped by the younger to transform the orthodox relationship into the modern and more interactive relationship. Youth have to be careful and try to be more attached and respondent to their grandparents just to make them confident for the use of technology.

As the results show that there is a good size population who has never or least used some new ways of communications or to get information. The reason was not the poverty or the unavailability of the resources but the fear of elderly people to lose the affection of their children or grandchildren which they found on the situation when they are not using the modern ways of communication with them. In some cases and to some extent it is true also that when the younger generation know that their parents or grandparents cant accesses the technology they pay personal visits and make sure that they don't face difficulty in any matter but otherwise they would just suggest the way out and pay least attention. But still the importance of technology needs to be focused by all and the way out has to be looked for if we want to keep the pace with the modern world.

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Isaac Kabelenga[1]

Consequences of accusing older people of practicing witchcraft on local communities: empirical evidence from rural and urban Zambia

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Keywords: Witchcraft accusations; Older people; Consequences; Local communities; Rural and Urban Zambia; Qualitative Research

Abstract

A gap exists in the scientific knowledge on the consequences of witchcraft accusations. Research on the consequences of witchcraft accusations has not adequately brought out the negative consequences of such accusations on the local communities where the accused live. This study sought to describe and understand the negative consequences of accusing older people of practicing witchcraft on the two communities of Zambia – one rural community and one urban community. By undertaking qualitative research with 31 local community leaders involved in addressing cases of witchcraft accusations involving older people, the study established that accusing older people of practicing witchcraft has huge negative consequences on the local communities where the accused live and on the whole Zambian community. The three main negative consequences that emerged from the data are: family and community divisions, low participation in community activities, and generational hatred. On the basis of the present findings, the article concludes that the consequences of accusing older people of practicing witchcraft in Zambia have far reaching negative consequences on the Zambian communities both in rural and urban Zambia than what is documented in the existing literatures. Thus, the article recommends that since witchcraft accusations is a common problem in different regions of the world, future research should investigate the negative consequences of such accusations on the local

1 PhD., Kabelenga is a Lecturer for postgraduate and undergraduate students at the University of Zambia in the School of Humanities and Social Sciences, Department of Social Development Studies, isaackabelenga@gmail.com

communities where the accused live. This is essential in broadening scientific knowledge on the consequences of witchcraft accusations.

Introduction

The concept of witchcraft and the belief in its existence has existed throughout human history. It has been present or central at various times, and in many diverse forms, among different cultures and religions worldwide. This applies to both "primitive" and "highly advanced" cultures and continues to have an important role in many cultures today (Ankarloo & Clark, 2001; Kabelenga, 2014 & 2018). However, witchcraft is a complex concept that varies across different cultures (Zguta, 1977; Farrar & Farrar, 1984; Buckland, 2002). Because of this, there is no universally agreed upon definition of witchcraft. Notwithstanding this, witchcraft broadly means the practice of, and belief in, magical skills and abilities that are able to be exercised by individuals and certain social groups that are intended to hurt. Witches are commonly associated with harm to the community and transgression of societal standards (Ankarloo & Clark, 2001). They are believed to travel in secret and do harm to the innocent (Laveck, 2006). For example, common powers typically attributed to European, Asian, African, American, and Latin American witches include turning food poisonous or inedible, flying on broomsticks or pitchforks, casting spells, cursing people, making livestock ill and crops fail, and creating fear and chaos (Leon & Morgan, 1998). There are different categories of people who are accused of practicing witchcraft. These include women, men, children and older people (Farrar & Farrar 1984; Worobec, 1995; Russell, 2013). In this article, the focus is on older persons. This is because they are the majority who are accused of practicing witchcraft in Zambia (Kamwengo, 2004; Senior Citizens Association of Zambia 2012; Kabelenga, 2014 & 2018). However, actual statistics of older people accused of practicing witchcraft in Zambia is not available due to lack of national surveys (Zambia National Ageing Policy 2013; Kabelenga, 2014 & 2018).

Buckland (2002) and Kivelson (2003) indicate that in all the societies across the world, the central dominant societal concern about witchcraft practice is that witchcraft cause harm to other members of society. Thus, witches are generally feared in every society. As such, many people do not want to be called a witch. This is because witches are seen as 'black sheep' in society and as such witchcraft practices have severe negative consequences on those labeled as witches (Kamwengo 2004). Notwithstanding this, one major gap exists in the literature. That is, there is inadequate information at global level about the negative consequences of accusing older people of practicing witchcraft on the local communities where they live (Fuller, 1972; Fry, 1990; WHO, 2002; Kamwengo, 2004). Thus, the central question which is not adequately addressed by existing literature is: what happens to the local communities where older people live when they [older people] are accused of practicing witchcraft?

In light of the above question, the aim of this study is to describe and understand the consequences of witchcraft accusations on the local communities in Zambia using the conceptions of the community leaders who had participated in addressing cases of witchcraft accusations involving older people. From the interview data collected from the community leaders who participated in this study, an older person is defined as any person who is in their 50s and above, and or/with grey hair.

Conceptual framework

An ecological model is used to frame the analysis of the issues discussed. Ecological model emphasizes that any social issue can be understood well by digging deeper into the four levels namely individual, relationship, community and societal levels. It provides a multi-level, nested systems approach to understanding the problem. That is, it highlights the importance of "levels" or layers of thinking when looking at any problem. In doing this, it attaches responsibility to micro, meso and macro levels (Lawton & Nahemow, 1973; Bronfenbrenner, 1994; Teaster, 2013). However, these levels are seen not as inseparable but rather as nested together. Because older people are part of the larger Zambian society, the deduction that can be made from ecological model is that if older people are accused of practicing witchcraft (which is micro level phenomenon), the meso level (such as older people's and accusers' families) and macro level (local community and the whole Zambian society) negatively gets affected. This is because these levels are interdependent. Thus, what happens at one level directly or indirectly affect the other levels. In other words, the model allowed in-depth analysis on how the macro level is negatively affected due to happenings at micro level (witchcraft accusations involving older people). In addition, I used the concepts of relationships and power as analytical tools to interpret the data. These concepts were chosen after critical reflections upon the data. That is, all the issues that the participants brought out seemed to revolve around the above two scientific concepts.

Materials and methods

To achieve the aim of this study, a qualitative approach that included 7 focus group discussions (FGDs) and 29 one-on-one in-depth interviews with 31 community leaders [19 from rural community and 12 from urban community] were conducted. This disparity in the number of participants was because they were more participants in rural community who were readily available to participate in the study than those in urban community. The community leaders selected were those who had participated in addressing cases of witchcraft accusations involving older people. Four (4) participants were once accused of practicing witchcraft and nineteen (19) had their older parents accused of the same by family and other community members. This allowed detailed and richer information to be captured using the voices of the peo-

ple who had firsthand information about the consequences of witchcraft accusations on their local communities (Creswell, 2007; Mason, 2002; Kabelenga, 2014; 2015a, b & c; 2016; 2017 & 2018). I conducted 36 interviews [22 in rural community and 14 in urban community]. The number of interviews conducted surpassed the number of participants (31) who participated in the study because some of the interviews were follow-up interviews with the same participants. On average each interview lasted between one hour and three hours. I conducted all the interviews myself because I wanted to make sure that I collect all the information that I needed to know about the negative consequences of witchcraft accusations on local communities in rural and urban Zambia (Kabelenga, 2016). Data were collected between 2014 and 2018.

In this article, the word community is used to denote a group of people living together in one geographical area, and thus they understand their local environment better (Fuller 1972; Fry, 1990; Kamwengo, 2004; and World Bank, 2008). On the other hand, community leaders referred to include ward councilors, chief's representatives, village headmen, youths and women leaders, church (religious) leaders, the police, court judges, community crime prevention units (CCPUs), area development community members, public health workers, elder people's representatives and social workers among others. The assumption for choosing these participants was that by virtue of them being community leaders who had participated in addressing cases of witchcraft accusations, they understood better the consequences of such accusations on their communities and would help in fulfilling the objective of this study.

Method of Analysis

The analysis was content oriented. First, I open coded the accounts in the transcribed interview material. I marked different consequences of witchcraft accusations. Second, I categorized the codes under three themes from the data: family and community divisions, low participation in community activities, and generational hatred. Third, I examined the themes interpretatively and reflectively (Mason, 2002; Nikupeteri, Laitinen & Hill, 2015). The participants and researcher's reflective discussions with experts on violence served as background that helped to elicit more detailed accounts of the consequences of witchcraft accusations that strengthened the participants' narrations. In addition, in the quotations, the participants' names have been anonymized to protect their identity. Thus, the names mentioned in this article are not the real names of the participants.

Results and discussions

Recognition of witchcraft accusations

In an attempt to adequately focus my interviews, the first question which I asked all the participants was: How serious is the problem of witchcraft accusations against

older people in this community? Findings from both communities indicate that by drawing on participants' daily interactions with their local communities and participation in addressing elder abuse, all the interviewees acknowledged existence of witchcraft accusations involving older people and described it as a serious social problem. For instance, Grandmum, the community leader for one of the older people's organizations that fights for the rights of the older people in both rural and urban Zambia acknowledged widespread of the social problem of witchcraft accusations against older people in these words:

> *I would really say that it happens on daily basis. Yes… In fact it is a pity that I didn't look up the old newspapers but every now and then you do see a story in press of an elderly person who has been assaulted because they are suspected of being sorcerers. If they are just assaulted they are very lucky because sometime they actually get killed. Yes. (Interview with Grandmum, Urban Community).*

Ignatius, the community leader that attended to various victims of witchcraft accusations across Zambia, and who himself was once accused of being a witch by his fellow workmates also acknowledged the prevalence of the social problem of witchcraft accusations against older people during FGD.3:

> *The common elder abuse offences are witchcraft practice where older people are suspected of being witches or wizards. Most of the elderly patients that we have received as a hospital are related to being suspected of being witches or practicing witchcraft or where maybe one person dies in the family and then they suspect an older person who is then attacked and beaten. Some have been beaten to death, we have received some that have been brought in dead, and some come in badly injured so we take care of them… We do receive such case. Yes. (FGD. 3, Rural Community).*

The similarities in the above episodes from the participants in both communities are unlikely to be mere coincidence. Rather they have emerged from the firsthand information and experiences that the participants had as individuals, institutions and local communities. Thus, participants talked about the phenomenon which they were very much familiar with (Kabelenga, 2018). From the above narratives, the data suggest that poor social relationships that some older people have with their family and community members is what make them to be accused of practicing witchcraft. In light of this, the data connote also that if individual and group powers are misused, it can lead to witchcraft accusations (Kamwengo, 2004; Kabelenga, 2014; 2016 & 2018).

Consequences of witchcraft accusations on local communities

Having acknowledged existence of the social problem of witchcraft accusations against older persons, I asked each participant to talk about the common consequences of such accusations on local communities. Results indicate three main consequences: bringing about family and community divisions, low participation in

community activities, and generational hatred. Each of these consequences is presented in detail below:

Family and community divisions

From the data, it is clear that witchcraft accusations against older people bring about havoc among family and community members. Data indicate that besides arrests and imprisonments of the perpetrators, some community members are forced to leave or run away from the community, others voluntarily relocate to other places and others resort to refusing giving help to other community members. For example, in the interview with Simon, the community leader who witnessed an incidence of an older person who was buried alive due to witchcraft accusations, he talked about the family and community divisions such an incidence has brought about in his community as follows:

> *Researcher: what bad thing did the incidence of burying alive an older man bring about?*
>
> *Participant: even their families are hated saying those are the ones with a witch/wizard who 'ate' that person.* ***Note:*** *'Ate' in this context refers to killing.*
>
> *Researcher: that is bad. How does the relationship come to be?*
>
> *Participant: they hate each other. That kind of hatred does not finish*
>
> *Researcher: Sure?*
>
> *Participant: because it looks like a person has a wound and it keeps hurting. Yes. (Interview with Simon, Rural Community).*

Similar consequences are mentioned by participants in the Urban Community. For example, Eunice, the community leader who had the responsibility to look after the abused elder people in older people's homes summarized the consequences in this way:

> *Family disturbilisation. Families won't be close anymore. The community won't work together as a team. (Interview with Eunice, Urban Community).*

The above data indicate that witchcraft accusations against older people bring about troublesome family and community relationships. Unfortunately enough, these types of relationships are detrimental to the family and community welfare. This is because families and communities falter (Raab & Setznick, 1959; Spector & Kitsuse, 1987; Loseke & Best, 2011; Kabelenga, 2018). Thus, the result agrees with the World Report on Violence and Health (2002) where it is reported that violence can destroy the families and communities in which it takes place.

Low participation in community activities

From the data, it is evident that because of the aforementioned social confusions, witchcraft accusations bring about low participation of community members in local

and national community affairs. This is because community members live in fear of each other. For instance, the Local Community Public Health worker had this to say:

> *They [older people] are actually affected very much. You will find that these old persons start isolating. That is what I have discovered. If somebody has died, they will not even go there. Yes, they will stay at home. When there is a meeting, they will be at home because they know the consequences in case they are not protected by any person. So actually this is something that we have seen (Interview with Patrick, Rural Community).*

Similar community life style emerges from the data from the Urban Community:

> *…the community won't work together as a team. That will lead to poor participation in community based programmes. Laws obviously. Disorderliness. You know. (Interview with Eunice).*

The above data suggest that witchcraft accusations generate troublesome social relationships among family and community members. As can be seen from the above narrations, older persons despite having ample wisdom and lived experiences about community affairs, they become powerless in their own communities. The danger of having these types of social relationships is that they can even kill good traditional values, norms, beliefs, customs and practices because the troubled intra, inter and community social relationships cannot allow transmissions of good culture for example between the older generations and younger generations. Inglehart (1990) and Hagestad & Uhlenberg (2005) advise that for any society to exist and perpetuate itself, community members should co-exist so that the knowledge that older people have about society, for instance, is passed to the younger generation and vice versa. This is only possible if older generations and younger generations relate well (Kabelenga, 2016; 2018). Unfortunately, from the above episodes, it is evident that such relationships can disturbed. Thus, the data agree with the World Report on Violence and Health (2002) argument that violence destroys the communities where it takes place. However, critical reflections upon the above episodes suggest that from the participants' experiences, community destruction entail not only physical destruction of the community infrastructure as shown in the above world report, but also include destructions of the norms, values, beliefs and principles upon which community life is built.

Generational hatred

This consequence emerged strongly from the Rural Community. Responses of most of the participants indicate that witchcraft accusations have brought about generational hatred among community members especially between the accused older person's family members and the accuser's family members. By generational hatred, it means that the negative consequences of witchcraft accusations do not only affect the people that are directly involved in the confrontations but also negatively affect the next generations of the family and village members of the accused older person and the family and village members of the accusers. Participants disclosed that if the

particular older person was murdered, the surviving family members passed that information to the younger generation and discouraged them from association with the family or village members that murdered their older parent. For example, during the first focus group discussion with community leaders, these consequences were brought out in this way:

Participant 1: hostile. The abused family and those who hit him is hostile.

Participant 2: These are public enemies like politicians (laughs everyone…).

Researcher: No, that

Participant 1: that family is a family of wizards. If you marry there, they will just be 'eating' your children, you will be wasting your energy.

Researcher: Really?

Participant 2: If you are brave, because she is a beautiful girl you go and marry, ohoo, the grand, the mother in law will give him some of the charms. So there is no relationship.

Similar revelations are made by Royd, the community leader who was once accused of practicing witchcraft by his fellow civil servants and community members:

Even enmity comes in because the other party of the family will not relate well to other community members. There will be enmity which will go on and on and it will remain like that and permanently – your grandfather did this to my mother and your grannies did this to what and so it goes on like that and again it will be an issue.

The above data indicate that witchcraft accusations negatively affect intra and inter family/village relationships both in short-term and long run basis. This is because it produces generational anger and vengeance among the parties involved and their family/village members then and in future (Kabelenga, 2018). Interesting also is that the results are also similar to the study findings established by Addiss (1985) and Leo (2012) on the effects of witchcraft of Tsukimono-suji in Japan on the accused and their families. Both studies established that the accused and their families are not only feared, but are also openly shunned to the extent where it is often nearly impossible for women of such families to find a husband whose family will agree to have him married to a Tsukimono-suji family. This means that despite cultural differences, witchcraft accusations may produce similar consequences on local communities.

Conclusion

Based on the findings of this study, the following are the conclusions: To begin with, the results of the study have indicated that creation of family and community divisions, bringing about low and restricted participation in community activities and generational hatred are the unintended negative consequences of witchcraft accusa-

tions. This is because from the above episodes it is clear that whilst witchcraft accusations are targeted at individual older persons, the trickledown effects are that the family of the accused older person, the accuser and his/her family and the whole community negatively get affected. This analysis and interpretation of the results agree with ecological theory of violence which shows the interdependence between micro, meso and macro levels when talking about the consequences of violence (Lawton & Nahemow, 1973; World Report on Violence and Health 2002; Teaster, 2013; Phelan, 2013). Thus, the findings of this study are in tandem with the assumption which I made using ecological model that when older people are accused of practicing witchcraft, the local communities where older people live are likely to get affected as well because older persons are part of the local communities. This is because of the interdependence between individual persons and their human ecology (Bronfenbrenner, 1994).

When all the above consequences are taken together, it is deducible that the negative consequences of accusing older persons of practicing witchcraft in the Rural Community and Urban Community of Zambia are far much broader than what is widely documented in the existing literatures (see Farror & Farror, 1984; Worobec,1995; Buckland, 2002; Illes, 2004; Lolis, 2008). On the basis of the current results, it implies that there is need to reconstruct the existing literatures to include the consequences of witchcraft accusations on local communities. Inclusion of the negative consequences on local communities in all the literatures would greatly help in widening scientific knowledge on the consequences of witchcraft accusations.

Notwithstanding the above, this article has one major limitation. That is, the article is written on the basis of the qualitative data collected from one rural community and one urban community. Although the data were provided by community leaders representing not only the two communities but the whole Zambia and as such have provided useful insights in describing and understanding the consequences of witchcraft accusations not only on the two communities but throughout Zambia, the findings should be cautiously applied to other rural and urban communities of the world. This is because what may be true in one setting may not be true in other settings (Kabelenga 2014; 2015a, b & c; 2016 & 2018). This is important to consider because how local communities are organized across the world differ from society to society (World Report on Violence and Health 2002). As such the consequences of witchcraft accusations on one local community or country might be different from other communities or countries.

In light of the above limitation, the author recommends that in future, different studies should be undertaken in different parts of Zambia and the whole world to ascertain the negative consequences of witchcraft accusations involving older people on local communities. This may bring about a varied and richer ways of describing and understanding the consequences of such accusations.

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Natasa Todorovic[1], Milutin Vracevic[2],
Dejana Stanisavljevic[3], Natasa Milic[4]

Ageing and intergenerational solidarity in institutional accommodation

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Abstract
This study aims to explore the relationship between presence of intergenerational contacts and support and well-being of older persons living in institutional care facilities. The research was implemented in 12 residential care facilities for older persons analysing the relationship between the services provided by the institutions and the support provided by the family remotely. Design wise this is a cross-sectional study using a 24 question quality of life assessment tool WHOQOL-BREF developed by WHO assessing the perception of a person on her or his position within the culture and the system they belong to as well as in relation to their life goals, expectations, standards and worries, measuring the quality of life in six domains: physical health, psychological wellbeing, level of independence, satisfaction with social relations, satisfaction with one's living environment and spiritual/ religious/ personal beliefs. Significant correlation is found important between the quality of life and social relationships with family and friends especially in relation to psychological wellbeing, satisfaction with the environment, and social relationships.

1 MPH, Red Cross of Serbia, Serbia, natasa@redcross.org.rs

2 MD, MPH, Red Cross of Serbia, Serbia, milutin@redcross. org.rs

3 Prof. MD, PhD. Medical Faculty, University Belgrade, Serbia, dejana.stanisavljevic@med. bg.ac.rs

4 Prof. MD, PhD. Medical Faculty, University Belgrade, Serbia, milic.natasa@mayo.edu

Introduction and background

This article reviews the research done by the Red Cross of Serbia in 2019 and the results published in a report "Ageing and intergenerational solidarity in institutional accommodation" in 2019.

The trend marking the 21 century is demographic ageing – extension of life expectancy and lowering the birth rate that both contribute to increase of the share of persons over 65 in the population. In the countries of the CEB region[5] it is expected that by 2060 the share of over 65 population will increase from 16% in 2010 to 29%. At the same time the share of "older older" persons – those over 80 is expected to rise to over 11% by 2060 from 4% in 2010. This will also increase the dependency rate[6] from 24% in 2010 to 52% in 2060.

According to the 2013 Report on the Health of Population in Serbia, 75.8% of the over 65 population has some chronic health condition or other health problem, 37.1% has mobility issues, 10.7% sight issues and 23.6% has hearing problems. Furthermore, 37.6% has severe difficulties in performing daily activities (food preparation, light and harder house chores, shopping for groceries) and 11.1% has difficulties in maintaining personal care and hygiene (dressing and undressing, toilet use, bathing, showering etc.). Every third person in Serbia over 65 has in 2013 had to rely on somebody else's assistance to perform activities of daily life (33%) and every seventh needed it for personal care and hygiene (14.9%) (Institute for Public Health Serbia "Dr Milan Jovanovic Batut", 2013).

Additionally, the number of older persons living with dementia – which also lowers functional capacity and increases the need for formal and informal care – is only estimated in Serbia. WHO estimates there are currently approximately 50 million persons over 60 living with dementia at global level and that their average share in national population is 5–8% (World Health Organisation, 2020). This would mean there are between 90,000 and 143,000 persons living with dementia who are over 60 in Serbia. Furthermore, the Provincial Ombudsman estimated in 2014 that there are approximately 200,000 persons living with Alzheimer's in Serbia while there are no statistics for other forms of dementia, and that approximately 40%patients with moderate and severe dementia need 24-hour care and support (Penzin, 2014).

Globally the demographic trends clearly show that increased share of older – and especially "older older" – persons in the population increases the need for care due to decreased functional capacities to perform daily activities independently while the decrease of younger population and the changes of the family structure mean that the capacity to provide informal care services is lowered.

The EU projections of the expenditure for formal services of long term care until 2060 following different scenarios (based on demographic projections, expected de-

5 CEB Member Countries https://coebank.org/en/about/member-countries/

6 The ratio of population above 65 to population aged 15–64

pendency ratio, and the ratio between formal and informal care) place the expected average increase of expenditure between 2.7 and 4.1% of the GDP, which, today is 1.7% on the average (European Commission, 2015). And while many formal services of long term care can be provided in the client's home, in 2013 62% of the expenditure for these services in the EU and OSCE states was made for services provided in institutions – on the average around 1% of GDP (Hirose, K. Czepulis-Rutkowska, Z, 2016). On the other hand, in Serbia in 2014 only 0.08% of GDP was spent in the institutions while the total expenditure for these services was 0.53% (Hirose, K. Czepulis-Rutkowska, Z, 2016).

Most older persons wish to stay in their homes for as long as possible, and this is achievable as long as they can function with minimal support provided by another person. However, there comes a time when their health worsens and then the care they get in an institutions is of a better quality than at home, providing them with better quality of life (Aminzadeh, F. Dalziel, W.B. Molnar, F.J 2009). There are cases when a person who does function independently in their home decides to move to an institution for different reasons. Some, though, have no other choice (Senior Housing 2019).

As for collection of data on older persons, the population in heightened risk of chronical conditions that decrease functionality and independence – those living in institutional accommodation – is frequently not included since the research usually focuses on households. Therefore this research as well as the research focusing on social inclusion is based on the sample that is not representative for the overall population of older persons (United Nations, 2016).

In Serbia in 2018 the existing accommodation capacity of institutions for accommodation of adults and older persons was 16,444 beds – 17% higher than in 2017 and 49% higher than in 2015. At the end of 2018, their capacity was 88% full – 8% higher than in 2017 and 12% higher than in 2015. Public facilities were fuller (93%) than private ones (83%).

It is important to keep in mind that, while accommodation capacities grow year upon year – they are available to 1.2% of the population in 2018 and were to 0.7% in 2015 – the waiting lists also grow longer: 1,163 persons in 2018 which is a 42% increase from 2017 and 230% increase from 2015. Additionally, the institutions lack staff of all profiles and especially caregivers and medical professionals. In the last ten years in Europe the number of private facilities grows as the number of public ones stagnates, decreases or grows at a slower rate. In Serbia the number of private facilities grows and the number of public ones stagnates.

Research methodology

The research was implemented in 2019 with the results published in September 2019 to increase the awareness and to advocate for better quality of life of older persons residing in care institutions. The research explored the relationship between the services provided by the institutions for accommodation and care for older persons and

the support provided by the family remotely in cases when older persons were accommodated in residential care institutions.

The research was part of the project supported by the Cabinet of the Minister without portfolio responsible for demographics and population policy of the Government of the Republic of Serbia. It was implemented in June and July 2019 in twelve residential care facilities for older persons – seven public and five private ones. Design wise this is a cross-sectional study.

For this research the 24 question quality of life assessment tool WHOQOL-BREF developed by World Health Organisation was used, as an abridged version of WHOQOL-100 with a hundred questions. Both questionnaires assess the perception of a person on her or his position within the culture and the system they belong to as well as in relation to their life goals, expectations, standards and worries. WHOQOL-100 was developed over several years in different cultural environments and was tested in 37 different states. WHOQOL measures the quality of life in six domains: physical health, psychological wellbeing, level of independence, satisfaction with social relations, satisfaction with one's living environment and spiritual/ religious/ personal beliefs (World Health Organization, 1998).

Two additional questions relate to the overall quality of life and satisfaction with one's health status. Additionally, there are questions to assess general satisfaction with one's quality of life and to assess loneliness, from the integral WHOQOL questionnaire, as a set of indicators. In this analysis only scales were used. Self-assessment was done using the five-level Likert scale, focusing on the last four weeks before the interview.

Research Results

Sample

The research covered 373 participants (309 from public and 64 from private facilities). Average age was 76.8±9.5 years with the eldest participant being 96 at the time of the interview and two thirds of the participants were female.

The majority of the participants are widowed (238 (64.2%)) and 67 (18.1%) are divorced or separated which means they are without life partners and it can be assumed that they decided to live in the care facility because they have no partner and cannot live independently. Education-wise, the majority have completed primary school or less (140 (38.1%)) and secondary school (131 (35.7%)) while approximately one quarter have completed college or university education (96 (26.2%)).

Equal number of participants describe their financial situation as "Comfortable" and "Have to be careful but I manage" 122 (34.7%), while 55 (15.6%) are in a difficult situation and 26 (7.4%) have problems making ends meet.

272 (73.5%) of the sample reported having children. On the average, older persons see their eldest child most frequently.

Regarding the relationships between the older person and their children, the majority of participants have not had conflicts with their children (159 (60%)) while one fifth (55 20.8%)) reported some conflicts and 30 (11.3%) reported moderate conflicts. The interviewers registered that older persons needed to clarify that "a little" and "some" conflicts are usual conflicts that happen in every family. On the other hand, 21 participant (7.9%) come from families with serious conflicts.

Majority reported having pleasant relationship with their eldest child (58.8% "Almost always pleasant" and 20.6% "More often than not pleasant") while 4.9% reports having "Almost always unpleasant relationship".

71% of the participants have close friends and 18.3% see their friends every day or more often, 36.6% see them several times per year or less frequently than that. The fact that ¼ of the participants have no close friends indicates the risk of exclusion and affects their quality of life.

Discussion

Statistically high correlation was recorded between all the measured scales of the WHOQOL-BREF questionnaire and differences in quality of life measured using WHOQOL-BREF questionnaire for all scales are minimal between genders.

Correlation between marital status and scales of physical health and social relationships has been registered, the education level correlates with all four scales, income level correlates with scales of psychological wellbeing and satisfaction with the environment, having children correlates with scales of psychological wellbeing, social relationships and satisfaction with the environment and having friends correlates with scales of psychological wellbeing and social relationships. The number of residents per room negatively correlates with scales of physical health and psychological wellbeing.

For participants who have children or close friends we looked into the correlation between the frequency of seeing them with the scale for quality of life. Significant correlation was found between frequency of seeing the eldest child and the scales of psychological wellbeing and social relationships, frequency of seeing the second child and scale for psychological wellbeing, while the frequency of seeing close friends is in significant correlation with all four scales.

Comparison with another research study, done in 2019, focusing on older persons living with their families showed that the quality of life significantly correlates with the existence of support provided by family/ children. So, in both cases, for older persons living with their families and living in institutional care facilities, there are significant correlations between having support/ contacts from children/ family and different domains of the quality of life (notably physical health, satisfaction with social relations and satisfaction with one's living environment).

Marital status and number of residents in the room are significant predictors for physical health, education level, number of residents in the room and having close friends are significant predictors for psychological wellbeing, marital status, education level and having close friends are significant predictors for satisfaction with social relationships and income level and number of residents in the room are significant predictors of the satisfaction with the environment.

Furthermore, statistically significant correlation was found between psychological wellbeing of participants with and without provided support for transportation, finances, as well as the participants with and without emotional support. Also, in relation to financial support, there is statistically significant correlation in psychological wellbeing between participants getting and not getting financial support from time to time. Statistically significant difference in social relationships was found between participants with and without support in transportation and emotional support. Statistically significant difference in satisfaction with the environment was found between participants with and without emotional support.

Conclusions

A large majority of residents of the institutional accommodation facilities cites the following reasons for living in institutional accommodation: lack of capacity to live independently (49.7%), sudden illness (17.3%) and a wish not to burden their children (21.2%). This suggests that the capacity to provide services in the community at home is insufficient and that the scope of services is probably inadequate and that these persons who could – with some support – probably live independently in their homes, had to choose retirement home as their only viable option. Wanting to not be a burden for their children shows that demographic ageing and lower birth rate mean there are fewer children who can act as informal caregivers to their parents, this again meaning that those children that are there have to spend more time in this role, all without the support provided from the system: Therefore, we can speak about the perception of burden.

On the other hand, 64.2% are widowed and 18.1% are divorced or separated which means for majority of the residents of residential care facilities their spouse was the main source of support and now that this is gone, there is no other option for them than to be in a retirement home. This also fits the self-sacrifice model hypothesis where older persons choose to live in a retirement home to lift the burden of care from their children and sometimes to leave them their apartments (Petrusic, Todorovic, Vracevic & Jankovic, 2015). Approximately 20% moved to the residential care facility without this being their choice but accepting it which again suggests the self-sacrifice model. Similar percentage (22.9%) thinks that the responsibility for providing care to older persons should not be on their adult children.

As for the results on quality of life of the residents – which are partly in relation to the way the facilities function and various services they provide – it is important to note the relationship between the quality of life and social relationships with family and friends. This is especially visible in scales psychological wellbeing, satisfaction with the environment, and social relationships (Netuveli & Blane, 2008). Institutional care facilities should, therefore, pay special attention to help maintain the relationship between their residents and their families and friends as this affects the residents' mental health and can reduce the risk of disorders such as anxiety and depression. This is especially important as some disorders are, in line with ageist prejudices, normalised for older persons and are considered expected and unavoidable so the interventions tend to be inadequate. For example, subclinical forms of depression are often overlooked by medical professionals as they do not fulfil the criteria for clinical depression so they are not treated and for older persons the risk of subclinical depression is higher than for clinical, and especially high for persons living in institutional accommodation (Meeks, Vahia, Lavretsky, Kulkarni & Jeste, 2011). Negative effects of subclinical depression to health of older persons include increased use of healthcare services – which increases the expenses too – cognitive disorders, deteriorated physical health, risk of disability and suicidal ideation (Meeks, Vahia, Lavretsky, Kulkarni & Jeste, 2011).

Statistically significant difference in quality of life – psychological wellbeing, is found between participants with and without emotional support and this does not just relate to the support provided by family and friends, but also by the staff in the residential care institution. Even for persons with decreased autonomy, their sense of personal dignity and quality of life is more a function of how they are treated in the facility and how socio-cultural context and institutional structures in the facility support or decrease their autonomy. This is important to have in mind as moving into a facility is a radical change in one's life and can be perceived as a threat to their independence and dignity and this perception is a function of the sense of dependence, limits to one's freedom, as well as the attitude of the staff in the facility (Heggestad, A. & Høy. Bente & Sæteren, B. & S. Åshild & Lillestø, B. & R. Arne & Lindwall, L. & L. Vibeke & Råholm, M-B. & A. Trygve & Caspari, S. & N. Dagfinn. 2015).

As the research showed that the number of persons sharing a room is in negative correlation with scales physical health and psychological wellbeing, it is important to remember that an institutional care facility is not just a healthcare institution for medical treatment but also a living space with everything this entails: personal space, privacy and the sense of ownership of a certain space (Mann, J, 1998). If a resident does not feel this to the extent they expected it, this may produce continuing stress that again may affect their health, for example, lead to hypertension (Tao, Y., Lau, S., Gou, Z., Fu, J., Jiang, B., & Chen, X., 2018).

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Anupriyo Mallick[1]

Emergence of the Concept of 'Senior Living Communities' in India: Facts and Facets

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Keywords: Demographic transition, Senior living model, Old age home

Abstract
India, the world's second most populous country, has experienced a dramatic demographic transition since independence, entailing almost a tripling of the population over the age of 60 years (i.e., the elderly). The Nation, today, is confronted with the enormous challenge of preparing to meet the demands of an aging population.
The burgeoning elderly population is driving the need for elderly care globally. In India, the situation is paradoxical – on the one hand we are reaping the benefits of a large working age population and on the other we are staring at a significant portion of it being above 60 years by the year 2050, translating into ~300 million elderly people. This calls for a serious focus on elderly care, and we need to start now.
We are standing at a stage, where the present scenario demands development of innovative senior living models to support the elderly care.
The present paper makes an attempt to highlight and discuss the various aspects of the modern concept of senior living or senior active living which is gradually emerging in the Indian milieu by replacing the traditional model of old age home.

Introduction

With increasing mortality and declining fertility the number of elderly people worldwide is increasing at a rapid rate. While the number of elderly persons (aged 60 years or over), currently comprises ~11.5% of the world's population, it is expected that the elderly population will more than double to reach over 2 billion in 2050 from 841

1 Asst Professor, PhD., Eastern Institute for Integrated Learning in Management (EIILM), Kolkata (Affiliated to Vidyasagar University) West Bengal, India, anupriyo_mallick@yahoo.com

million people in 2013(World Population Aging, 2013). In terms of proportion of total population, the elderly comprise 22.7% of the population in developed regions vis-à-vis 9.2% of population in less developed regions. However, in absolute terms, the population of the elderly is increasingly gaining relevance for developing regions. These regions currently house 66% of the total global elderly population, and are expected to witness a faster growth in the number of older persons as compared to more developed regions. The Census data of 2011 states that 15 million elderly Indians were living alone and almost three-fourths of these were women. As per 2015 report, The State of Elderly in India, published by non-profit organisation Help Age India, there are more than 100 million senior citizens currently in India. By 2021, this number is expected to reach 143 million.

Old age is often typically associated with retirement and a sedentary lifestyle – a time to slow down, do a few pilgrimages, play with the grandkids, and maybe indulge in a few sedentary hobbies like gardening or reading. But the scenario is fast changing. Today, a significant section of seniors are financially stable, well-travelled and socially connected, and as a result have a clear vision for the silver years of their life. They want to live their retirement years enjoying life on their own terms, enjoying an active social life and not hushed away in the corner of the house.

In the traditional model of care for senior citizens, it was the joint family structure along with the support of helpers that elderly used to be cared for. However, with the breakdown of joint family structure and corporate jobs for most couples, the elderly in a nuclear family has only the support of the helpers or medically trained attendants. With nuclear family much more in vogue in metros and tier one cities young people in such families moving to big metros as well as foreign countries in search of better opportunities, most families now see the elderly parents left behind. Most of these elderly people live in a gated community but with very little social interaction. Their daily and medical needs are taken care of by themselves or helpers. But that needs constant follow-up with parties providing the services. Often this leads to an unpleasant situation for the elderly people.

The context of elderly care in India

The need for elderly care in India is analogous to the global scenario, with India likely to witness a similar increase in the proportion of elderly population over the next few decades. Additionally, there are several factors at play, some pertinent especially to India, that underscore the importance of addressing the emergent need for elderly care in the country. A combination of demand side and supply side factors are driving the need for elderly care in the country. From a demand side perspective, there is an increase in the need for elderly care due to factors such as a growth in the sheer numbers of older persons, shifting disease profile to those that require longer term care, and changing lifestyles that reduce family support that has traditionally existed for the elderly in In-

dia. On the supply side, a lack of emphasis on the elderly, perhaps stemming from their limited influence, has translated into lack of a supporting infrastructure.

Genesis of the emergence of concept of Senior Living Communities in India

Case:

Mrs. and Mr. Sen are the quintessential friendly elderly neighbors who exude compassion and warmth. From wishing the morning walkers, feeding stray dogs and participating enthusiastically in all community events, they symbolize the indulgence that grandparents are famous or infamous for. Having worked hard to secure an envious future for their children who now live in New York and Singapore respectively, they were content to spend their silver years in their ancestral home. While loneliness and the occasional inconvenience hassled them sometimes, help and companionship were always forthcoming from the community. A few months ago, a medical episode shattered their peace, but timely intervention saved Mr Sen from the eventuality, however, he was confined to his bed for a few weeks.

Besides, the current pandemic has completely left the elderly couple at wit's end despite their financial resources and has forced them to rethink the choices they have made. Struggling for basics, managing without house help and fretting about handling any medical emergencies have exacerbated their need for safety, wellbeing, and companionship.

The Sens, however, are not alone in this struggle. They represent about 20 Mn elders who stay alone, and that number will rise exponentially in the next two decades with a majority of them not having access to any form of sustainable income. The good old joint family ecosystem has all but disintegrated exposing the vulnerability of our elderly population.

In India, the construction of old-age homes has boomed in the last few years, with several developers taking centre stage in this arena. These projects offer rentals, leasing, or units for sale, which may range from basic to luxury in nature. As the population of independent, well-earning senior citizens' increases, so too will the opportunity for increased spending on a luxury homes and communities, post-retirement. With each new generation, the definition of "old" becomes new. Senior citizens today are much more tech-savvy, mobile and self-sufficient than they used to be. These homes are becoming viable options for people from ages as early as 55. They are becoming a place where people can live comfortably and return to previously abandoned passions-or move from a joint family set up and live life on one's own terms once again. In a culturally sensitive market like India, retirement homes are ushering in a new wave – a chance, for many today, to live a life of renewed independence.

India is home to a new generation of Indians age 60 and over. They're independent, financially stable, have travelled the world, and now they're looking for somewhere to retire comfortably.

The idea of senior living in India has been gaining traction in recent years owing to the migration of Indians and the breakdown of the joint family model. Senior living communities became popular in the West in the early 80s. In India, this concept is steadily gaining maturity, with the developer community starting to recognize the existence of a potential market of senior living communities.

As a country that takes pride in its culture, and in its sense of community, children caring for their elders has is an essential aspect of "family duty". It has grown to be an unspoken expectation of one's children – that retirement reverses the equation between parent and child, and the child naturally takes on the role of caretaker. However, over time, caretaking for elders has changed in nature, and in the process, senior living has become popular.

Senior care services in India are still at a nascent stage, but the demand for such service increasing rapidly. A recent report by Confederation of Indian Industry (CII) called Indian Senior Care Industry 2018, states that "In about 30 years from now, the elderly population in India is expected to triple from 104 million in 2011 to 300 million in 2050, accounting for 18% of the total population in 2050."

Senior living in India is often wrongly referred to as an 'old age home.' Indian laws and various acts also carry the same terminology of 'old age homes.' The picture and perception of old age homes and therefore senior living is that of a grey and decrepit place run by charitable institutions for the homeless, destitute and elderly. The images that come to mind are not pleasant. Coupled with this perception and lack of awareness is the associated cultural and social taboo of 'not taking care of your parents or elderly' if they were to reside in a senior living community away from home. These are the major causes that have stymied the growth of much needed senior living communities in India.

Let us look at 'adoption' from a different perspective and try to untie the knot that has kept Indian seniors from availing and enjoying world class senior living communities.

Provision of care for a loved elderly in familiar and comfortable surroundings of home with privacy and familial atmosphere is ideal. As they age, ensuring our parents or elderly loved ones independence for as long as possible at home is always the first choice.

However, there comes a time of objective evaluation where the level of care and assistance required for your loved elderly cannot be effectively provided at home.

The key to healthy ageing is to extend the independence of the elderly for as long as possible. Extending independence is not just a mere function of provision of medical care or of assistance, but is of 'overall wellness' which includes social, physical, intellectual, spiritual and emotional stimulation and care.

In the simplest sense, 'senior living' consists of independent living, assisted living and memory care housing and care services.

Apart from these, senior living and care spectrum include:
– Residential care homes
– Continuing care retirement communities
– Nursing homes
– In-home care
– Home health services
– Adult day care
– Respite care
– Hospice

The senior living spectrum graphically relates acuity levels with senior service classification and corresponding costs.

Senior living communities are designed and purposely built to accommodate the varying needs of its residents spanning from being independent to requiring high levels of care (high acuity levels) in a resort type atmosphere geared to overall wellness and healthy ageing in place. The communities incorporate a host of equipment, appliances and technology to ensure the safety of its residents whilst ensuring delivery of care and services.

Residents enjoy a host of social, physical, intellectual, cultural activities with personalised service of care and prepared meals as per their dietary requirements. Care and services are provided 24 hours, 365 days a year. With a host of amenities available, these communities ensure that the residents are engaged and live their retirement life with choice, dignity, freedom and independence.

Independent living

Independent living as a form of senior living is suitable for elderly who are generally independent and carry the ability to do activities of daily life by themselves. When one refers to activities of daily life, it generally includes dressing, grooming, bathing, personal hygiene, mobility, medication management and other personal activities.

In an independent living atmosphere, seniors are attracted by the prospect of enjoying the companionship of same age group residents along with a host of services that allow them to live in a carefree environment.

Independent living comes in various flavours depending on the physical build, configuration and the services provided. These are retirement communities, 55 + living, active senior communities, active senior living, senior apartments, retirement homes and comfort homes.

In developed countries like the US, independent living is typically on a rental (lease) model with monthly charges based on the community and kind of unit.

Independent living in India

India has witnessed a gradual emergence of independent living, mostly in the form of comfort homes, retirement communities and senior apartments. Even today, a majority of the new developments are retirement home communities and senior apartments with a few being truly independent living communities.

Typically, most of the projects offer general security, general maintenance and housekeeping services with a club house for resident activities. Dining services are available for residents on a chargeable basis. Practically all projects have tie ups with medical facilities; most have on call doctor, community doctor visits and nurse stations manned by registered nurses.

However, as perception towards senior living undergo a change, so do the trends.

Growth of independent living in India

The growth of independent living in India is directly related to its adoption by not only the Indian seniors but also by their families and loved ones. The pressing need for adoption is being driven by rapid economic development, changing socio-economic and cultural factors. This, combined with 110 million 60 + population growing to 170 million by 2025 and to 240 million by 2050 is compelling. Awareness, a well-educated and globally connected senior population desirous of availing post retirement services and the breakdown of social taboo are factors that will drive demand.

The builder and development community has realised the impending explosion of this asset class. This was very evident at the National Conference of CREDAI in August 2016 held at Shanghai where senior housing was one of the two emerging opportunities focused on.

The supply side is witnessing new projects being introduced adhering to international standards and world class senior living services.

India is on the cusp of witnessing a dramatic shift in the very near future where early stage retirement homes concept is being replaced by full-fledged independent living communities.

Assisted living

Assisted living is for seniors who require various levels of assistance with their daily activities of life. When one refers to activities of daily life, it generally includes dressing, grooming, bathing, personal hygiene, mobility, medication management and other personal activities.

Assisted living communities are an ideal solution to assist seniors to maintain their independence for as long as possible while offering them activities of daily life services. It is a great bridge to fill the gap between independent living and n nursing homes. It is by no means an alternative to nursing homes.

Seniors who are not in requirement of constant medical care, intensive care or skilled care but require intermediate or lower long term care are typically residents of assisted living communities. These communities work to ensure that senior residents continue enjoying a rich social and independent lifestyle filled with friendship, activities and events whilst providing benefits of having the extra care and support that they need round the clock.

The physical layout of assisted living communities are numerous ranging from tall buildings to flat single story structures depending on a host of factors, chiefly being the cost. Almost all the assisted living communities have apartments of various sizes with attached senior friendly bathrooms in one or two bedroom configurations.

Redefining senior care

Assisted living is the fastest growing long-term care option. Seniors who are still independent but anticipate needing care in the not-too-distant future typically select assisted living over their current home.

Assisted living communities recurring charges comprise two basic components namely; room and board and level of care charges. The room and board component covers the rent and meals whereas the level of care charges covers the resident care component for personal and other services provided. The level of charges varies based on the amount of care required.

The scenario in India

The current availability of fully operating assisted living in India is negligible with a few communities spread thinly. There are less than 70 independent communities in operation and under development. However, there are encouraging signs of new assisted living communities being designed, developed, built and will be operated based on international standards which bodes well for Indian seniors. Just as it is the fastest growing segment in the developed world, assisted living could witness the same trajectory in india.

India's demographic, social and cultural changes due to industrialisation and urbanisation are giving rise to the 'need' driven assisted living services. The growth in assisted living services is evident from the spurt of in home services organisations across major metro's and tier II cities that have recognised the need and void and are offering at home assisted living services. The services offered are in the form of providing care givers and nurses for assisting the elderly in their activities of daily life at their place of residence.

It is but a matter of time, that India will witness a growth in assisted living communities that offer a comprehensive and whole 'wellness' package thereby addressing the need of senior's requiring assistance while maintaining their independence.

In-home care and home health care services

Care provided at home for a loved elderly is referred to as in-home care. In-home care has the advantage of being private and personal in the comfortable surroundings of one's own home. The type of care provided varies from person to person as also the frequency of care. Care is provided by caregivers (ward boys) and nurses and is typically non-medical in nature. In-home services are provided more preventively and are focused on helping the individual maintain independence and keep them at their optimal level of functioning by providing basic services and supervision.

Home health services are similar to in-home care where skilled nursing services are provided to the patient. Here the provision of services is by licensed personnel and generally cover pain management, infusion therapy, heart disease, psychiatric services, COPD, diabetes, chronic kidney disease, and oncology.

Both in-home care and home health care service provision is on the rise as an industry in india. Even in the space of senior living especially for assisted living and memory care, there has been a marked and significant increase in service offerings which are a direct result of the demand metrics that are being witnessed.

Memory care

Memory care communities are designed and operated to take structured and programmed care of seniors affected with memory loss due to Alzheimer's or dementia.

Dementia is impairment in cognitive function that affects memory, personality and reasoning. Alzheimer's disease is by far the most common form of dementia affecting the elderly accounting for more than three quarters of all dementia cases. The symptom progression is typically very slow occurring over an extended period of time.

With the progression of Alzheimer's or dementia, the level of care and assistance a senior requires also increases.

At communities offering memory care, specially trained staff is available 24 hours a day to monitor residents and assist them with daily activities such as taking medications, bathing, grooming, eating, and dressing. Care programmes and activities are geared specially to those with dementia, and may include art and music therapy. Skilled nursing care is also generally available to those who need it.

The physical design of memory care communities contains resident units in a secure area with the intention of preventing wandering off and getting lost which is a common and dangerous symptom of this disease.

Memory care offers 24-hour supervised care with meals, activities and health management. Charges are usually all inclusive consisting of room, boarding and care or separate with two major components being room and board and care level charges.

The India story

In the past, majority of Indian families failed to recognise dementia as a disease. The social and cultural taboo associated with the same prevented families from seeking appropriate guidance and importantly learning about care provision. Today, dementia is recognised as a disease and there is an increased amount of awareness on the subject. There are six million known cases of Alzheimer's or dementia in India as of 2016. Today, most of the care for seniors afflicted with dementia is provided care at home. Apart from home care, there are some medical related institutions, spread thinly across the country, taking care of dementia patients on a long term basis.

Due to the lack of communities offering memory care services, care for elderly afflicted with various degrees of dementia is sought from providers of in-home care and home health care services. The need is evident from the growth of in-home and home health providers memory care offerings especially in metros and tier II cities.

However, there are encouraging signs of new assisted living communities with memory care wings being designed, developed, built and will be operated based on international standards which augurs well for Indian seniors in need of these services. Senior Living Communities play a vital role not only addressing the needs and wants of its residents but also providing comfort to their families. Promoting overall wellness, they foster healthy aging in place with dignity, choice, freedom and independence. With increasing life expectancy and proportion of aging population in the next few decades, the growth and importance of senior living is inevitable.

About fifteen years ago, old age homes provided shelter to the elderly who were from the financially disadvantaged class and those who were destitute. Old age homes continue to take care of the elderly from that segment of society and are mostly run by charitable institutions/NGOs. These homes are the only hope for many elderly persons who have nowhere to go.

We also have "shelters" that provide very basic requirements in life – a cot, common toilets, food and a roof over the head. If someone falls sick, they are moved to Government hospitals. There are also old age homes, which depend on charity for every meal, clothing etc. Dedicated NGOs and charitable institutions who run these facilities are messiahs to the elderly, physically and intellectually disabled persons, those who could not bear physical abuse from their kith and kin and many who have been thrown out by their children. Old age homes have better accommodation than shelters, some of which have only temporary overhead protection. What is inadequate in terms of comforts and infrastructure is compensated by love and community life and more importantly, a secure life.

Seventy-five years ago, old age homes and shelters did not exist. The need was not there. We had joint families and it was taken for granted that elders in the family would be taken care of by the younger generation. The breakup of a joint family system, evolution and acceptance of nuclear families, the attitudinal change to values

and disregard to customs and traditions as well as children going away for livelihood away from homes led to a situation that made life in old age a cause for concern – both for the elderly and for the children.

This is India where 130 million elderly population live. The numbers are going up year after year. Thanks to longevity and access to health care, the life expectancy is increasing by the year and by 2050 the elder population would constitute about 20 % of the population of India. 70 % of elders live in rural areas. We are expected to have a very young population of 35 years constituting 65% of our population

Old age homes did not suit the requirements and lifestyle of Middle and Upper Middle-Income Group senior citizens. These old age homes lack the ambience and comforts as well as the class that we see today in privately run retirement communities. These old age homes have a stigma attached and neither the Middle nor Upper Middle-Class citizens want to live in these homes nor are their children wanting their parents living in them since it affects their social standing in their circle of friends.

Around the Year 2000, old age homes were re-modelled to suit the requirements of Middle and Upper Middle-Class citizens. This process of change was due to various factors as given above. Children getting a better education and moving far away from parents in search of greener pastures especially in the wake of Y2K, made this class of people sit up and look as to who will take care of the seniors as they age.

The parents could not move with the children as they missed their lifestyle in the place that they had lived their lives. They missed their friends, relatives and more importantly, their routine. They missed their independence and freedom. Living, as one aged, was a problem both for the parents and also for the children. Both the parents and the children did not know how to fill this void between dependency and interdependency. In many cases, it was considered improper for parents to expect money or support from children, especially when the children were girls, who got married and moved to their husbands' homes or set up their own homes, far away from their parents.

Senior living communities communities are based on "*relationship for life and beyond*". Unlike in Western countries, retirement communities in India are not impersonal and segmented. Our retirement communities come with emotions and much higher expectations. It is in our heritage and culture to look after our elders. Family ties and bonds between the family members in a society, which is now nuclear, are still strong. Go to any marriage or death and, you will see this bond.

From being in a stand-alone mode, *senior living communities are now part of large townships*. We see a mix of young and the old. This trend is mainly because of longevity since an elder citizen may live over 30 years in his or her post-retired life. With awareness and being conscious of wellness, physical fitness and good nutrition, senior citizens are more active and do not want to be counted in the category of "retired." Age is only a number is the belief and that number can stagnate if one takes care of his or her health.

Even in retirement communities, we notice two distinct groups – those below 75 years and those above 75 years of age. Subject to not being seriously disabled, the "younger seniors" or the "millennial seniors," have high awareness levels and knowledge of technology. They desire to be part of the group of people who are young, play games, go to regular gymnasiums, run a marathon, drive cars, love pasta and burgers (!) and in effect continue to do what they did before the age of 60. And they do so until their physical or mental conditions permit them. They have money and have planned their retirement better than the "older seniors."

The older seniors are those above 75 years of age, wanting a more sedentary retired life with fixed timings for everything. They are conservative and traditional and, are unwilling to experiment. This group may have serious disabilities or age-related issues, which prevents them to continue with such physical or routine activities, which they could do before. Their longevity and life in the times of reduced bank interest rates and higher tax regime have eroded their net worth. They worry about expenses for care, which they may need to cater for the future with advancing age. Thus, we witness retirement communities having young and old seniors and this is bound to continue so long the cycle of life and death remains.

While moving into a retirement community seem to be a viable option for seniors to live, the trend now is to postpone such a move, so long as one is physically and mentally active. The age of entry into retirement communities is now increasing from 55 to 65.

The Future of Elderly Living and Care

From Old Age Homes/Shelters to Comfort and Retirement Homes to Retirement or Senior Living Communities to Senior Care Centres has been the journey of senior living and care in India over the past fifteen years or so. It is still nascent. Nothing much has happened for the elders in the rural sector and the requirement is large. The steady increase in urbanization of the rural areas, access to better health care and education, the societal change that the urban areas witnessed are already making inroads into the rural areas. While the problems of the elders of the rural areas over the next 30–40 years will be similar to the ones faced by the urban elders, the numbers would be very large. Unfortunately, nothing much is happening to the rural elders.

Merely 1–2% of elders may be living in retirement communities in the next 30 years. But longevity makes care centres very relevant. The shift of the elders may happen directly to the requisite care centres. However, many would like to move into a retirement community at some point of time for getting services such as housekeeping, security, food as well as social life in the company of like-minded people. Retirement communities take away daily hassles of seniors including routine and emergency medical care, take away boredom and create group cohesion and a sense of belonging.

We may see home care segment being strengthened with trained staff through various skill-development programmes of the Government. The statistics are staring at us and the elderly segment will need more attention especially in rural areas.

We need to find solutions to the issues that we are likely to encounter. Through discussions, the involvement of all stakeholders including the government both at the Centre and the States, we should find solutions to the subject of elder living and care. Already some States are seized of the problem and are applying their mind to the emerging problem of elder living and care. Surely others can follow.

With proper care and use of technology, *It is possible for a man who is 85 years of age, suffering from Diabetes and affected by Parkinson's disease and Stroke, dependent on 24X7 caregiver and on a wheelchair to be able to walk without a walking stick by proper rehabilitation through physiotherapy, wellness and change in lifestyle including diet.*

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Kim Mee Hye[1]

Are Current Policies Sufficient to Solve Elder Abuse Occurring in Long-Term Care Facilities in Korea?

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Abstract
The purpose of this study is to understand abuse of older adults at long-term care (LTC) facilities and to suggest implications in Korea. Elder abuse at LTC facilities increased rapidly after the introduction of the Long-Term Care Act. The characteristics of abuse at LTC facilities are different from those at home in terms of abused older adults and abusers, types of abuse, and obligated reporters. The most vulnerable older adults are women and those with dementia. It is necessary to considering residential environments and customizable strategies to prevent and intervene in abuse. However, the analytic results of four levels of prevention have revealed that policies and programs for abuses exist, but they are not specifically suitable for abused older adults in **a** facility. Increasing abuse toward older adults cannot be avoided as society sees increases in the number of residents who are older and dependent. Social policies of the guardian system, the ombudsman program, and management of latent cases are suggested. Strengthening the functions of the Elder Protection Agency (EPA) is also suggested.

Problem statement

Since a welfare facilities was established for older adults after the Korean War in the 1950s, they became widespread under the Long-Term Care Insurance Act (LTCA) of 2008. In the early days, these facilities were poorly operated without sufficient resources (e.g., subsidies) and monitoring systems. Violence and maltreatment of residents occurred behind closed doors. However, the problem of elder abuse in facilities

1 Prof., Department of Social Welfare, Ewha Woman's University in in Seoul, Korea

has been discovered and raised as a social issue with the changing social climate of human rights and increasing number of residents. In particular, one reason for abuse toward older adults is related to the unique Long-Term Care (LTC) environment in Korea. At the beginning of LTCA, the number of LTC facilities was not sufficient to meet the needs of caring services for older adults, so the government solved the facility shortage by allowing the private sector to participate as operators. The number of facilities rose rapidly, by more than 400%, from 1,700 in 2008 to 5,320 in 2009; the private sector accounted for 72.6% of the total number of LTC facilities in 2018 (National Health Insurance Service, 2019). This situation is likely to lead to a low quality of service, human rights violations, and elder abuse in that the private sector seeks to maximize profits in addition to there being competition among the individual organizations. Besides the problem above, complex reasons such as low recognition of elder abuse in society and a shortage of prevention and intervention services against elder abuse are also occurring. Consequently, Korean society faces the unexpected problem of elder abuse in LTC facilities. This paper will review the current situations of elder abuse at LTC facilities, analyze prevention with a framework consisting of four levels targeting population (WHO, 2011), and then suggest solutions.

Current situation of elder abuse in LTC facilities

Exposure to elder abuse at home instigated concern about the problem of abused older adults in society. Since elder abuse is recognized as an incident at home, comparatively speaking, abuse in facilities has received less interest. Secondary data are limited to analyzing the accurate situation of abuse in LTC facilities but could show an overall picture of what is going on. The following analysis shows how many, who, by who, and what type of abuse occurs in LTC facilities.

1. Occurrence of elder abuse in LTC facilities

The proportion of homes where abuses occur is overwhelmingly higher than in other places, but it continuously decreased from 92.9% in 2005 to 84.9% in 2020, as shown in Table 1. However, the proportion of abuse in residential institutions for older adults, including LTC facilities, stayed steady at 2%–3% of elder abuse compared to total abuse between 2005 and 2008. After the LTCA was enacted in 2008, the number of LTC facilities where abuse occurred increased rapidly from 2.1% in 2009 to 6.3% in 2012 and 7.0% in 2014 (these years include residential facilities). Separate statistical reports on LTC facilities showed accurate situations of abuse after the year 2016. The number of abuses in LTC facilities increased by twofold in the 4 years from 2014 to 2019. One reason is the continuous increase in the number of LTC facilities, and the other is that the susceptibility of human rights has been raised.

Table 1. Places where elder abuse occurs (N, %)

	2005	2009	2012	2014	2017	2018	2019
Home	1,893(92.9)	2,358(88.2)	2,909(85.0)	2,983(84.5)	4,129(89.3)	4,616(89.0)	4,450(84.9)
Residential	46(2.3)	55(2.1)	216[1](6.3)	246[1](7.0)	327[2](7.1)	380[2](7.3)	486[2](9.3)
LTC[3]					292	321	432
Other[4]	99(4.9)	261(9.8)	299(8.7)	303(8.5)	166(3.6)	192(3.7)	307(5.9)

Source: Korea Elder Protection Agency

[1] Total number of residential facilities and abuses by family member at the facilities are included

[2] Only the number of facilities where abuses happened in the facility by members of the LTC facility. Statistics since 2016

[3] The LTC refers to the number of LTC facilities out of total residential facilities

[4] Other: welfare center, public hospital area.

2. Characteristics of abused older adults in LTC facilities

Age and gender of abused elders in facilities. The absolute number of abused female older adults is almost triple that of abused male older adults. In 2019, out of the 432 total abused older adults, there were 302 women (69.9%) and 130 men (30.1%). This trend in different ratios between female and male abused older adults has been maintained since 2009 (Table 2). Over 50% of abused older adults were in their 80s, followed by over 20% in their 70s, and almost 20% in their 90s. At present, the number of female abused older adults aged over 100 years is small, but it will increase along with the rapid increase in the old-old age group. There will not be an exceptional number of male abused older adults in the near future.

Table 2. Gender and age group of abused older adults (N, %)

Year		–60s	70s	80s	90s	100s+	Sub total	total
2009	Male	7(12.7)	5(9.1)	6(11.0)	0(0)	0(0)	18	55
	Female	2(3.6)	10(18.2)	21(38.2)	4(7.3)	0(0)	37	
2012	Male	8(3.7)	26(12.0)	26(12.0)	3(1.4)	0(0)	63	216
	Female	10(4.6)	50(23.1)	68(31.5)	25(11.6)	0(0)	153	
2014	Male	8(3.3)	29(11.8)	24(9.8)	1(0.4)	0(0)	62	246
	Female	13(5.3)	35(14.2)	99(40.2)	34(13.8)	3(1.2)	184	
2017	Male	8(2.7)	29(9.9)	23(7.9)	6(2.1)	1(0.3)	67	292
	Female	4(1.4)	44(15.1)	113(38.7)	62(21.2)	2(0.7)	225	
2018	Male	8(2.5)	47(14.6)	49(15.3)	6(1.9)	0(0)	110	321
	Female	2(0.6)	41(12.8)	116(36.1)	48(15.0)	4(1.2)	211	
2019	Male	7(1.6)	40(9.3)	66(15.3)	17(3.9)	0(0)	130	432
	Female	6(1.4)	50(11.6)	159(36.8)	84(19.4)	3(0.7)	302	

Source: Korea Elder Protection Agency

The proportion of abused older adults. This proportion differs between those with spouses and those without. More than 70% of abused older adults until 2017 did not have **a** spouse. The number of abused older adults with **a** spouse has increased, and the gap between those with and without **a** spouse has narrowed to 10%. This trend is related to an increase in older couples. Regardless of marital status, the person who cares for and watches the older adult is the most important factor in preventing abuse behaviors in facilities.

Table 3. Marital status of abused older adults (N, %)

Year	2009	2012	2014	2017	2018	2019
Married	9(16.4)	43(19.9)	51(20.7)	62(21.2)	136(42.4)	192(44.4)
Non-married	45(81.8)	173(80.1)	195(79.3)	230(78.8)	185(57.6)	240(55.6)
Total	55*	216	246	292	321	432

Source: Korea Elder Protection Agency

*One person did not provide this information

The proportion of abused older adults with dementia. This proportion, regarding both latent and diagnosed dementia, increased to 85.6% of the total number of abused older adults in 2019. Older adults with dementia are the most vulnerable to abuse.

Table 4. Level of dementia (N, %)

	2009	2012	2014	2017	2018	2019
Latent	8	21	33	23	34	55
Diagnosed	12	108	122	231	230	315
Total*	20(36.4)	129(59.7)	155(63.0)	254(87.0)	264(82.2)	370(85.6)

Source: Korea Elder Protection Agency

*This number represents older adults with dementia out of the total number of abused older adults

3. Types of abuse

The rank of abuse types in LTC facilities differ from those of the general older adult population. Generally, emotional abuse is at the top, followed by physical abuse, neglect, economic exploitation, sexual abuse, and abandonment (Korea EPA, 2019, p. 80). As shown in Table5, the number of abused older adults in facilities has continuously increased every year, but the trend of abuse types remains. The proportion of multi-type abuse and emotional abuse has remained the same, but both neglect and sexual abuse have increased. The characteristics of elder abuse in LTC facilities are different from that of those at home (Korea EPA, 2019, p. 80). Neglect refers to indifference and inappropriate care for older adults that could cause mental problems and ultimately lead to death. Sexual abuse is sexual humiliation (e.g., leaving the older adult naked or changing a diaper without a shield in public) and sexual molestation. All types of abuse should receive attention, but neglect needs immediate intervention.

Table 5. Type of abuse (N, %)

Year	Physical	Emotional	Sexual	Economical	Neglect	Abandon	Total
2009	16(19.4)	28(33.7)	1(1.2)	8(9.6)	22(26.5)	8(9.6)	83
2012	81(26.1)	93(30.0)	16(5.2)	13(4.2)	99(31.9)	8(2.6)	310
2014	81(21.1)	93(24.2)	66(17.3)	9(2.3)	123(32.0)	12(3.1)	384
2017	129(33.2)	42(10.8)	76(19.6)	20(5.2)	120(30.9)	1(0.3)	388
2018	87(21.2)	30(7.3)	124(30.3)	5(1.2)	164(40.0)	–	410
2019	126(21.2)	61(10.2)	124(20.8)	67(11.3)	217(36.5)	–	595

Source: Korea Elder Protection Agency
The responses were to multiple choice questions

4. Characteristics of abusers

Since 2016, the number of female abusers has been triple that of male abusers. In terms of age and gender, the largest number of abusers is women in their 50s. The proportion of abusers seems to reflect the proportion of care workers by age and gender. Over 96.3% of abusers are care workers. The difference between the number of abuse cases and the number of abuses shows that more than one abuser is involved in an abuse case. In other words, an abused older adult could suffer from more than one type of abuse.

Table 6. Relationship between the abused and abusers (N, %)

Year	Health care providers	People working at the LTC	People working at the related facilities	Others	Family and relatives	Him/herself (the abused)	Total
2009	1(1.6)	24(38.0)	4(6.3)	5(7.9)	27(42.9)	2(3.2)	63
2012	2(0.7)	226(80.1)	10(3.5)	6(2.1)	38(13.5)	–	282
2014	2(0.7)	221(73.9)	5(1.7)	13(4.3)	56(18.7)	2(0.7)	299
2017	1(0.2)	591(98.2)	7(1.2)	2(0.3)	1(0.1)	–	602
2018	17(2.9)	559(94.4)	11(1.9)	3(0.5)	2(0.3)	–	592
2019	5(0.7)	675(96.3)	18(2.6)	1(0.1)	2(0.3)	–	701

Source: Korea Elder Protection Agency

5. Obligated reporters

As shown in Table 7, reporters are grouped into those who are obligated and those who are not. Out of the 15 professional groups obligated to report elder abuse, professionals reporting elder abuse in LTC facilities are concentrated in six profession groups that are related directly to personal care and formal care for older adults. However, the proportion of obligated reporters accounts for about 30% of the total number of reporters. Although government efforts to add professions to the list of obligated reporters and strengthen the duty to report with a penalty for ignoring observations reporting elder abuse, 70% of total reporters are, from most to least, non-obligated others, relatives, and related organizations.

Table 7. Obligated and non-obligated reporters (N, %)

	2009	2012	2014	2016	2017	2018	2019
Obligated	16(29.0)	72(33.3)	95(38.6)	58(32.9)	83(28.4)	141(43.9)	148(34.2)
Non-obligated	39(71.0)	144(66.7)	151(61.4)	118(67.1)	209(71.6)	180(56.1)	284(65.8)
Total	55	216	246	176	292	321	432

Source: Korea Elder Protection Agency
Obligated: health care provider, person who engages in service, public official, person working at the LTC, etc.
Non-Obligated: abused, family or relative, others

6. Case judgment

The reported cases of elder abuse are judged by a review committee for decisions regarding whether an action qualifies as elder abuse. The reported cases are divided into three groups based on the results: critical situations for life (emergency), less critical situations (non-emergency), and suspected abuse cases (latent). General cases are evaluated as no abuse is occurring at the time of report receipt. The number of abuse cases judged as non-emergency increased to 70% in 2019, followed by latent cases (about 30%). For example, physical restraint is a serious physical abuse but not life threatening. Latent cases should be attended to because they could become abuse cases or they may reflect more serious cases being hidden.

Table 8. Results of case judgment on abuses cases (N, %)

	2009	2012	2014	2017	2018	2019
Emergency	2(3.6)	9(4.2)	5(2.0)	23(7.9)	0(0)	1(0.2)
Non-emergency	37(67.3)	141(65.6)	178(72.4)	150(51.4)	222(69.2)	308(71.3)
Latent	16(29.1)	65(30.2)	63(25.6)	119(40.8)	99(30.8)	123(28.5)
Total	55	215	246	292	321	432

Source: Korea Elder Protection Agency

Social policies and strategies against elder abuse

There are two ways to fight elder abuse at LTC facilities: prevention and intervention. These two methods are not exclusive and neither is superior to the other. Social policies for preventing elder abuse are specified in the Welfare of Old Persons Act (WOPA). Interventions are social services directly given to abused older adults as well as to abusers by Korea and the Regional Elder Protection Agency (EPA) and relevant welfare centers. To analyze the prevention and intervention strategies, the social policy and services provided by the government and the related welfare service center will be reviewed by using a framework WHO developed that is structured according to the target intervention population at four different levels (WHO, 2011, p. 43).

1. Universal approach

This targets the general population or the whole of a group of individuals, such as a specific profession.

Publicity of elder abuse toward the general population and professors. Since education only provided to professional personnel related to abuse is insufficient for promoting and preventing elder abuse, raising public awareness of the problem is important. The government has developed some strategies under WOPA: 1) declaring the "Day of Elder Abuse Prevention," 2) introducing the production, distribution, and transmission of publicity videos on the precaution, prevention, and risk of elder abuse.

2. Selective approach

This targets individuals at risk of elder abuse, either as victim or perpetrators.

Human rights against elder abuse. The year 2011 was definitely a turning point in the political response against elder abuse. Human rights were emphasized and reinforced in social policies to prevent elder abuse. The Korea EPA was obligated to take a role and action to prevent elder abuse from the respect of human rights of old persons under WOPA. Since 2017, human rights have been emphasized on all processes such as prevention, intervention, and follow-up.

Care worker education concerning human rights and elder abuse. People abusing elders at LTC facilities could be care workers, staff, and other older adults. All workers at LTC facilities are required to participate in education about human rights and elder abuse, for more than one hour, at least once a year under WOPA.

3. Indicated approach

This targets the victims or perpetrators of maltreatment.

Punishment for direct perpetrators. Elder abuse can be called "a crime related to elder abuse"; the abusers are basically considered criminals. This means that their situation has become more rigid because the WOPA includes paragraphs related to criminal acts associated only to elder abuse. Being convicted of elder abuse leads to a restriction of work possibilities at institutions related to older adults for 10 years after serving their sentence. In addition, abusers must follow recommendations for attending classes by the head of the EPA.

Administrative measurement given to facilities. Elder abuse in facilities is a very serious problem and needs administrative intervention that is subjected to the LTCA as well as WOPA. The LTCA applies more specific and rigid standards than does the WOPA. Under the LTCA, the local government discloses the name of the business for a maximum period of 6 months or cancels its designation as a long-term care institution depending on the level of severity (enforcement roles of the LTCA).

Services for victims and family members. When the reported case is judged as abuse, the EPA offers services for victims and family members. The services include medical and psychological treatment, counseling, and accommodation in shelters

for victims. After a case of elder abuse ends, the EPA provides follow-up services to prevent reoccurrence for abused elders and families**.**

Appointment and education for the obligated reporters. Since 2004, the WOPA has appointed a head officer and staff in five institutions, and there was an expansion of up to 15 institutions twice (WOPA article 39–6). In 2011, the heads and workers of LTC facilities were additionally designated as obligated reporters. This provision is meaningful in that the government showed that it is concerned about elder abuse at LTC facilities. The appointed people attend training programs concerning elder abuse and their reporting duties when they receive their license and as well as on the job. Furthermore, a new provision was created to penalize people who did not fulfill their duty to report elder abuse.

4. Organizational and multicomponent intervention

This was designed to improve professional practice through, for instance, guidance and protocols.

The Elder Protection Agency. As a government response to elder abuse, the EPAs were launched in 2004. The functions of Korea EPA and Regional EPAs were redefined in 2011. The Korea EPA has roles in developing national plans, offering necessary support, and providing resources to regional EPA s in addition to monitoring them. Regional EPAs provide services for abused older adults based on results about whether a case is abuse and then are involved at the state level. The results are four different levels of involvement: emergency case (abused older adult needs to be separated from the abuser), non-emergency case (abused older adult is in a safe and stable situation), latent case (the older adult is not abused/the situation is potentially abusive), and general case (the older adult is not being abused/there is no evidence of abuse or abuse behavioral factors).

Operation of the review committee. Korea and the regional EPA have developed a review committee for elder abuse cases. A regional EPA review committee assesses elder abuse cases to make relevant decisions. The Korea EPA review committee assesses abuse cases decided by the regional EPA in situations of conflicts or denials of abuse decisions. This committee mediates disputes between regional EPA and reported facilities.

Evaluation of administration and services of LTC facilities. The National Health Insurance Service (NHIS) continuously controls and evaluates details of LTC benefits every 3 years. Since the NHIS gives a rating of A to E according to the results and discloses the rank to the public, the facilities are incentivized to receive the highest possible score to recruit clients. The item related to elder abuse has the highest weight in the score, meaning that LTC facilities have an incentive to avoid elder abuse.

Suggestion for a new approach to resolve elder abuse

1. Improving the criteria to accurately judge a reported case as abuse

At the request of the EPA, Kwon and Lee (2014) developed criteria to judge abuses in living institutions that reflect these institutions' characteristics in addition to common criteria for judging elder abuse in all settings. The number of conflicts between facilities and adult children of abused older adults has increased because definitions of abusive behaviors in elder abuse cases are often burred. Consequently, there are twice as many general cases as abuse cases (Korea EPA, 2020). The decision on the level of abuse is often controversial. The present criteria of elder abuse in living facilities needs to be revised to articulate abusive behaviors as well as to include their frequency and intensity while considering different traits of abusers' relationships and places in LTC.

2. Increasing the number of care workers

As mentioned above, the number of neglect cases is increasing in LTC facilities (Kim et al., 2011). Many indicators of neglect are related to providing clients with inappropriate and insufficient services to meet their desires and needs. These behaviors appear under the burden of care due to a shortage of care workers. Currently, LTC facilities must have one care worker per 2.5 older adults, not considering shiftwork, resulting in a lack of manpower at all times (Ministry of Health and Welfare, 2019). Care workers easily burn out and leave such settings. Increasing the number of care workers is one solution to prevent abuse.

3. Providing education concerning abuse and human rights

Prevention of abuse should have precedence over intervention after an abuse case occurs. All workers, including care workers, should have an awareness of elder abuse and human rights. The present yearly training is insufficient to continuously recognize elder abuse. It is important to establish a new education system to expand the definition of those who are required to participate and to provide appropriate content depending on the participants' type, position, career, and length of work in the facilities.

4. Strengthening the guardian system

As shown in Table 4, elders with dementia are a high-risk group for being exposed to abuse. In addition, they are less likely to seek help when victimized because of cognitive disorders. The government has operated a pilot project called the "public guardian system" for older adults with dementia and low incomes and who are over the age of 65 and without family. The participants who are supported by the public guardian program can be protected in LTC residences. Demographically, abused older adults tend to be female, single, older, and have dementia; therefore, older single female elders with dementia are the most vulnerable group, and they must be attended to through the guardian system.

5. Strengthening the function of the ombudsman

An "honorary adviser" who is appointed by the local government under WOPA visits the LTC facilities, talks with clients and workers, accesses data, and provides recommendations for working out problems to prevent elder abuse as an ombudsman. However, the current study indicates that ombudsmen have limitations in that their position is honorable and temporary (Son, 2017), so it is difficult for them to effectively determine whether elder abuse is occurring. An hour's visit at **a** facility is not enough time to meet residents and workers and investigate signs of abuse. This ombudsman program should be strengthened and include recommendation rights, visiting hours, and rewards in order to function well.

6. Providing services for victims in LTC facilities

Some interventions from the EPA are likely not suitable for older adults who live in LTC facilities. In fact, there are no specific services for abused older adults in LTC facilities. Specifically tailored services for such individuals in LTC facilities are needed to lessen mental shock and depression and to deliver medical treatment and mental health counseling.

7. Managing latent cases

Although latent cases are not considered abuse, they are likely to turn into abuse cases at some point in the future. A systematic program to monitor latent cases should be established to protect these cases of older adults who are vulnerable to abuse.

8. Expanding and strengthening EPA

As mentioned above, Korea and regional EPAs have common and individual functions that provide services and are involved in the prevention and intervention of abuse. EPAs need to be endowed with the power to develop and provide programs and better services for abused older adults.

Conclusion

Elder abuse has increased along with an increase in LTC facilities after the induction of the LTCA. However, abuse in LTCs has not received attention. A case of abuse happening in an LTC facility is different from that at home in terms of characteristics of the abused older adult and the abuser, type of abuse, and obligated reporters. Social policies and programs in each area are insufficient for solving the current problems of abuse in LTC facilities. It is necessary to develop a customized response against abuse along with the revised provisions of WOPA. Older adults who are most vulnerable to abuse are female and single and have dementia. Guardian institutions need to protect these individuals who have multiple risk factors.

The reason for the increasing neglect is related to problems of care workers, who are easily burned out because of employee shortages as compared to the care needs of

elders. Due to the rapidly aging population in Korea, an increasing number of older adults are highly likely to live in LTC facilities. Residents in LTC facilities are aging and facing deteriorating physical and mental functions, which makes it possible to foster an environment that is insensitive to human rights or abusive behaviors. Korean society faces a new social challenge to prevent abuses in LTC facilities; it needs to stop abuse at LTC facilities where older adults will reside in their later life in order to guarantee human rights and their quality of life.

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Masa Higo[1]

Japan's Approach to Retirement Reform: An International Perspective

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Abstract

Over the past few decades, most countries around the world have been pressured to reform their conventional retirement systems in our time of rapid population ageing. An effective retirement reform would enable workers to remain in the workforce beyond conventional retirement age for as long as they desire, without their opportunities and decisions being institutionally constrained, so as to help them to secure resources necessary to maintain their socioeconomic wellbeing in later life. Japan deserves special attention in this context; having gone through the world's fastest population ageing during the 1970s and 1980s, today Japan is far ahead of the rest of the world in this demographic shift.

Amid aa global search for effective retirement reforms, while an increasing number of countries across the world have come to adopt an 'age-free' **a** 'hyper-aged' Japan has to date taken what may be referred to as an 'age-friendly' approach particularly in its policy efforts in the areas of mandatory retirement and public pension programs. This approach seems to have yielded **a** positive outcome; over the past few decades, older workers' labor force participation rates have been steadily on the rise, and today the rates are higher than those in most other developed countries. This approach also has remained notably cautious of calling for **a** drastic reform, such as privatization, to the traditional public pension programs. Japan's 'age-friendly' approach to retirement reform may exemplify **a** unique and more viable variation of retirement reforms for some other countries. Nonetheless, **a** continuous, closer and critical analysis of the effectiveness and long-term sustainability of Japan's approach is called for in order for other rapidly ageing countries to examine whether it is worthwhile for them to follow in the future.

1 masateru.higo@gmail.com

Introduction: Retirement Reforms on an Aging Globe

In this time, wherein rapid population aging has led the United Nations to raise 'active aging' as an imperative global agenda to pursue, most countries around the world are engaged in reforming their retirement frameworks. Effective retirement reform in this context means making changes to public policies, employer practices and the whole of labor market institutions in order to prolong citizens' working lives beyond the conventional retirement ages (Organization for Economic Co-Operation and Development, 2018, OECD, hereafter). Through such a retirement reform, individuals workers would be enabled to remain economically active for as long as they desire, without their opportunities and decisions to remain active being institutionally constrained, so as to secure resources necessary to maintain their socioeconomic well-being in later life (Higo & Klassen, 2015). At the national level, such reform would also contribute to mitigating the impact of anticipated workforce shortages and fiscal insolvencies of age-related social expenditures, including public pension programs and health care for the aged (Williamson & Higo, 2009)

Amid this global engagement in retirement reforms, Japan deserves special attention; having experienced the world's fastest population aging during the 1970s and 1980s, as will be detailed later, today Japan stands far ahead of the rest of the world in this demographic shift. A 'hyper-aged' Japan will also continue to lead the aging globe well into the mid-21st century, and other major economies in Asia – most notably South Korea, Taiwan, Singapore and Hong Kong, and also Thailand, Vietnam and China, in a lesser degree – will likely follow the demographic path of Japan (United Nations, 2020). In response to this mounting demographic pressure, the urgency to achieve effective retirement reform is greater for Japan than for any other country, first to secure the sustainability of the country's own socio-economic vitality, and then to exemplify a successful model of reform for other countries that are now rapidly following Japan's path (Higo & Klassen, 2015).

How does then a 'hyper-aged' Japan reform its retirement? This article overviews the key policy efforts made over roughly the past three decades to reform retirement through prolonging the citizens' working lives beyond the conventional retirement age in the national context. To date, the growing body of relevant literature, both academic and policy, has understudied Japan's experience from an international perspective. The goal of this article is thus to contribute to filling the gap in the literature by discussing and highlighting the characteristics of Japan's reform as a unique variation against the backdrop of the ever-intensifying global search for effective retirement reform. An overarching goal of this article is to offer a source of knowledge for other countries' policymaking today and in the future, particularly for those that are currently on the way to become 'hyper-aged' in coming decades.

Method and Data

This article is developed primarily as a discussion paper, based on mixed types of data, aiming to address the goals stated above. The discussion delivered in this article is based mainly on two sets of sources: a review of relevant literature, both academic and policy, and findings from a series of analyses of data drawn from the latest, publicly-available surveys conducted by the United Nations, OECD, the World Health Organization (WHO, hereafter) and Japanese Ministry of Health, Labor and Welfare (MHLW, hereafter).

Japan as a 'Hyper-Aged' Society

Reflecting a growing public concern about the consequences of population aging as a worldwide demographic shift, a unique classification scheme has been developed in the relevant literature, which labels countries around the world based on the level and the speed of population aging. This classification scheme consists of three stages: *aging* society, the stage at which those aged 65 and older account for at least 7 percent of the total population; *aged* society, the stage at which this age group accounts for at least 14 percent of the total population; and *hyper-aged* society, the stage at which this age group accounts for at least 21 percent of the total population (Coulmas, 2007).

According to this classification, Japan became an aging society in 1970. Having experienced population aging much faster than most other developed countries, it became an aged society in 1994. Preceding again any other country, Japan then became a hyper-aged society in 2007 (MHLW, 2010). Not only does Japan lead the world in population aging, but it has also experienced one of the world's fastest population aging between these years. According to the United Nations (2020), as of July 2020, about 9.3 percent of the world's total population was aged 65 and older. The corresponding figure for Japan was 28.3 percent, which ranked the country as by far the most aged country in the world followed largely by European countries including Italy (23.3%), Portugal (22.8%) and Greece (22.3%) (United Nations, 2020). Therefore, Japan's experience of retirement reform may be a precursory case of an aging country that may provide a source of ideas for policy lessons, development, and reforms for other aging societies around the world today and in the future.

'Age-Free' – An Emerging Approach on an Aging Globe

Amid the ever-growing pressure to achieve successful retirement reform, over the past few decades, an increasing number of countries around the world have come to adopt what may be referred to as an 'age-free approach' as the foundational policy direction for pursuing retirement reforms. Arguably, this emerging approach is observed mainly in two notable global trends, which may seem to dominate the rest of the world in coming decades.

The first trend pertains directly to changing the timing of and path to retirement. Following the lead of the enactment of the Age Discrimination in Employment Act of 1986 in the United States, within the past 30 years the United Kingdom, Australia, New Zealand, and most recently Canada have established and enacted laws to phase out the so-called default retirement age (Klassen, 2013). This means, in these countries, contractual mandatory retirement – a set of employer practices that force employees to retire from their workplace upon reaching a certain age – has been fully abolished. As an age-discriminatory employer practice and labor market institution, contractual mandatory retirement has long been considered a primary institutional barrier to remaining economically active beyond conventional retirement ages, particularly in a time of prolonged life expectancies (Higo, Schröder & Yamada, 2016). This trend is, arguably, part of these countries' policy measures to reform retirement in their respective workforces in order to prolong their workers' working lives. This trend is expected to continue expanding across the aging globe in the future; abolishing mandatory retirement is an official recommendation that the United Nations has placed on its member countries since 1994, and many othe countries have been considering following the recommendation (Ebbinghaus, 2006; MHLW, 2018).

Old-age public pension is a major pull factor to retirement (Preter, Looy & Mortelmans, 2013).), and its reform is the area of the second trend, in which an 'age-free' approach has increasingly been adopted, or considered adopting, around the world. The fiscal system of the old-age public pension that is currently dominant around the world, in developed countries in particular, is the pay-as-you-go defined benefit model (PAYG-DB, hereafter), a mechanism that publicly administers financial support for retirees and their families principally by redistributing resources intergenerationally from those who are working age to those in retirement (Williamson, 2004). Over the past three decades, an increasing number of countries around the world, notably those in Latin America and Eastern Europe, have privatized – fully or partially – their traditional public pension programs by incorporating individuals' private accounts into the contributing and benefiting mechanisms of the programs (Williamson, 2004). Sweden's notional defined contribution model is another notable form of pension privatization, which has received a great amount of attention from other countries for their possible emulation (Börsch-Supan, 2005).

The trend of pension privatization can be considered a practice of the 'age-free approach.' This is increasingly adopted not only to address projected fiscal insolvencies of traditional public pension programs but also to reshape the conventional retirement behaviors of the workers in those countries (Williamson, 2004). In the conventional pension programs based on the PAYG-DB model, the timing of pension entitlement and the amount of the benefits are determined largely by the age of workers, which serves as a disincentive for them to continue working beyond the age at which they are eligible to start receiving the benefit. By contrast, the incorporation of individuals' private accounts – a core feature of the trend of pension privatization – is designed

in essence to provide workers with financial incentives to remain in the labor force as long as possible regardless of their age in order to receive greater pension benefits.

Together, in both the areas of retirement and pension, the emerging 'age-free approach' has been adopted by an increasing number of countries around the world, and this trend is likely to grow as one of the most dominant approaches around the aging globe in coming decades. Both areas of reforms officially aim to provide individual workers with stronger incentives to remain in the labor force beyond the conventional retirement age and for as long as possible (OECD, 2018).

Japan's Policy Approach: An Overview of the Past Decades

In response to Japan's growing public concern about the country's rapid population aging, since the mid-1980s the Japanese government has intervened in the labor market with a number of administrative initiatives and legislative measures aiming to increase the age criteria for mandatory retirement (OECD, 2013). Most notable is the enactment of the Law for the Stabilization of Employment of Older Persons (LSEOP, hereafter) in 1986, which has been continuously revised to date as the central legislative framework through which the government, the Ministry of Health, Labor and Welfare in particular, has intervened in the mandatory retirement workplace rules that have long characterized the country's labor market as a whole (Higo, 2013). Even today, as of July 2020, about 95 percent of employers across the country still implement this age-based workplace rule with 60 being the most common age to call for retirement (MHLW, 2020).

A consistent focus of a series of revisions made to the LSEOP is to negotiate with employers to increase the minimum age limit for mandatory retirement while simultaneously paying close attention to the needs and interests of employers, who are typically reluctant to increase the age criteria (Higo, Schröder & Yamada, 2016). The first enactment of the LSEOP in 1986 placed employers across the country under a requirement to make efforts to increase the minimum retirement age from 55 to 60, but this legislation was still not compulsory in nature and carried little in the way of legal penalties for non-compliance; it simply laid out some long-term pressure for employers' compliance by reducing government aid for their business activities in the future. Under this policy framework, therefore, it was still lawful for employers to set 55 as the mandatory retirement age (Wood, Robertson & Wintersgil, 2010). The increase in the minimum age to 60 was first made a legal mandate through the 1994 revision of the LSEOP (MHLW, 2010). Also through this revision, the government issued a new set of administrative guidelines for employers to prepare for further increasing the minimum mandatory retirement age to 65 (MHLW, 2010).

The 1994 LSEOP revision's legal mandate to increase the minimum mandatory retirement age to 60 was closely linked to changes made in the country's public pension programs. Arguably, behind the passage of this law was the urgency for the government to mitigate the anticipated fiscal insolvency of existing public pension programs, as

the ongoing growth of older populations began to place an increasing fiscal burden on younger populations for maintaining the pension programs (Williamson & Higo, 2009).

Japan's public pension is two-tiered, consisting of the Old-Age Basic Pension Program (BP) and the Old-Age Employee Pension Program (EP). Both tiers are financed largely on a pay-as-you-go basis, which is based on an implicit intergenerational contract; with this element, for the most part pension benefits are not pre-funded, and revenues from the current working population's payroll taxes are used to finance the benefits of current retirees (Williamson, 2004). BP is based on a flat-rate premium and provides flat-rate benefits. BP is designed for all citizens of the country regardless of employment status, and the benefits are available at age 65 for anyone who has contributed premiums for the 40 years comprising the ages of 20 to 59. EP, which itself consists of both flat rate and earnings-related components, covers most regular workers in private sector employment, and those workers receive the benefits from EP on top of those from BP (MHLW, 2013). As will be discussed in the following, the eligible age for the benefits of each of these components of the EP has been set and increased separately (Okamoto, 2013).

While the eligible age for BP benefits has been set at age 65 since its introduction, that for EP benefits has been gradually raised over the past few decades. In 1992 – prior to the passage of the 1994 LSEOP – the government announced a future administrative plan to increase the minimum age of eligibility for the flat-rate component of EP (MHLW, 2010). Then, in 1994, in conjunction with the passage of the 1994 LSEOP, the government officially announced that the minimum eligible age for this component of EP benefits would change from age 60 to 65, gradually shifting the minimum age upward from the year 2001 onward (MHLW, 2010). Up until the year 2000, the minimum eligible age for full EP benefits, including both the flat rate and earnings-related components, had been set at age 60, which has been the most common mandatory retirement age since 1998 (following the enactment of the 1994 LSEOP). However, the 1994 pension reform introduced a plan to gradually increase the minimum eligible age for the flat-rate component of the EP benefit to age 65; the initial age increase to age 61 took effect in 2001, and reached the target age of 65 in 2013. Furthermore, a 2000 pension reform introduced a similar, gradual upward revision of the minimum eligible age for the earnings-related component of the EP benefit, also to age 65. The initial age increase to age 61 became effective in 2013 and will continue to increase periodically until reaching the target age of 65 in 2025 (MHLW, 2010).

The last two major revisions to the LSEOP were made in 2004 and 2012. The 2004 revision of LSEOP made it a legal mandate for all employers across the country to comply with one of the following three options at the latest by April 2013: (1) fully abolish mandatory retirement rules in the workplace; (2) set the minimum age to call for mandatory retirement at 65 or higher; or (3) introduce employment policies in the workplace aiming to retain employees until at least age 65. In complying with the 2004 LSEOP, the vast majority of employers chose the third option; by 2012, about

92.1 percent of employers reported that they had elected to adopt the third option for their workplaces instead of the first two (MHLW, 2013). By adopting this policy option, employers were still allowed to formally terminate the long-term contracts of their employees at the mandatory retirement age set at their workplaces, typically age 60. Then, employers were required to rehire those employees, but they have a considerable degree of discretion in changing the terms of employment; employers may change those employees' wages, employment status, work schedule, job contents, and even workplace (Higo, Schröder & Yamada, 2016). Under this policy framework, therefore, many employers retained their employees aged 60 and over by shifting their status from regular employees to non-regular employees, who are employed on part-time or fixed-term basis, or both (Higo & Klassen, 2018). Overall, the 2004 LSEOP did not put a strong obligation on employers to retain their employees up to age 65; under the legal framework of this legislation, employers were not necessarily obligated to offer continued employment opportunities for all who wished to continue employment beyond the mandatory retirement age set at their workplaces. In this context, employers were still able to decline rehiring their employees if they did not meet certain minimum criteria set by the employer-employee agreements established in each organization (Yamada & Higo, 2015).

To address this issue, the LESOP then went through another major revision in 2012. Under this legislation, employers are still mandated to comply with one of the three options laid out by the 2004 revision, including the third option in which employers may adopt the rehiring policy option. However, this latest revision has mandated that if adopting the rehiring policy option, employers must retain at least until age 65 all of their employees who have reached mandatory retirement age and wish to continue their employment. The key point of this amendment is that all employees who wish to work until age 65 need to be retained, without setting criteria that had previously enabled employers to exclude some employees from rehiring. Employers are thus no longer allowed to select which employees they will offer continued employment or re-employment (MHLW, 2013).

Furthermore, recently, the government has further expanded the administrative scope of its intervention in the internal labor market. Since 2006, the government has begun a series of national campaigns aiming to encourage employers to retain employees not only up to age 65 but also up to age 70 (Yamada & Higo, 2015). For instance, the government has implemented a variety of award programs that provide grants for employers who introduce to their workplaces corporate policies that allow employees to remain employed at least until age 70. In these programs, the government also publicizes the names of those employers as model employers, whom the government recognizes as being well prepared for the rapidly aging workforce of the country, and encourages other employers to emulate their practices for retaining older employees at least until age 70 (MHLW, 2013).

'Age-Friendly' – Japan's Approach to Retirement Reform

How could Japan's approach to retirement reform be characterized in a phrase against the backdrop of the global search for effective retirement reforms, and particularly in comparison with the aforementioned 'age-free' approach, which has been increasingly popular across the world? In summarizing the past several decades of Japan's policy efforts as discussed above, this article argues that to date Japan has taken what may be referred to as an 'age-friendly' approach in its efforts at retirement reform. It is evident that in a 'hyper-aged' Japan, even today mandatory retirement stands largely as the unchallenged norm in the labor market as a whole. Since the enactment of the 2004 revision of the LSEOP, among the three retirement policy reform options offered to employers across the country for implementation in their workplaces, the government has indeed included the option of abolishing mandatory retirement. The legislative framework as a whole, however, has never contained any legal measures that substantially pressure or encourage employers to adopt that option. Through these revisions, rather, the government has to date emphasized placing employers under pressure to gradually increase the minimum age of retirement with an explicit aim to protect older workers' continuous employment beyond the conventional age for mandatory retirement.

The 'age-friendly' approach practiced in Japan to date shows a conceptually sharp contrast with the 'age-free' approach, which leads in essence to abolishing mandatory retirement. Rather than freeing workers from the age factor in their decision of when to retire from their working lives, Japan's approach characteristically stands as supportive and thus 'friendly' to older workers – it aims to protect employment security of workers in their 60s by persistently pressuring employers to increase the age criteria for mandatory retirement. In short, the sum of current laws still permits mandatory retirement but also pressures employers to rehire post-mandatory retirement workers, though possibly for different roles and at reduced wages, and retain them at least until age 65. Moreover, as mentioned above, in this 'age-friendly' approach, the government has publicized its goal to gradually increase the minimum mandatory retirement age to 70 in the conceivably near future. Arguably, this future policy direction helps affirm this article's argument of the characteristics of Japan's approach.

Over the past three decades, much discussion has been made in the Diet to consider introducing a drastic, thorough reform to the existing public pension programs. Learning from the experiences of other countries, the government has regularly paid attention to the possible consequences of introducing some level of privatization to both the BP and EP tiers of the country's pension program (Higo, 2015). To date, nonetheless, the government is still committed to maintaining the traditional, pay-as-you-go, defined benefit model. Currently, 65 is set as the age at which full benefits are available to the majority of workers in the country. To date, the chief strategy for the government to mitigate the projected fiscal insolvencies is not to shift this traditional pension model

to privatization; rather, it is fundamentally to delay the timing of workers' retirement so as to prolong the length of their economically active years over the course of their lives (Yamada & Higo, 2015). Without challenging the conventional framework of the pension program, as discussed above, the government has to date only announced that it would consider in the conceivable future incrementally raising the minimum age from 65 to 70 for starting to receive pension benefits. Together, this 'age-friendly' approach, as adopted in a 'hyper-aged' Japan today, uniquely goes against the global trend to establish an 'age-free' society. This is the case because the timing of workers' retirement is still institutionally determined, due to the persistent prevalence of mandatory retirement in conjunction with the unchallenged traditional pension systems, rather than being based on individual workers' decisions.

Has the 'age-friendly' approach then been effective in delaying retirement in a 'hyper-aged' Japan? Over roughly the past two decades in the country, labor force participation rates of those aged 60 to 64 has been steadily on the rise; the rate for this age group – including both men and women – in 2000 was 55.5 percent, and the figure had increased to 60.5 percent in 2010. By 2019, about a decade later, the figure rose to 71.9 percent. Just for men, the core workforce and primary subject of mandatory retirement in the country, the rate increased from 72.6 to 76.0 and on to 84.4. percent, respectively, during the same period of time (OECD, 2020). Japan's labor force participation rate today, as of 2019, including both men and women, is one of the highest among the developed countries. In 2019 the employment rate for the same age group, those aged 60 and 64, in all 37 OECD member countries was 54.4 percent, and the figure for Japan was substantially higher (71.9 percent). Japan ranked sixth among all 37 OECD member countries, only behind Iceland (80.3%), Sweden (73.8%) and New Zealand (73.3%) (OECD, 2020), suggesting that older workers in Japan stay in the labor force longer than those in most other developed countries, particularly when compared with other populous, developed countries with large-sized economies.

Conclusion: A Call for Further Study of Japan's Approach

The primary objective of the ever-intensifying global search for an effective retirement reform in this era of pursuit of 'active aging' is to prolong the working lives of citizens beyond the conventional retirement age. An increasing number of countries around the aging globe have adopted the 'age-free' approach to achieve this objective, and it is reasonable to assume that this trend may continue growing in coming decades. On the other hand, this article has outlined a 'hyper-aged' Japan's approach as 'age-friendly' – an approach to reform retirement characterized by its affirmation of the institution of mandatory retirement and by its simultaneous support for workers who reach the conventional retirement age by paving a way for them to remain in the workforce, though perhaps in altered roles and on different terms than in their pre-retirement work. In this approach, the government still bases its policy measures

and their revisions on citizens' chronological age in enabling them to work as post-mandatory retirement workers. Through this approach, the basic mechanisms of the traditional public pension would likely be retained in coming decades, rather than being exchanged for drastic privatization.

This article also provided evidence suggesting that Japan's 'age-friendly' approach, while seemingly going against the growing 'age-free' counterpart, appears to have generated an outcome that is desirable not only for Japan but also for most other countries around the world today. The labor force participation among older workers, as shown in the case for those in their 60s, has been constantly and substantially on the rise over the past two decades, particularly under the latest two major revisions of the LSEOP. Today, also, workers in Japan remain in the labor force longer than those in most other countries. From an international perspective, Japan's approach to retirement reform seems to be effective, at first glance at least.

In closing, this article calls for continuous study of the prospect of Japan's approach to retirement reform. Japan's population and workforce will likely continue aging at a rate among the fastest in the world (United Nations, 2020). Despite this demographic pressure, the country might remain resilient in maintaining its 'age-friendly' approach. On the other hand, this unprecedented demographic pressure might push the country to make a drastic shift in its approach. Other countries that are rapidly aging at a similar rate to the case of Japan – especially major economies in Asia – would benefit from uncovering and examining both the successes and the problems associated with Japan's 'age-friendly' approach, as well as possible future changes to the approach, as a reference when considering their own current and future policymaking.

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Işıl Kalayci[1], Metin Özkul

Problems and life satisfaction of older adults in Turkey

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Keywords: Old age, social problem, expectation, Turkey Statistical Institute

Abstract

In Turkey, urbanization, industrialization, migration, new job opportunities, the widespread of communication networks, the tradition, the economic and the educational system, and the emerging differences in family structure revealed many changes in the social, cultural and demographic structure of the society. This situation has caused the change of the quantitative and semantic characteristics of old age. Further he problems of old age that have remained within the family boundaries in the past are still affecting the general population. In our country, older population experience social problems such as lack of education, labor market exclusion, poverty, abuse and neglect, diseases and lack of nursing care etc. The purpose of this study was to reveal the problems and life satisfaction of older adults in Turkey. As a result, the older population in Turkey naturally bears the highest level of the traditional community characteristics. This situation is the most important reason why younger and older generations differ in terms of lifestyle. The older population have had to live within the boundaries of insufficient income and poverty, had formal education that would never comply with the requirements of modern life, suffered from a disease, and become in a position to produce passive behavior against other generations because their knowledge is not suitable for modern life. This group consists of individuals who are increasingly exposed to negligent and abusive behaviors. Even the healthiest of them find it challenging to maintain their daily lives without their relatives. The majority of older adults remain distant to all "new" technologies. Rather than having a quality life, they explain their life satisfaction subjectively, with profound patience and trust mostly stemming from their beliefs and values.

1 isilkalayci@sdu.edu.tr

Introduction

Turkey was among the most developed countries until 2019, according to the development index of the United Nations Development Program. Despite its high position in the rank, Turkey does not reflect all the social characteristics of modernization. Therefore, it can be considered a country that goes through a transition period between traditional and modern, especially for older generations (Kalaycı & Özkul, 2017, p. 104). Ultimately, the majority of older adults in Turkey are the ones who have not had a chance for public education or only had average primary school level education (women have even lower levels of education) and have income with the poverty level. They have been characterized by traditional values but now have to live with more modern generations and in social environments that have changed with modernization (Kalaycı & Özkul, 2017, p. 105).

As the new form of Turkish society, emerged with modernization, is alienated from the simplicity of the traditional one, it has brought many uncertainties, obscurities, complexities, and disadvantages, as well as some benefits. The modernization process has weakened the bonds of traditional institutions and structures and opened up new areas for individuals to completely construct their self-identities. This process has been mostly shaped by the influence of the ideological attitudes and pressures of political administrations towards modernization; therefore, it has led to significant changes in the social life with the substantial effects of the inadequacy of economic conditions. Industrialization, urbanization caused by migration from rural to urban areas, differentiation of employment areas due to division of labor and occupational diversification, and the spread of mass communication networks and educational opportunities have led to the weakening of traditional values and the change of family structure. These have also caused changes in thoughts, attitudes, and relations in many areas, from production and consumption behaviors to daily life practices (Özkul & Kalaycı, 2020, p. 146). Such changes not only have affected the customs and traditions, and demographic, economic, social, and cultural characteristics that represent the traditional lifestyle but also influenced the traditional family structure and kinship relations. As an extension of this, they have also caused changes in both quantitative and semantic characteristics of old age. Therefore, while aging has become a category relatively and biologically attributed to older ages, the traditional status, roles, problems, and expectations of older adults have also changed (Özkul & Kalaycı, 2020: 149; Tuna Uysal & Eren, 2020, p. 1153).

Depending on changes in living conditions in Turkey, emphasis on a healthy diet and physical activity, improvement of working conditions, preventive measures against infectious diseases, and the spread of the use of preventive technologies thanks to other developments in the medical field have caused an increase in the number and proportion of older adults in the total population (Özkul & Kalaycı, 2020, p. 147). The older adult population, which was 6,192,962 in 2014, has increased by 21.9% in the

last five years. The share of older persons in the total population reached 7,550,727 in 2019 (9.1%). It is estimated that the older adult population will be 10.2% in 2023, and Turkey will be ranked among the countries with a "too old" population (TUIK, 2020a). As of 2019, the expected life expectancy of the older adult population was 78.3 years on average. It was determined as 75.6 years for males and 81 years for females. The 5.4-year difference between male and female older adults in terms of life expectancy at birth shows that females live longer (TUIK, 2020a). Marmara Region comes first among those regions with the highest elderly population in Turkey (30.60%). The reasons for it can be listed as the expanded infrastructure facilities that foster social life, employment diversity, and the range of employment areas. On the other hand, the Eastern Anatolia Region has the lowest proportion of the older population (5.88%) (TUİK, 2020b). This is due to the inadequacies in health infrastructure and services, problems in economic infrastructure and employment, low educational attainment and income, the dominance of traditional/feudal social organization forms in the region, and the high tendency to migrate to different regions due to terrorist acts.

Turkey has recently become a receiving country facing intense immigration from the neighboring countries, which results in the demographic and ethnic changes of the population. While the number of immigrants was approximately 466,333 in 2017, it increased by 23.8% in 2018 and reached 577,457. In 2019, it was 677,042 with an increase of 17.2%. Although a significant part of the total migrating population has been composed of young people in the last three years, about 7–8% of this population are individuals over the age of 60 (TUIK, 2019, 2020d). Although the immigrant population quantitatively contributes a little to the increase of the current older adult population, the data show that the main effect of such contribution will be revealed by the aging of the current immigrants. The international migration to Turkey in recent years is 43% higher than the migration from Turkey (TUIK, 2019). The potential of the older adult population to create a social problem is not only related to its relative size within the total population but also to its becoming dependent over time. Today, older adults live in 5,629,421 of 24,001,940 households in Turkey (23.5%). Furthermore, they maintain their lives on their own in 1,373,521 of these households. The proportion of older adults in the working population is 12.5%, and the poverty rate among them is 16.4% (TUIK, 2020a). This proportion of older adults, who consider themselves obliged to work and who are poor, reveals that about 29% of the total older adult population needs a regular income. However, the older adult population is theoretically regarded as the population not included in the labor force, therefore dependent on the working population. In this respect, while the old-age dependency ratio in Turkey was 11.8% in 2014, it increased to 13.4% in 2019. According to population projections, the old-age dependency ratio is predicted to be 15.2% in 2023, 25.3% in 2040, and 37.5% in 2060 (TUIK, 2020a). The reasons, such as the growth of the aging population, the increase in the rate of dependency, and – albeit a little – the increase in ethnic diversity through migration in recent years, lead to the weakening of the quality of social relations and

older adults to experience social and economic problems, such as loneliness, poverty, disability, low education level, need for care, and exploitation. Ultimately, the purpose of this study was to reveal the problems and life satisfaction of older adults in Turkey based on the data of the Turkish Statistical Institute and research in the relevant field.

Problems and Life Satisfaction of Older Adults

Lack of Education: Educational attainment is an essential variable in determining the position of older adults, and their life satisfaction. Considering the educational attainment of older adults in Turkey cumulatively from illiterate to university graduates, it is seen that those with primary school level education take the lead (45.0%). Among the illiterate older adults (18.3%), while male older adults are illiterate by 6.1% of all older adult males, illiterate females constitute 27.9% of all female older adults (General Directorate of Disabled and Elderly Services "EYHGM", 2020a: 102). In addition, the older adults who are literate but have not attended any formal educational institution constitute 16.8% of the total older adult population. Therefore, 35% of the older population consists of individuals who have not been subject to formal education, while 45% have only attended a 5-year formal education. The total of those who have not received formal education and those who have only received primary school education constitute 80% of all older adults. The proportions of older adults who have had secondary (6.5%), high school (6.8%), and university (6.6%) education are close to each other (EYHGM, 2020b). The low level of education of older adults means that they lack the most important social capital element in adapting to the requirements of modern life since the quality of modern daily life is directly proportional to the use of information and technology for individuals of any age. Hence, in a period when the physical strength is weakened, older adults' being illiterate or having low educational attainment increases their level of dependency on other individuals or institutions in psychological, social, and economic terms.

Non-inclusion in the Labor Market: Older adults in Turkey are not likely to be employed due to the low educational attainment, being unpaid family workers (child care, fulfilling domestic responsibilities, etc.), reluctancy on the inclusion of them in working life, and high general unemployment rate (Emirgil, 2019: 405). While the employment rate among the general population is 53.2%, this rate is 12.5% for older adults. Older adults are generally employed in the agricultural sector (65.5%), the industrial sector (4.7%), and the construction sector (2.5%). The employment rate is 20.9% for males and 5.9% for females (TUİK, 2020a). Older individuals become disengaged from working life due to the physical, psychological, and social changes as they get older. In addition, it can be asserted that individuals in middle adulthood are unwilling to work due to various reasons and that such women are mostly housewives whose involvement with working life is limited to making handcrafted products, which makes them earn less. Older adults, who need to be included in the labor market but remain unemployed, suffer from poverty.

Poverty: Older adults are likely to face the problem of poverty due to reasons such as, inequality in the labor market, being ineligible with current employment conditions, insufficient inclusion of the social security system, working in informal and informal jobs, distribution of resources without considering the diversity of division of labor, injustice in income distribution, low pensions, and extra expenses on health and nutrition (Özkul & Kalaycı, 2020: 153; TUIK, 2020a). In addition, economic instability, decrease in purchasing power due to inflationary pressures, and increase in youth unemployment (15–24 years) over 24% in recent years (TUIK, 2020c) force older adults to share their incomes with unemployed family members, which causes the intensity of actual poverty to increase. The poverty rate in Turkey was 21.2% in 2018. This was 16.4% for the older adult population (EYHGM, 2020a: 105). In addition to economic problems, aging individuals experience social, psychological, and even cultural problems, such as disintegration with society, social exclusion, and loneliness (Ulusal, 2020: 247). In fact, "being contented" is adopted as a significant religious/cultural and attitudinal value in Turkey. Besides the pressure of ongoing and even increasing spending of older adults on the family budget (Kalınkara, 2011: 196), their social circles highly criticize their being "greedy" towards non-essential consumption expenditures. While the expectation of the social environment from older adults to be contented pushes them to settle for an already restricted lifestyle, it also makes the poverty, resulting from low income, a factor that reinforces adopting a lifestyle with poorer quality.

Abuse and Neglect: Older adults, who deal with social and economic problems during old age, also become vulnerable to abuse due to illness and poverty. The lack of data on older adult abuse and neglect in the web-database of the Turkish Statistical Institute, the Ministry of Justice, and the Ministry of Health is a significant barrier in understanding the importance of the subject and making it visible to public opinion (Kalaycı & Özkul, 2020: 355). On the other hand, there are various studies conducted on older adult abuse. These studies revealed that older adults had physical abuse (1.2% – 63%), psychological abuse (5.8 – 79%), economic abuse (0.89% – 33.4%), and sexual abuse (0.4% – 3.3%) and that they were neglected (5.4% – 81%) (Artan, 2016: 56; Tufan, 2011: 51,53). Considering the data of the studies, it was determined that family members and neighbors of older adults were responsible for such abuses and neglect (Kalaycı, Özbek Yazıcı, Özkul, & Küpeli, 2016: 236).

Diseases and Nursing Neediness: As the number of older adults increases within the population in Turkey, disability and health problems, which hinder older adults from taking care of themselves, also emerge. It is reported that older adults have at least one chronic disease, such as circulatory, respiratory, nervous, and endocrine system diseases and tumors, and 23% of the 65–69 age group, 31.9% of the 70–74 age group, and 46.5% of the 75+ age group have a disability affecting their quality of life (EYHGM, 2020b: 9, 107). Not only may older adults not be able to perform their life activities due to their health problems and/or disability, but also they may become in

need of the care of others. In Turkey, the care needs of older adults are satisfied by institutional care centers, differing depending on the duration and range of services. For example, daycare centers generally provide medical and social care services for older adults in working hours on weekdays (Zorlu & Onur, 2019: 423). Older adults are served in a total of 160 adult day care centers in Turkey, including 30 adult daycare centers affiliated to the Ministry of Family, Labor and Social Services, 127 affiliated to municipalities, and 3 affiliated to non-governmental organizations (EYHGM, 2020a: 97). Nursing homes are environments where lifelong care, supervision, and guidance services are provided and socialization opportunities are offered to older adults who have difficulty living alone through public or private institutions (Zorlu & Onur, 2019: 424). According to the data of 2020, approximately 36% of the total nursing homes (428) are operated by public institutions, and about 58% serve as private nursing homes. Among 27,219 older adults receiving caring services, 51% utilize such services in public nursing homes, and approximately 39% in private nursing homes (EYHGM, 2020a: 96–97). However, the family still plays the most influential role in the care of older adults due to the strong influences of traditional values (Arpacı, 2019: 121). In Turkish culture, family members' involvement in the care of older adults is both related to the older adults' preserving their traditional dignity to some extent and maintaining their family roles and about maintaining the importance of the family as an economic solidarity unit. For this reason, among the social policies generated by the public for increasing the care expenditures of older adults, relative importance has been attached to the regulations for more families to take part in older adult care. For example, one of the regulations made in this area is the cash/fee benefit for home care providers. According to the Regulation on Determination of Disabled People in Need of Care and Care Service Principles, the social benefit is unconditionally provided for the care of older adults with at least 50% severe disability. 153,893 (29.4%) of the 523,068 people benefiting from home care benefits in 2020 consist of individuals over 65 years (EYHGM, 2020a: 57). However, the findings of some studies suggest that older adults are not adequately cared for by those who are responsible for the care for them despite the monthly cash benefits (Arpacı, 2019: 121).

Relationships with Family Members: The transformation in the family structure, the increase in occupational diversity and residence opportunities in different places, the poor economic conditions, the obligation to participate in working life, and the differentiation of life experience between generations lead older adults to have to live mostly with their spouses and with their children (gradually decreasing) and to have sometimes to live alone (especially with the death of the spouse) (Bulduk, & Say Şahin, 2020: 157). In Turkey, older adults are reluctant to live with their adult children in the same home. However, they have the desire to have proximity and to spend any time of daily life together with their children both to help each other when needed and because of emotional attachments (Görgün Baran, 2005: 273; Arpacı & Şahin 2015: 236; Özkul, Kalaycı, & Atasoy, 2019: 89). This is related to the desire of older adults

to maintain traditional family ties and to create some mutually needed opportunities for solidarity, such as satisfying their care needs with the help of the family members, caring the child/grandchild assumed them, fulfilling domestic and non-domestic responsibilities, getting rid of loneliness, and satisfying the need to be in a peaceful and safe environment (Özkul & Kalaycı, 2020: 149).

Use of Technology: Technology facilitates the everyday life. As mentioned above, older adults represent the group with the lowest educational attainment and literacy level in Turkey, and female older adults suffer from the worst in this respect. General education level is a factor that determines lifestyle, quality of life, and technology literacy. Besides being related to the general education level, technology is also pertinent to objective opportunities or conditions, such as socialization practices, economic conditions, and the power of saving. On the other hand, older adults' attitudes towards technology or adherence to past life habits, perception of self-image, risk perception related to technology, the benefit of using technology products, and the required skills, power, and ease of use are among the factors that affect the use of technology (Özkan & Purutçuoğlu, 2010: 40–41). The use of almost all technological devices that facilitate chores, especially those that require a new form of use and knowledge, creates a problem for the older generation. For example, the proportion of all older adults in the 65–74 age group using the internet is only 19.8% (EYHGM, 2020a: 114), and older women use less internet than older men (15%). Internet use is an essential convenience for almost every age group. It can be considered a technology that provides a life convenience for the older adult generations, as it, for example, reduces the physical efforts in the payments of the bills. Therefore, not being able to use technology causes them to have difficulties in managing income and creates an environment for them to become dependent and vulnerable to others when their physical strength does not allow them to leave home. Likewise, older individuals become dependent on others in- or out-of-home in the use of many household items, devices, and equipment that are "new" or require technological knowledge (Tuna Uysal, 2020: 47).

Life Satisfaction of Older Adults: While the life satisfaction level of the general population in Turkey is 52.4%, this rate is 58.6% for older adults. It is reported that 29.2% of them feel moderately happy, and 12.2% feel unhappy. According to older adults, health takes first place among the sources of happiness (82.65%). The second most important source of happiness for them is family members (71.41%). Among the topics that older adults are satisfied with are primarily their health levels (43.6%). However, there are acute/chronic diseases and disability problems that cause dissatisfaction among older adults with their health conditions. Although older adults state that they are satisfied with the household income level by 46.6%, they indicate that their income has not increased since the last year (65.6%). On the other hand, older adults are affected by the changes in the annual inflation rates and become poor. Older adults are satisfied with their social lives (50.32%), social relationships (relationships with relatives (78.8%), friends (80.4%), neighbors (80.7%), and people they live with

(78.9%)), and marital relationships (75.31%). Moreover, 85.3% of them are satisfied with the district they live in and 79.97% with their homes. Considering the satisfaction levels of older adults with the institutions, it is understood that they are the least satisfied with the legal services (45.89%). On the other hand, transportation services (74.47%), security services (71.15%), general health services (70.69%), social security services (56.65%), and education services (51%, 6) are respectively the services that older adults are most satisfied with (TUIK, 2020e). Some robust detections about satisfaction with life reveal the need to investigate the topic with causality relations because the reason why older adults are highly satisfied with their lives may underlie the factors, such as the indoctrination of traditional and religious values advising ones to be contented and devoted, helplessness, the possibility, fear, and assumption of their relatives leaving them, and the compulsory or unintentional consent to the demands and influences from their environment, suppressing their real wishes and emotions, and forcing themselves to think positively and to appear congruent.

Conclusion

Turkey is a country that has accomplished significant macro-scale modern life improvements in recent years. However, there are substantial intergenerational differences regarding the conditions of daily life. The older population in Turkey naturally bears the highest level of the traditional community characteristics. This results in the intergenerational (the youth vs the old) differences in coping with life. The older population is the most deprived of many opportunities for modernization, as well as being the population that represents traditional values the most. The majority of them have acquired skills through manners in agricultural activities, migrated to urban environments at their youth, worked mostly in jobs requiring physical strength, and benefitted institutional social security mechanisms in adulthood at the lowest level. Accordingly, they have had to live within the boundaries of insufficient income and poverty, had formal education that would never comply with the requirements of modern life, suffered from a disease, and become in a position to produce passive behavior against other generations because their knowledge is not suitable for modern life. This group consists of individuals who are increasingly exposed to negligent and abusive behaviors, and even the healthiest of them find it challenging to maintain their daily lives without their relatives. The majority of older adults remain distant to all "new" technologies and are quite inadequate in mobile technologies. Rather than having a quality life, they explain their life satisfaction subjectively, with profound patience and trust mostly stemming from their beliefs and values. Moreover, they point out not experiencing worse health disorders and enjoying the interest of their relatives as the greatest source of satisfaction. Unfortunately, a widespread and effective institutional mechanism has not developed yet to respond to the challenge of the increase in the older adult population in Turkey. Hopefully, within the framework of

population projections and as synchronously as possible, relevant mechanisms related to improving the quality of life of the older adult population and solving their current and potential problems will be systematically established under the leadership of the public administration.

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Sam Togba Slewion[1]

Impact of COVID-19 on Older People in Liberia

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Keywords: COVID-19 Impact, older adults, barriers, Liberia

Abstract
Social policy development in Liberia falls short in representing the voices of the country's 180,000 people 65+ in determining policies aimed at enhancing their quality of life. There are the lack of legislation and a national social protection policy for older people's rights, including housing, health care and transportation which may enhance exclusion practices of the elderly. The continued neglect of older people in Liberia did manifest significantly during the deadly Ebola outbreak in the country in 2014, which claimed the lives of over 4,800 persons and over 10,000 Ebola-infected persons (Slewion, 2015*)*. The Government's National Ebola Response Policy specifically mentioned women and children as the vulnerable groups amid the health crisis. Meanwhile older people, who we refer to as the most "vulnerable of the vulnerable" social groups were not mentioned. Now when the government is appointsing national structures and mechanisms to respond to the prevailing global pandemic manifested by the Coronavirus also known as COVID-19 we are witnessing the same situation. Data were collected and reviewed based on Personal Social and Home Assessments of 200 Older People, as part of a national Older People Stay-At-Home Campaign launched on May 15, 2020, and being implemented by the Coalition of Caregivers and Advocates for the Elderly in Liberia (COCAEL). Preliminary findings suggest, among others, that there is a continued neglect and marginalization of older people in Liberia during the COVID-19 pandemic. The government has no global action plan on how to ensure the older persons safety and needs in Covid-19 pandemia. Due to the lack of the elderly empowerment in Liberia through social protection programs the seniors' quality of life remain low or even worsen because of present higher risk of serious ilness of Covid-19 and poverty.

1 contactus@inpea.net

Background

In 2017, Africa was home to 69 million older persons accounting for 7.1% of global population of older persons. With a projection of 229% increase between 2017 and 2050, this figure is projected to reach 226 million in 2050 and may account for 10.9 % of 60+ globally. The rapidly increasing demographics heighten concerns about wellbeing and protection of rights of older persons (Helpage International Forum Report, 2017).

In Liberia , Policy development appears to often overlook the welfare of the over 180, 000 older people who seem to be an after-thought instead of an inclusive segment of any social policy aimed at enhancing the quality of life of older citizens of the country. This subtle exclusion of older people in social policies is manifesting in Liberia in the context of the lack of legislation and a national social protection policy for older people's rights and improvement of their quality of life, including housing, health care and transportation. According to the 2010 revision of the World Population Prospects, 53.7 percent of the Liberian population is between 15 and 65 years of age. The dependency ratio for the total population is 84%, while the dependency ratio for children is 79.3% and that of the elders is 5.6%. Liberia's Poverty Reduction Strategy estimates that more 1.3 million people, including the elder population, out of a total of 4 million people are living in extreme poverty today (LISGIS Census-2008).

Problem Statement

Africa's older persons have a right to effective inclusion and participation in the implementation of sustainable development agenda 2030 and African Union agenda 2063 and in the enjoyment of the benefits from development. SDGs implementation progress measured so far indicate however, that the policy priorities within the SDGs that must be measured and reported for older persons as requested by UN Statistics Division on behalf of the International Agency and Expert Group on SDGs (IAEG-SDGs) are lacking in indicators and age disaggregated data. Older persons are disproportionately voiceless, marginalized and vulnerable. (Global Economic Forum.-2017).

The continued neglect of older people in Liberia did manifest significantly during the deadly Ebola outbreak in the country in 2014, which claimed the lives of over 4,800 persons and over 10,000 Ebola-infected persons. The Government's National Ebola Response Policy specifically mentioned women and children as the vulnerable groups amid the health crisis -leaving out older people, or whom we refer to as the most "vulnerable of the vulnerable "social groups. As a matter of fact older persons were invisible during the crisis until a group of a caregivers and advocates came together and organized themselves into an umbrella group known today as the Coalition of Caregivers and Advocates for the Elderly in Liberia (COCAEL), which comprises 16

registered NGOs catering to older people in Liberia in residential homes and in the communities. . (WHO Ebola Report-2015)

Unfortunately it appears we are witnessing similar situation as the government appoints national structures and mechanisms to respond the prevailing global pandemic manifested by the Coronavirus also known as COVID-19. This is evident by the appointment of a National Executive Committee on COVID-19 and the subsequent appointment of a National Taskforce with the exclusion of civil society groups that represent the voice of the older people in Liberia, including the COCAEL and the Global Fight Against Ageism Project in Liberia supported by the Global Alliance for the Rights of Older People (GAROP). However, while these policy matters are being discussed to remedy the situation, older people are roaming the streets and congregating daily in large numbers to beg for food and other basic necessities without practicing necessary health protocols, including social and physical distancing, wearing of mask and washing their hands. This daily high risk situation is seen particularly at a place known as Vamoma House which has become a regular meeting place for a huge crowd of older people to gather and wait for hands out from humanitarian individuals and organization.

Conceptual Framework

It is in view of the prevailing situation facing older people amid the COVID-19 health crisis in Liberia that the leadership of COCAEL resolved to establish a **COCAEL COVID-19 Response Committee,** which is charged with the responsibility to, among other things, implement a national Old**er People Stay-At-Home Campaign** to mitigate the health risk of older people, considering that they are most susceptible to the virus due to their age, pre-existing health conditions and economic status. The Campaign will be implemented to provide sustainable support for older people in their communities and homes to ensure that their health and social needs are addressed to encourage them to stay at home amid the health crisis. The implementation of the Campaign will be done in a collaborative and partnership manner to engender support from diverse sectors of the country, including government, non-governmental organizations and community-based structures, as well as humanitarian individuals.

The primary services to be provided to older people directly in their homes and communities will include food items, preventative materials and targeted awareness messages. It is expected that our focus will address over time income security and social protection of older people as well as build the capacity of older people to succeed in their communities, including caring for themselves and their dependents during this health emergency and long term. Basically we want to address equity and fairness in the ways older persons are treated and systems of laws which can challenge and replace inequities, discrimination, abuse and violence against older persons most especially during crisis.

Goal: The overall goal of the **Older People Stay-At-Home Campaign** amid the COVID-19 health crisis is to establish a collaborative and coordinated initiative, involving government and non-governmental organizations, as well as community-based resources, to provide sustainable support to older persons to mitigate health risk and transmission of the virus among older people and ensure that rights of older people are protected without discrimination in any form, including during the provision of government services to its citizens.

Hence, the primary objective of the pilot study was to identify the deficiencies and gaps in the government health care services and social service delivery system as well as policies amid the COVID-19 pandemic to the older population in Liberia and address these deficiencies and gaps to improve policy outcomes and enhance services to older citizens, most especially during health epidemic and pandemic. A secondary objective was to strengthen the capacity non-governmental organizations, including COCAEL, and communities where older people reside in Liberia by increasing their social service delivery services and advocacy skills through engaging them directly in applied research on issues impacting older adults.

Methods

A mixed-method approach was utilized, including documents reviewed, in-person Personal Social Profile and Home Assessments administrated to older people and engagements with other stakeholders in communities in which the older people reside. The research began with a Personal Social Profile Assessment of 200 older persons who attended the launching of the Older People Stay-At-Home Campaign on May 15, 2020; Home Assessments of the homes of the older persons were conducted in their communities and engagements with leaders in geographically diverse communities where the older people reside. The communities were selected because they are a macrocosm of the greater Liberian society in terms of the ethnic and religious diversity. For example, Central Monrovia, Sinkor, Congo Town, Caldwell and Jamaica Road in Montserrado County and Duport Road in Paynesville City, are bustling business cities that attract lot of people on a daily basis. Policy reports were reviewed from HelpAge International documenting the socio economic condition older people face due to lack of a universal protection instrument such a UN Convention for older people, WHO Report on the Ebola epidemic in 2015 in Liberia, the African Social Work Journal highlighting the challenges of older people during the Ebola outbreak in three West African countries, including Liberia and the dismal socio-economic conditions endured (HelpAge International newsletter, 2017; Slewion, 2015); and statistical data about the population of older people in Liberia (LISGIS, 2008). Policy on Cash Transfer for Vulnerable Population being implemented by the Ministry of Gender and Social Protection of Liberia.

Community leaders were engaged to raise awareness among them about the concerns of older people in their communities and together determine means to

mobilize resources within these communities to cater to the needs of older people and build support system for those residing in their communities. The community leaders who participated were purposively selected based on their interest and commitment to aging issues. The survey sample included males and females of different ages, ethnic backgrounds and social economic status as reflected\

The survey was administered in-person among targeted groups of older people who showed for the launching of the Older People Stay-At-Home Campaign and with those who were engaged in their homes during the follow-up Home Assessments. The Assessments forms were filled by Social Workers in person in the participant's home to ensure that privacy and confidentiality were not compromised. In addition to the volunteer social workers, mainly comprising staff of the CECAFE and graduates as well as undergraduate students majoring in Social Work from the United Methodist University(UMU) and University of Liberia, some members of the Coalition of Caregivers and Advocates for the Elderly in Liberia (COCAEL) assisted in the research.

The survey design included a brief description of the study, confidentiality statement, demographic questions, and sets of both closed and open-ended questions. There Assessments questions were designed to determine the participant support system, participant knowledge of their community leadership structure, participant living condition and dependents; participant income generation capacity; and participant understanding of the social service delivery and health care system in the context of ageism. Five hundred older people, including women and men, mainly residing in Montserrado County were targeted but 200 persons were assessed yielding a 45% (200) response rate. The Assessments were done only Montserrado County due to travel restrictions based on the State of Emergency declared by the Government to mitigate the transmission of the virus among counties and considering we were only operating in Montserrado at the time. limiting the ability of the research team to reach other areas with a high concentration of older people.

Sample Description

The survey sample size of 200 persons was comprised males and females age 50 years old and above. There were no other inclusion criteria beyond age and the resulting sample represented diverse backgrounds of participants reflecting the broad profile of older people in Liberia. Christianity is the dominant religious group in the country and there is an assumption that more Christian older people are facing challenges. The data presented in this study illustrate that social service delivery and health care service challenges among older people are being experienced by other religious groups as well. (See below Assessments forms)

Results

The data from the both Assessments indicates that there is a consistent increase in the number of older persons begging in the streets and most especially during the

pandemic. The data also illustrate that while there some older adults engage in some level of income generation business on a small scale, most of the older people still are vulnerable and living in inhumane conditions likely to homelessness without any substantial support from the government or international non-governmental organizations operating in the country on a consistent basis.

Barriers and Challenges Revealed

The survey findings suggest that the empowerment of older people in Liberia through socio-economic programs and creation of a partnership will lead to not only devising strategies to improve the livelihood for older people, but also the capacities of relevant actors to effectively serve older adults and address the critical concerns of that population. The major themes that emerged from the survey analysis were awareness, accessibility of social and health care services, and display of ageism in the context of service delivery to older people.

Conclusion

This study provided insight into the barriers and challenges facing older people's participation during epidemic and pandemic in Liberia. It also enabled the researchers to engage with older people from diverse backgrounds and understand from them the approaches to be used to address these challenges. In addition, the study provided an opportunity for social work students to engage directly with older people and helped to create an environment for intergenerational dialogue on the socio-economic issues confronting older people. This engagement enabled students to come face to face with the realities of life that older people live in the country on a daily basis. Most of the students expressed that they were not aware that older people were not only living in poverty, but also were disenfranchised due to harsh conditions they face during epidemic and pandemic throughout the country. They observed that older women were a majority of the victims. Some students seemed to be motivated to join advocacy campaigns and groups to advocate for improvement in the quality of life of older people in Liberia. "I was not aware that most of these older people did not vote because of these problems," one female student said. "Our government needs to do more for our old people," quipped a male student. It was also observed that the lack of political capital seems to be a contributing factor for the high level of poverty, abuse, discrimination and isolation being experienced by older people in Liberia. Despite all of these different social issues, the emerging themes consistent from the assessments and engagements with older people in their homes and communities were the high level of poverty, a lack of trust in the government and marginalization of older people in the social service system in Liberia due to inaccessible health care and social services and insensitivity of the government and international non-governmental organizations.

It is important to note that during the COVID-19 pandemic and during the national Older People Stay-At-Home Campaign, It was observed that some older people did receive food and preventive items provided by humanitarian organizations and individuals, especially to those older people who gathered at Vamoma House daily**.** Despite the slight improvement, there is still a lot to be done to improve the quality of life of older people in Liberia.

It is expected that this study will stimulate opportunities for other on-going activities, including strengthening the advocacy efforts among advocates for the elderly in Liberia, using the data and findings obtained to engage stakeholders to develop a national policy for aging and make policy changes. These policy changes can include the Ratification of the African Protocol for the Rights of Older People and Enactment of the Bill to create a Commission for Older People in the context of policy and mechanisms to enhance the quality of life of older people in in the country and the social protection for the 180,000 older Liberians.

Recommendations

A number of recommendations emerged from this research.

That the government works with various stakeholders, including the advocates and caregivers for older people, and older people themselves, to design strategies to increase the services that could be leveraged to improve the socio-economic conditions of older people.

That the government of Liberia intentionally design mechanisms, including targeted health care and social services accessible to older people to mitigate the disenfranchisement of older people, most especially during epidemic and pandemic and increase their participation in the policy-making process for older people.

That the government includes cultural sensitivity training into its training for its social services staff to to improve their sensitivity to serve older people effectively.

(4)That older people and advocates in Liberia continue their participation in international campaigns (i.e. Global Alliance for the Rights for Older People-GAROP through the Open-Ended-Working -Group) to advocate for the enactment of a UN Convention for older people to mandate governments to create programs and infrastructures to lift older people out of poverty, abuse and isolation.

(5) That the older people and advocates in Liberia engage with policy makers in Liberia to ratify the African Protocol on the Rights of Older People in Africa to mandate governments to create

Programs and infrastructures to lift older people out of poverty, abuse and isolation.

(6)That advocacy groups for older people strive to create an environment for generational engagement to include young people in their advocacy campaign for the rights of and improved services for older people.

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Chandrakala Diyali[1]

Psycho-Social problems of elderly during the time of pandemic and ways towards its solutions: A social work study on India

"The old can go through every plague".
His lines shows us the way of wisdom to take the golden aged population together integrating them through the process of our pains, sorrows, struggle and recoup as we live through this troubled times.

Albert Camus

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Keywords: Covid-19, Taboo, vulnerable groups, pandemic situation, stigma, immunity, infection, Golden Population, crisis, Social work Professionals

Abstract
The Covid-19 pandemic has changed the face of the earth and future seems to be uncertain for many vulnerable groups. Among them, the golden population are the group who are silently succumbing to the mixed negative emotions of fear, doubts, insecurities, risks and even *a* taboo or *a* stigma of, having *a* least resilience and immunity to the infection, even to an extent of being called *a* source of community spread due to their higher severity, prolong illness and fatality of the infection .The reason being their prior existing health infirmities.
Therefore, this paper is an effort towards drawing the attention of the Government agencies, NGOs and other stakeholders of the society to the different aspect of problems of the most revered sections of the society during this global tragic time of Covid-19 Lockdown. The present study wants to overview the problems the golden populations are silently suffering using the content analysis methodology. The researcher made use of secondary source data and the relevant and comprehensive literature on the subject. And as *a* Social Work professional, help giving appropriate suggestions for effective solutions to help the elderly move ahead in this crisis not only as *a* takes but as *a* crisis responders for different tasks at hand for the country as *a* caregivers, health workers, volunteers and community leaders.

1 Sr. Asst. Prof., Amity University Noida, admissions@amity.edu

Introduction

The causative agent of COVID-19 or Novel Coronavirus SARS-CoV-2 is definitely less deadly than its earlier congeners SARS and MERS. But it has very high risk of human to human transmission due to its contagious nature. Many International and National reports, have confirmed that the severity and fatality of the infection is higher in the golden aged population who are susceptible; due to their suppressed immune and body reserves, multiple associated co-morbidities like diabetes, hypertension, chronic kidney disease and obstructive pulmonary disease, under-detection of symptoms and other chronic medical problems hence increasing the mortality rate of elderly section.

The Census 2011, shows the elderly population are nearly 104 million (53 million females and 51 million males) that makes it the world's second-largest after China. The elderly comprises of aged 60 years and above in India. Both the share and size of elderly population is increasing over time from 5.6% (1961) the proportion has increased to 8.6 %(2011).The majority 73 million live in the rural areas, and 41 million live in urban areas.

There are many elderly physiological and psycho-social health concerns that are alarmingly rising due to many structural and functional changes in the society and role change in the family that has affected the life of elderly in many ways. More so during the lockdown due to many factors like growing anxiety due to daily updates of rise of the new cases and deaths of elderly, elderly neglect and abuse, age-based discrimination due to age-specific vulnerability that has triggered elderly abuse and stigma.

Objectives of the Research

1. To know about the Psycho-Social problems of elderly during the time of pandemic.
2. To analyze the ways towards its solutions with the help of Social Work study.

Methodology

In this study, the researcher made use of secondary source data and the relevant and comprehensive literature on the subject.

Analysis of Some Issues of Elderly during the lockdown

COVID 19 not only had a worse impact on their health but also the economy.

Normally more than 1/3rd of the elderly in India live below the poverty line and 1/3rd just above it. With the pandemic the economy is badly hit with further loss of opportunity of employment for various reasons:

– Developed fear psychosis of going out and contracting infection,
– Huge competition looming on job market and
– Unemployment scenario of the main bread winner in most of the family.

Such job loss in the market would have the worse impact on fulfillment of their basic necessities of life along with medical expenses. (The elder story: ground reality during covid 19 Impact & challenges nationwide survey *a* Helpage India Report (June 2020)

Due to stringent practice of social distancing that has made their life so secluded and socially isolated. The social distancing and confinement in their houses and institution for such a long time have already started showing negative results in their poor mental wellbeing and affected their feeling of sense of social inclusion.(The elder story: ground reality during covid 19 impact & challenges nationwide survey, A help age India report, (June 2020)

The survey has brought about the details about the vulnerabilities and fears of the elderly on the situation of pandemic. The kind of fears of elderly is broadly clustered in 3 categories:

The 38 % of elderly feared of getting infected by COVID 19 through Socializing but at the same if they don't go out they feared Loss of Income.

The 34% of elderly had fear of loss of Economy, work and followed by starvation.

The considerable number of elderly population i.e. 12% had fear on their Low Immunity levels, travelling around and community spread. (The elder story: ground reality during covid 19 impact & challenges nationwide survey, A Help Age India report (June 2020)

The health and well-being of older adults is affected by the level of social activity and the mood states. Researchers have reported the negative effects of loneliness on health in old age (Heikkinen et al.1995).

Social isolation is a major risk factor for functional difficulties in older persons. Loss of important relationships can lead to feelings of emptiness and depression. *(Hanson & Carpenter, 1994).*

Social Work and Elder Abuse: Professional social workers have a special responsibility and unique task and contributions in relation to the prevention of, investigation and intervention into cases of physical, emotional and sexual abuse and neglect of older people.Principles of human rights and social justice are fundamental to social work' (IFSW 2012).

Physiological:

As of August 07, 2020, the Coronavirus Cases has risen to 2,034,593 at 06:59 GMT. The virus has already taken the lives of some 5,608 people and the death rates for elderly is much higher than the global average that has started showing pressure on the health and social protection systems.

The elderly are not only the depended population but they are even working as a frontline workers in different hospitals, health care centers, elderly homes as older home-based carers. Hence, exposing themselves to the risks of virus in the situations where health care systems especially the long-term care facilities are not up to the mark.

The recent age – wise comparative study among hospitalized cases of COVID-19 had very conspicuous features of higher susceptibility of the golden population (aged 50 above years) to the infection due to the following:

– Prolonged duration of hospital stay
– Slow and sluggish clinical recovery
– Acute Lung Infection
– Faster development and progress of the infection
– Ultimately higher Mortality Rate.
– Increased requirement and use of mechanical ventilation and oxygen therapy
– Declined lymphocytes and C-reactive protein in the blood that acts as an agents to suitable immune response to the virus.
– Issues with decreased mobility
– Prolonged Chronic illnesses (like diabetes, hypertension, pneumonitis, osteoarthritis and cognitive decline)
– Multiple medications (polypharmacy) and increased need for hospitalizations health-care need and physical support due to various pre-existing health problems.

There are many physiological limitations and infirmities related to the Sensory problems like problems in vision, hearing that can work as a big hindrance to good health practices for the prevention, protection and promotion of good health against the virus.

During the pandemic situation there is scarcity and struggle for the elderly to even avail the provision of testing kits that can result in less detection of the cases of infection that can put them at risk to become asymptomatic carriers.

The elderly are undergoing lot of negative emotions of fear, panic-attacks, self-isolation and stigma for not only being the potential population for being the source but also highest risks of infection, lack or inadequate Family care, avoiding the early signs of infections by the family for early tests for proper diagnosis and treatment, Self-medication has already proved fatal for many elderly therefore Medical advice is the best choice for any clarification if any health problem arises.

Psychological:

The Psycho-social problems are the most complex issues in the elderly that can be represented in many hidden, direct or indirect ways that are symptomatic in their thinking, moods, and behavior. The mental health problem that has been diagnosed or underdiagnosed can be helped timely by the well qualified mental health professional if the families are sensitive to them.

The unpredictable situation of pandemic with worldwide lockdown and varied associated problems that are discussed in the family, in the news or on other media etc. has given rise to the high level of stress, signs of excessive panic, depression, sleep problems or suicidal tendency. The GOI, NGOs and many institutions are extending their hands to support the mental health conditions of elderly with their direct hel-

plines with features of timely service, a good web resource round the clock support like Ministry of Health and Family Welfare (MoHFw) .GOI ; NIMHANS, AIIMS, and Help Age India.

Although the scenario of neglect, insensitiveness, abuse has been the common features against an elderly in their own homes, health care institution, elderly home care facilities, long term care institution etc. It got added with trauma of stigma and discrimination during the pandemic crisis with the several incidences like they were left out without the health care facilities against the conditions related or not related to COVID-19, faced age related discrimination on medical care, triage, life-saving therapies and drastic reduction or neglect on the non-COVID-19 health issues.

With every passing day of the lockdown due to the pandemic the golden population are experiencing many Psycho-social vulnerability there is increasing incidences of violence inflicted upon the depended elderly and there are big challenges on their essential – care that are indispensible for the elderly care and support. The golden populations have been suffering with Isolation, negligence, loneliness, abuse, anxiety, uncertainty and poor- nourishment in different setups. The recent report has indicated that the elderly are at increased risk of Grief and bereavement depressive disorders, insomnia and chronic stress due high percentage of elderly deaths or quarantine that has distanced them from their loved ones. There is alarming concern on the rise of post-traumatic stress syndrome, if the stress is prolonged and rise in the case of under-reported suicide cases.

Mental Health:

The country-wide lock down has augmented the mental pressure or stress and has brought about a damaging effect on the well-being and mental health of this vulnerable golden population. Due to higher risk factors or the elderly being vulnerable to the infection that is causing lot of frailty and fatality. There have been many reports that have indicated increasing mental health issues among elderly. There are instances of neglect or mistreatment violence, abuse, in the various Care Homes, Long Term Care homes or even in their own homes that is taking a distressing toll on the lives of elderly. The plight does get augmented when they face high mental health Vulnerability and risks during the time they are quarantined or on a long lockdown with their caregivers. As we all know, as a person age they become a childlike in their behavior and they seek for more love and warmth to help them keep up with their mental health.

But due to Covid, the practice of social distancing is keeping them locked within the four walls of their homes robbed off of their recreational time with their friends,of their age; in the park or around their homes, visiting the worship places etc. That has caused lot of distress, boredom and depression in a long run. The mental health risk is higher if an elderly are living alone due to loss of the partners or children being away from their homes for work.

The elderly are facing digital challenges during the lock down as they have to fully depend on digital world to stay in touch with their near and dear ones, payments and to carry on with day today work and responsibilities. This has brought them at high risks of many unforeseeable consequences due to increasing dependency. Due to this the social distancing might be a big challenge as they have to depend on the various individuals of several specialties involved in their care and support, including care takers or any domestic help for those staying alone or afford to have service providers.

The mental health of elderly are affected with fear and anxiety amidst multiple information and misinformation that are sourced from different modes that gets entangled with their personal insecurities and worries for their own life and the family lives in their absence

Economical:

As far as economic repercussion of covid-situation on the golden population are concerned. They are the most vulnerable of all, as they are the depended adults on their younger family members.If they have a source of income flow through pensions or any kind of insurance that also adds a lot of challenge; that includes digital use and the elderly are not allowed to venture out so en-cashing with physical presence is impossible, due to their high susceptibility to the virus that adds to their stress and mental trauma. Prior to covid there was good rise in the elderly participation in the labour force. But now with the lockdown scenario and things moving fast towards hyper-technology use, the employability of elderly is decreasing with lowering income among them. The impacts on income and long periods of isolation could have a serious effect on the mental health of elderly. In developing country like India the provision of Social protection as a safety net is sizable due to coverage gaps with very less percentage of older persons of retirement age receiving a pension. Therefore, the question of economic well-being of elderly is a serious concern as they are financially hard pressed for their many daily needs and others due to pandemic situation like those in isolation or quarantine need, special care with concern to adequate nutrition, telephonic counseling, digital contact with family etc.

Social-Economic well-being:

The social vulnerabilities of golden population are varied and multi-dimensional. The elderly living in their own homes, single (spouse dead), children away from them are going through very isolated and depressing time and more so in the case of elderly living in perilous conditions on the street, disserted, being isolated in the refugee camps, informal settlements and as an inmate in the prisons are at a greater risk due to many factors like

– Congested situations,
– Lack or inadequate access to health care support and services,
– Lack or inadequate supply of clean water and hygienic environment.
– Lack or potential challenges to accessing humanitarian support and assistance.

The Post-Covid scenario has affected the social life of the elderly as they are restricted to free movement outside of their homes to meet their friend at different spots in the community like parks, place of worship etc.The golden population are feeling threatened as they are experiencing severe boredom with loss of their social networks of friend, the access to proper health services, their jobs and their pensions. The physical distancing has really affected the lives of elderly and even has become one of the conspicuous causes of mortality.

Solutions

Elderly across the world are the most valued citizens of the country. They are the power-house of knowledge that comes with their real experience that they have endured through their own trial and errors, persistence and unshakable spirit. The enriching knowledge, their best practices and the stories of their resilience against many odds, calamities, disasters and diseases they have faced and have overcome could be good footprints to follow to fight against/overcome this deadly Covid-19 pandemic situation.

COVID-19 comes with an array of threats particularly for elderly even though person of all age groups are at an equal risk of contracting COVID-19, older persons are at a significantly higher risk of death and severe illness.Therefore, we all as a society need to value our golden population to keep them healthy, happy by promoting active ageing to receive the fruits of much-valued contributions they make in our society at large.It is important to ensure proper planning to build a very caring environments that advocates healthy ageing and ensures human rights and dignity of elderly

Many International and National both GOI and NGOs like WHO (World Health Organization) and CDC (Centers for Disease Control and Prevention) have issued an updated data and safety measures for the elderly during COVID-19, with a precise Health Advisory and stringent actions to prevent the further spread of COVID-19, including nation-wide lockdown. It is very crucial for each one of us as a citizen of the country to follow the protocols and take required precautions to break the chain of transmission of the disease.

The policy has to thrust on the immediate and long-term action or responses required on some key priorities in order to reduce or minimize the devastating social and economic impact of COVID-19 on older persons through both the crisis and the recovery phase. Therefore, the transmission of COVID-19, among the golden population can be contained with following measures such as:

Health care facility:

Considering the huge population in India it is very difficult on the part of the government to ensure proper health care, racing parallel with the very fast growing needs, especially during this crisis and challenging times. But all of us must understand that Health care is a human right, and every life has equal value. Therefore any serious

and tough health-care decisions that directly or indirectly affect the golden populations are all being guided by a pledge to dignity and the right to health for all. The elderly being the most vulnerable section of the population during these tough times of covid-19 are faced with high risks of multiple problems like difficulties of access to health care facilities that gets associated with age discrimination, neglect, maltreatment and violence at their own homes or in residential institutions. Such age related discrimination that reflects complete loss of reverence for the elderly, needs to be stringently monitored, regulated.

Few directives and best practices given by the government for the care and support of the golden population have to be followed religiously.

– Since they are most vulnerable groups its best practice to stay home and avoid going out or meeting people.

– Ensure the best practice of maintaining their hands and respiratory hygiene.

– The elderly should rely on Tele-consultations that have been started by many central Government institutes like NIMHANS (Bengaluru), AIIMS (New Delhi), PGI (Chandigarh) and CMC (Vellore) and even by other private set-ups. If in case of emergencies, there are Emergency services opened for 24x7.It is best to avoid the hospital set-ups for any kind of elective surgeries unless complicated during the pandemic.

Social Care and Support:

Every individual has a right to be loved, protected and included to be part of the group, unit of the society through the entire thick and thins of life. Therefore, the Government and National and International NGOs are advocating on strengthening the social support measures and targeted care for older persons strongly emphasizing on social inclusion and solidarity during physical distancing. Due to lock down the practice of physical distancing and restrictions on freedom of movement have become mandatory that has affected or disrupted the supply/access of essential care and support for older persons. Therefore, it's vital for every family or institution to maintain social support, cooperation and cohesion or closeness with the elderly to optimize their daily needs and living requirements for their all-round support. Physical distancing should be substituted with social connection/contacts, meeting and interaction with their near and dear ones by increasing their access to digital technologies that helps in enhancing psycho-socio and emotional supports.

– In order to uphold the elderly rights to information, the GOI have arranged to update the citizens about the datas related to covid-19.

– Their safety remain the matter of grave concern that's the reason the GOI and the National and International Organisation in the country are releasing many updated safety measures the elderly have to follow for their wellbeing.

– The elderly with sensory or cognitive difficulties are taken care with the updates about the latest status of the pandemic scenario in the country and also about the local

areas and the essential precautions/preventive measures that they have to be taken, is explained in a simple terms so as to avoid confusion.

Economic support

The global forum like UN and many National and International organisations have come forward to make a strong call for the financial support for the countries that are likely to experience the devastating humanitarian crises with the worse human and economic impact of pandemic. Therefore, the elderly being the most vulnerable section of the population are to be cared and supported through the crisis not only as the receivers but even as the mainstream participants in the fight against the pandemic and its repercussions. The more urgent and ambitious response is needed to meet the Goals with following few steps:

– Sharing their knowledge of past experiences of endurances, good practices during the time of crisis and their relevant data and documents.

– Expand participation of eligible older adults in the economic revival of the country to restore the loss of Average National Income by harnessing their experience and expertise.

– The GOI is broadening its partnerships with civil society and others to ensure their inclusion in shaping and amending the policies that affect their lives

– The older adults have to be involved in consultation for their protection, promotion and engagement in the productivity of the country in different sectors harnessing their unique knowledge, expertise and wider experiences for their sustainability and self-reliance.

Legal and policy support

The senior citizens being the most revered members of the society needs to have a special focus in the planning, execution and implementation of any socio-economic and humanitarian response to the Pandemic that is based on their active participation. The age-discrimination in terms of care and support through preventive, protective and promotive health care is a cause of concern and is alarming that has added their vulnerability in this crisis.

Therefore, to address the issues it's vital to strengthen the legal and policy framework both at national and international levels to advocate and protect the human rights of older adults that guarantees universal health coverage, social protection through a strong legal formulation and implementation.

Psychological security and safety

Psychological security and safety is one of the pivotal area that is intangible but plays a great role in bringing up the quality of life of elderly.The prevailing stigma, discrimination ignorance and indifference towards the aged should be replaced with inclusion of elderly with Innovative approaches and relevant socio-economic char-

acteristics, are essential to effective public policy making that is backed by evidence and data disaggregated not only by only age, but also sex that gives visibility of older persons in public data analysis.

Conclusions

It really feels sad to be talking about the psycho-social problems of elderly in the country like India where the elderly had been living the life of reverence, dignity and accomplishment traditionally. But the recent reports reflecting the daily conversation of people doing rounds in the social media and electronic media about elderly with high vulnerability of being infected with covid-19 and they being the potential source of community spread has only been alleviating the problems of these golden populations during this uncertain lockdown times. These situations are not only affecting their mental health and its wellbeing, but hampering all aspects of their lives robbing them off of the meager sources of income leaving them with despair. The elderly with dependency on their younger members of family and paid carers are facing all kind of psycho-social and health problems due to world's largest lockdown with stringent mandate of social-distancing to break the chain of spread of virus.The repercussion of Covid-19 on Socio-physio-psychological health has impacted the immunity and can increase proneness to infections. In their own houses and Institutional care homes they are facing social segregation, Overcrowding, neglect, abuse, poor self-care, denial of medical care disrupting their human rights and self-dignity impacting their mood, appetite and sleep. In the case of many elderly people living alone they are struggling with basic amenities like food, domestic utilities and hygiene along with the lingering fear of the pandemic.

With the thoughtful initiative of the GOI and the International and National NGOs many preventative, protective and promotive measures are being adapted besides the mandatory lock-down and social distancing/physical distancing.

Therefore, the families and caregivers for elderly are given to follow many Dos and Don'ts to keep the elderly disease-free, spirited and mentally fit like World Health Organization's three-pronged strategy social distancing, hand and respiratory hygiene :Staying at home, Avoid meeting visitors or maintain a distance of one meter, Wash your hands and face at regular intervals with soap and water, Sneeze and cough and dispose of the tissue papers/ wash your handkerchief, Ensure proper nutrition with water and all kinds of fruits, Exercise and meditation, take the prescribed medicines regularly, keep in touch with family members ,relatives, friends via call or video conferencing, Talk to family members to take necessary help, Postpone elective surgeries if any, if they are not urgent/emergency, keep the surrounding clean on every day basis, monitor your health regularly if in case of any symptoms its advised to visit the nearest health care facility and strictly follow the medical advice being given and the last but not the least to reduce the 'Digital screen time' to reduce the level of anxiety and follow best practices with positivity.

Hence, 'ageism' should not be a prevalent 'social evil' but boon to the family, society country and the world as a whole.

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VARIA

Łukasz Salwarowski[1]

REPORT from the activity of MANKO Association.
Innovative forms of activization and education of seniors in Poland

Introduction

MANKO Association as Public Benefit Organization (PBO 1%) deals since 20 years with social marketing, i.e. organization od educational and activating social campaigns.

Since 10 years MANKO Association deals with policy for seniors – activation and education of elder persons, especially in the area of health, safety, law and new media. For this purpose in national and international area MANKO conducts many projects for seniors. In the following publication current situation of elder persons and the most effective activities supporting them will be presented. Governmental programmes and more detailed the most effective activities of Manko Association for seniors such as: Friendly Community for Seniors, National Senior Card, National Magazine Senior Voice, Safe Senior – Stop for Manipulation – Don't let be cheated, Solid with Seniors – together we will manage! and International Senior Days were depicted.

Situation of elder persons in Poland

As it results from the report of Ministry of Family, Work and Social Policy at the end of 2018 the number of population in Poland amounted 38,4 millions, including over 9,5 millions were people at the age of 60 years and more (nearly 25%). From the viewpoint of activity of Manko Association important issue is the diagnosis concerning education and activization of seniors. As results of research "Education of adults" show, in 2018 elder persons were characterized by relatively low educational activity measured by the participation in formal and informal education and informal learning. Developing with age decrease of participation in educational actions took place in all analysed categories of educational actions. Low activity was noted in the case of actions from the field of informal education (organized out-of-school educational

1 Chairman of Association-Manko SENIOR VOICE, alwarowski@manko.pl

actions, among others courses, trainings, seminars) and informal learning understood as independent acquiring competences in order to broaden knowledge and skills. In Poland the level of participation in education and training in age category of 55–74 years belongs still to the lowest levels in UE and lasts since longer time – for many previous years it did not exceed 1%. Almost completely this participation is performer in the framework of informal education (Ministry for Family, Work and Social Policy, 2019, p. 50).

Illness, loneliness, disability, feeling of uselessness or life in poverty can be counted to the most important problems of persons 60+. Each of them indicates existing marginalization of elder persons as the group and the example of it can be gradual limiting, eliminating them from active social and professional life at the moment of exceeding the limit of retirement age (Gałuszka & Gałuszka, 2017, p. 174).

It is confirmed by the research of MANKO Association, which shows that the greatest problems of elder people are loneliness, access to health service, insufficient economic measures and also above mentioned low social activity and the awareness from the field of health, law, economics and safety.

National actions supporting elder people

Social policy towards elder people is still conducted as well at central level as regional level. It is centrally carried out mainly by among others Ministry for Family and Social Policy and Ministry of Health. Leading projects of Ministry for Family and Social Policy is Programme ASOS, Senior Plus and Care 75 Plus. Policy for seniors is conducted also by local governments at the level of voivodeship, district and community and also non-governmental organizations. Poland is divided into 16 voivodships, 314 districts and 2 477 communities. Currently over 640 Universities of the Third Age, 338 Communal Senior Councils(Ministry form Family 2019, p.50), 500 Houses and Clubs Senior Plus (www.gov.pl) and 859 Residential Homes (Central Statistical Office, 2017, p.1) function in Poland.

Programme Friendly Community for Seniors

Programme Friendly Community for Seniors assumes the support for local governments in conducting policy for seniors. It makes the groups: local government officials, seniors and entrepreneurs active for actions for seniors. The authorities of communities and cities publish together with local seniors and MANKO Association local edition of National Senior Card, which is active in their locations and in whole Poland. Each inhabitant of community, who is over 60, can obtain such Card free of charge in some minutes in commune office. The most important purpose of Programme Friendly Community for Seniors is the activization of seniors through co-creating Programme. Just seniors – inhabitants of community are committed in the distribution of Card among other seniors and acquiring local companies honouring Card. Thus Programme assumes education and activization of also local en-

trepreneurs in the scope of silver economy and purchasing power of the group 60+. Entrepreneurs who become partners of Programme declare honouring Card, i.e. giving discounts for its possessors. In return for it they are promoted as senior-friendly companies among local society and in whole Poland. It is thus their promotional strength and advantage, what translates in increasing tourist attractiveness of their region. Programme was joined already by 160 local governments, 400 thousands seniors obtained National Senior Card and over 2200 sale points in whole Poland honour it by giving discounts.

Community, in order to obtain certificate of Friendly Community for Seniors has to fulfil following criteria apart from publishing local edition of Nation Senior Card:

– encourage local entrepreneurs to participation in Programme National Senior Card;

– distribute among its inhabitants National Senior Card and Magazine National Senior Voice;

– organize at least once yearly Senior Day or other event for people 60+;

– possess or support creating organizations for seniors, for example Senior Club or Universities of the Third Age,

– support existing senior council or try to create it,

– make inhabitants of community possible to participate in National Senior Days in Cracow,

– educate in the cooperation with MANKO Association its inhabitants in the scope of consumer, legal safety, newest forms of activization and education of people 60+ and also patient and citizen rights.

National Senior Card

In order to obtain certificate of Friendly Community for Seniors local government in the cooperation with Association and its senior organizations publish local (communal or district) edition of National Senior Card, which entitles to discounts in already over 2200 sale points in whole Poland. In the majority these are institutions related to health and spending free time, i.e. health centres, health resorts, sanatoriums, rehabilitation units, swimming pools, fitness, cafés, cinemas and theatres. Seniors possessing such card are more active, mobile and more willing to use such sale points, what in obvious way translates in their state of health. What is important, National Senior Card is also activating tool. As it is co-created by seniors who seek themselves for companies, which want to honour Card and distribute it among other seniors who are often inactive and lonely. It is so next method of activization and commitment of seniors in senior policy and the offer for seniors proposed by local governments. National Senior Card is possessed already by over 400 thousands people. For two years now, the Magazine National Senior Voice and the National Senior Card have also reached Polish Seniors living outside the country.

Senior Voice

Krzysztof Zanussi (Polish film and theatre director, producer and screenwriter) with Magazine „Senior Voice'

Next condition for joining programme Friendly Community for Seniors by local government is promotion and distribution of Magazine National Senior Voice among seniors, which is tool of activization and education of inhabitants of community. The most widely read column of publication is the cycle „Think healthy". Articles as well from the field of prophylaxis, modern treatment and preventing civilization illnesses (diabetes, hypertension, heart diseases, anility, atherosclerosis etc.) and diseases of musculoskeletal system are published there. Advices of for example geriatrician, cardiologist or dietician appear also there. The magazine is tool of motor and mental activization due to numerous contests promoted in the magazine, i.e. *Stylish Seniors, Senior Allotment Holder, Senior Music Lover, Moto-Retro, Love over 60, Animal as medicament against loneliness* or *Give us Your recipe.* Precautionary activity is carried out also by campaign *Chase away sadness.* In Senior Voice experts and seniors themselves express their opinions about reasons of treatment and coping with depression. Readers say about it, how they were treated in the case of depression through among others intellectual and physical activity, music and membership in senior organizations. Within the framework of project and column under title Civil Senior Voice co-financed from PROO Funds, National Institute of Freedom, readers write letters about their problems, express remarks and propose changes.

Senior Days and Senioralia

Next requirement for obtaining the title of Friendly Community for Seniors is the necessity of organization of Senior Days at least once yearly. In this undertaking Association MANKO supports local government. Such event consists of the cycle of lecture/workshops from the field of health and free of charge medical examinations and consultations (pressure, hearing, sight, BMI, sugar etc.). For seniors from partner

communities also National Senioralia in Krakow (Picture 1) are organized by Manko Association in Cracow once yearly, during which very similar programme, but on much larger scale is carried out. Each years over 2000 seniors from 70 cities take part in the event. After solemn mass in St.Mary's Church they participate in the parade from Main Square to Kijów Centre Cinema, where they use over 30 examination-consultation stands and numerous lectures. The show of Stylish Seniors and Inter-generational Event (disco) with DJ Wika are added to it.

Picture 1. National Senioralia in Krakow

Communal Senior Councils and Universities of the Third Age

Within the framework of cooperation also appearing and development of acting in the area of community or district senior organizations, i.e. Universities of the Third Age, Senior Clubs and Communal Senior Councils are also supported. Association proposes also them participation in national campaigns and contests and also already mentioned National Senior Days in Cracow. Manko Association prepares trainings increasing their qualifications in the scope of management, security, activation, promotion, recruitment or acquiring external funds. They can also use educational materials of Association and advices of experts from the filed of prophylaxis and activization.

Safe Senior – Stop for Manipulation – Don't let be cheated

Within the framework of Campaign Safe Senior MANKO Association conducts Social Campaign Stop for Manipulation – Don't let be cheated. The main purpose of above mentioned campaign is education in the scope of thriftiness, economics, consumer right, especially in respect of manipulation sale techniques (Picture 2). Due to the fact that Seniors are particularly exposed to such kind of activity, MANKO Association conducts trainings and workshops dedicated for Seniors. It cooperates also with local governments and entrepreneurs in order to limit the possibility of hiring area for such activity, what also increases safety of seniors, blocking the possibility of conducting presentations and limiting in such way the scale of this problem. MANKO Association prepared also radio, television and internet spot, which is published in Youtube portal (www.youtube.com/GlosSenioraTV. Association extends in

the framework of its activity the scope of range and fulfils the programme of Friendly Community for Seniors, European Senior Card and European Senior Voice.

Picture 2. Workshop „Stop for manipulation"

Solid with Seniors – together we will manage!

In March 2020 the world had to face the pandemic of coronavirus. Within one month the activity of all senior organizations was stopped and seniors were ordered to lock themselves in their houses. What is worse, not responsible mass media began spreading panic and fear in the society and especially among elder people being in the group of increased risk. MANKO Association started then new stage of actions supporting seniors during pandemic. With respect to words of the member of Programme Council of MANKO Association – geriatrician, director of Ministry of Internal Affairs and Administration Hospital in Cracow doctor Krzysztof Czarnobilski: „Fear, panic, isolation, mental and physical inertness is much more dangerous for seniors than virus itself" we initialized the campaign "Solid with Seniors – together we will manage". Within its framework we reactivated Helpline of Senior Voice, we began distributing by post special educational and activating Special Packages, recording and emitting online lectures within the framework of Senior Voice TV, activating seniors through encouraging them to help other people and sew masks, organizing numerous contests and educational meetings in the open air, including activating and dancing voyages on the Vistula, maintaining all restrictions related to epidemic. Through the action "Animal is remedy for loneliness" we encourage also to adoption of animals from animal shelters. In turn the aim of next action under title "Senior, don't be afraid of physician" is encouraging seniors not to belittle symptoms of disease for fear of contact with health service.

Campaign „Solid with Seniors ; Together We Will Manage" obtained the support of Presidential Couple of Republic of Poland and honorary patronage of many ministries and local governments.

European Senior Card

Project European Senior Card is the extension of Programme National Senior Card. Currently Cards are issued in eight languages: Polish, German, Lithuanian, Romanian, Italian, Slovenian, Bulgarian and Turkish. At the present moment European Senior Card is honoured in all sale points in Poland, while Team of MANKO Association focuses its attention on it, so that possibly great number of sale points in Europe honour European Senior Card, helping therefore citizens of Europe in the scope of silver economy. Simultaneously Project of European Senior Card is aimed at establishing and developing international cooperation at the level of Europe in the scope of increasing life level of Seniors as well in economic area as in the range of health, lifestyle or activization.

European Senior Voice

European Senior Voice is the extension of Magazine National Senior Voice. Until now European Senior Voice was published in eight languages: Polish, German, Lithuanian, Romanian, Italian, Slovenian, Bulgarian and Turkish. The project is aimed at making possible to acquaint oneself with issues concerning Seniors from other countries in native language. Undoubtedly it increases the possibility of extension of horizons concerning life of Seniors in neighbouring countries. Simultaneously subject matter touched on in European Senior Voice concerns directly life of Seniors and issues, which they meet independent from it, what nationality they have.

Manko Association is example of combination of activity in the scope of activization, education and entrepreneurship of seniors. It creates also platforms for cooperation for seniors between institutions and between sectors, which are increasingly implemented in other countries as checked and effective solutions. The article indicated possibilities of carrying out effective activity by non-governmental organization in the issue of obtained indexes, results, range, quality, number of recipients.

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Roman Solecki[1]

BOOK REVIEW Hanna Serkowska, Maciej Ganczar (eds), *Jeszcze raz o starości z chorobą* [On Ageing and Illness, One More Time]. Publisher: Homini (Poland), Krakow 2019, pp. 231.

The book *Jeszcze raz o starości z chorobą* [*On Ageing and Illness, One More Time]* edited by Hanna Serkowska and Maciej Ganczar, is a compendium of information about dementia and Alzheimer's disease called "the plague of the 21st century" which affects the growing number of people around the world. The essays collected in this publication have been written by authors from different countries and research centers. They try to present the issue of social perception of and attitudes towards ageing and AD in different cultural, political, medical and institutional contexts. Some personal experiences and case studies are described too, thanks to which the book is not only a scientific text. It allows the readers to respond emotionally to the stories presented, which is a valuable experience in shaping individual attitudes towards the discussed issues.

The book has 231 pages and is divided into four parts. The first part titled *Starość z demencją (Old age with dementia)* consists of three texts by Mark Schweda, Lucy Burke and Esther Jones, which introduce readers to the topic of understanding dementia, ageing and disability syndrome in elderly and the changes regarding this group of patients, which recently take place both in the society and in the medical environment. On the one hand, medicalization and popularization of knowledge enables early diagnosis and distinguishing between Alzheimer's and dementia. On the other hand, adopting purely medical perspective may diminish the role of psychosocial and family resources (which are also important health factors) in the public debate. This part provides also a brief characteristics of the modern political discourses on dementia and AD, enriched by author's personal experiences during work in a nursing home.

The second part is titled *Rozrachunki ze starością (Settlements with old age)* and introduces the readers to a very intimate and personal world of experiences of families who struggle with providing care for their dying spouses or parents. It often becomes the critical point not only for the patients but first of all for their caregivers, allowing them to reach to the very depths of their humanity. This section contains a case study of a renown German writer, Walter Jens (Anna Szyndler) and autobiographical texts by Sandor Marai and Henryk Grynberg (Katarzyna Jerzak). Quite depressing reports about gradually lost mental abilities of the main characters and helplessness of their families lead to reflections on death with dignity and, at the same time, emphasize the will to live and enjoy every moment, so natural for every human. The texts show the brutal truth of treating ageing and elderly diseases as "the problem of non-returnable

1 PhD., Pedagogical University of Krakow, Poland, roman.solecki@up.krakow.pl

allocation of resources" which – with proper research and financing – can be reduced thanks to creating individuals who do not generate any costs, do not require long-term care and do not occupy hospital beds unnecessary. There is hope, however, despite these negative conclusions. It is the heroic fight of the families who in the face of this suffering are able to go through existential experiences that change them and bring to light the amazing and beautiful power of personal love.

The third part *Starość zinstytucjonalizowana (Institutionalized old age)* begins with the text by Agnieszka Czyżak about the image of nursing homes in the contemporary literature, which is perfectly complemented with the text by Hanna Serkowska who shows the anthropology of nursing homes in foreign and Polish literature. The dark image of the existence of old people with dementia, left to themselves in hospital wards is compared to concentration camps where constant balancing between life and death, existence and non-existence may lead either to total resignation and despair or to ongoing attempts to discover the meaning of one's existence. Recording personal experiences is for both caregivers and patients a self-therapeutic antidote which helps them distance themselves from the painful circumstances.

The fourth part titled *Starość w literaturze pięknej (Old age in literature)* is the continuation of this narrative direction. The authors (Adriana Taita, Olga Elsbach and Małgorzata Grzegorzewska) present the motives of old age in Victorian novels by Charles Dickens and poetry by T. S. Eliot and Ted and Craig Hughes. Maria Gierlak, in turn, analyses the interesting literary reportages by Arno Gieger and David Sieveking who focus in their texts on the "dwindling portraits" of father and mother. This section ends with the text by Katarzyna Szymańska who characterizes the didactic value of Stian Hole's Gramann trilogy and shows how can ageing be introduced to the youngest readers.

To summarize, what comes to the fore after reading *On Ageing and Illness, One More Time* is the merciless new biopolicy implemented in many countries around the world, which increases the financing of research into dementia and AD and, at the same time, stigmatizes and creates social distance towards sick persons who are considered "unproductive". This is particularly visible in the dystopian pictures showing lonely and older people used as "guinea pigs" in experiments on new medicines and as "organic banks" of organs. The book provides the accurate diagnosis of changes in the way humanity is understood and defined, especially during illness which deprives individuals of their consciousness and makes them a "burden for their environment", turns them into "post-persons" and "empty shells" who cease to contribute to the society and generate high costs of care. It is a drastic presentations of ageing, the process which is inevitable, and authors even compare nursing homes to prisons or even "concentration camps".

Despite the multitude of motives and authors, the book is a coherent treaty defending the subjectivity and dignity of not only patients with dementia and Alzheimer's disease but all people who are excluded and disabled due to gradual ageing. Using clear

and popular language, the authors show the present state, the risk factors and possible educational and social actions, at the same time acting as the voice of conscience in the society of unbridled consumption and growth. The following words of Inga Jens who was taking care of her husband summarize the whole book very well: "Despite physical and mental degradation, one becomes a human till the end, a person who deserves respect and whose world, even if foreign and incomprehensible for others, is equal to the seemingly "normal" world of healthy people".

Kiran Puri[1]

BOOK REVIEW Mala Kapur Shankardass (Ed.) *International Handbook of Elder Abuse and Mistreatment.* Publisher: Springer Singapore 2020, pp. 649.

The book International Handbook of Elder Abuse and Mistreatment is rare of its kind. It is a comprehensive portrayal of the various forms of abuse to which the elderly are subjected. Abuse ranges from physical, emotional, financial and psychological abuse and neglect. The book reiterates the importance of treating the elderly with dignity and respect.

The editor of the book, 'International Handbook of Elder Abuse and Mistreatment' is a well known author Mala Kapur Shankardass,Ph.D. who is an associate professor at Maitreyi College, University of Delhi South Campus, New Delhi. The book comprises of 34 chapters including the preamble and is split into 6 parts. It gives a comprehensive view of the condition of elderly in U.S.A., Mexico, Canada, Montreal, Jamaica, Caribbean, Europe with emphasis on Finland, Romania, Hungry, Germany, Flanders, U.K, Middle East: including Turkey, Nepal, India, Bangladesh and West and South Asia. It also covers parts of East Asia like Korea, Australia and Oceania. The ending part of the book covers the various countries of Africa like Kenya, Nigeria , Liberia and other countries of the big African continent .

The book gives important information about how 1 out of 6 people above the age of 60 years and above experience some form of abuse in community settings .The book mentions the systemic review and meta analysis of studies done by Yon et al(2018) that abuse is higher in institutional than in community settings. While psychological, physical, financial and sexual abuse along with neglect is seen to occur in both institutional and community settings the prevalence of all forms of abuse is substantially more in institutions such as nursing homes and Long term care facilities. The book emphasises the fact that most cases of elder abuse go undetected and prevalence rates are likely to be underestimated thus adding to lack of necessary attention to the problem. It is therefore essential to continue to raise awareness to help prevent abuse cases and to ensure that those which take place are immediately reported.

The book starts with 'Prespectves on Elder Abuse and Mistreatment from Selected Countries and Regions: A Preamble by Mala Kapur Shankardass followed by 'Why More Pilot Studies of Elder Mistreatment are Necessary' written by Lynn Mc Donald where she states that prevalence studies tend to be the main platforms for policy, practice, and research progress, both nationally and internationally. The significance of the pilot studies to be carefully crafted to provide the very best evidence possible to

1 Founder Member, Trustee and Director 'Development Welfare and Research Foundation', India, info@rightsofolderpeople.org

end mistreatment. Pamela B. Toaster, Joy Swanson Ernst and Patricia Brownell address the elder abuse in US and public policy responses to it in their article 'United States Issues in Elder Abuse'. Cynthia Thomas in 'Coordinating Elder Abuse Prevention and Treatment Across Organizations in the USA provides information about how numerous non-profit and professional organisations work to provide information and services designed to prevent elder abuse and to assist victims. Liliana Giraldo Rodriguez and Marcela Agudelo Botero also reiterate the prevalence of elderly abuse in various parts of Mexico at home and in institutions by family members and caregivers. Nelson García Araneda and Jenny Lowick Russell in the 'Chapter Elder Abuse in Chile: Evidence, legal Regulations and Immediate Challenges' present an overview of the elder abuse in Chile. Every chapter in the book gives a picture of elder abuse in various countries. Elizabeth Podnieks in the chapter 'The Power of Elder Abuse Networks in Canada, introduces global readers to programs and initiatives taking place in Canada to address elder abuse and neglect. In the chapter 'Ipras Model : Montreal's Integrated Police Response for Abused Seniors,' Marie Beaulieu, Michelle Cote, Josephine Loock , Monia D'Amours, Luisa Diaz and Jacques Cloutier write about the integrated police response for abused seniors to counter mistreatment of older adults. Bardelli Corigliano M. Gina describes the types of violence reported by people aged 60 and over and gender between 2015 and 2017 in the chapter, 'Violence Toward Elderly Adults.' Cases Registered During the Years 2015–2017 in a National Program in Peru.' Denise Eldemire Shearer, Douladel Willie – Tyndall, Collette Robinson and Julian Mc Koy Davis explore available crime statistics and available qualitative cases to describe the situation of elder abuse in Jamaica in their chapter 'Elder Abuse – An Examination of the situation in Jamaica'. A reflection of marginality and its association with elder abuse is presented by Carmen D. Sanchez Salgado in the article 'Marginality and Elder Abuse in Puerto Rico: An Emerging Social Problem'.

Sirkka Perrin, Henrikka Laurels and Paivi Helakallo-Ranta describe the 'Current Policy Context in Finland in their article 'Elder Abuse and the Human Rights Approach -insight…. 'reveal that from the beginning of 2016, based on the Social Welfare Act, it has been compulsory for workers in social services to report elder abuse or concerns of the safety of an older person confidentiality provision notwithstanding to the municipal authority responsible for the service. In general they state that Finish people are fairly aware of their rights and would know if encountered with discrimination or harassment. Ioana Caciula in the chapter 'Elder Abuse in Romania: Work in Progress explains that the objectives of S.T.Age project were to design an education program that will provide new learning opportunities in the field of human rights and empathy to prevent abuse, based on creative ideas to empower older adults through education on human rights and the exploration of ways of safeguarding well being. In the chapter 'Violence and Maltreatment of the Elderly in Hungary' Oiga Toth mentions that violence against older people is committed by adult children or grandchildren. Unemployed, alcoholic children return to parental homes and live off the parent's pensions.

Joao F. Fundinho and Jose Ferreira-Alves in the chapter 'Care of Elderly in Portugal: Official Data and Scientific and Professional Challenges' present the scientific and practical developments on the field of elder mistreatment in Portugal. Thomas Goergen in the chapter 'Prevention of Elder Abuse in Germany states that elements of elder abuse prevention in Germany include changes in care-related legislation aiming at quality management in caregiving facilities and services, improvements in oversight of care providers and strengthening clients position in provision of care. Lisebeth De Donder, Sofie Van Regenmortel, Deborah Lambotte, Nico De Witte and Dominique Verte in the chapter, 'Elder Abuse and Mistreatment in Flanders: Prevalence and Prevention' inform that Flanders has currently two helplines for elder abuse and mistreatment. One Organization (VLOCO) is responsible for the support, training and registration of cases of abuse or mistreatment by professionals. A second helpline called 1712 registers all cases on violence by citizens. Bridget Penhale in 'Elder Abuse and Adult Safeguarding in UK states a number of national and international organisations have been established to respond to abuse and abusive situations ; there are differences between different nations of the UK and how abuse is responded to. In Israel, Ariela Lowenstein and Sigal Pearl Naim write that 18% of community dwelling elders report of a disability or A D L difficulties in the chapter ' Coping with Elder Abuse in Israel: The Multi-systemic Model'. Isil Kalayci and Metin Ozkul have determined the size of the elderly abuse and neglect and its importance in terms of providing the necessary assistance to the elderly and creating social policies in Turkey in the chapter, ' The Elderly as Social Victims of Modernization : Abuse and Neglect of the Elderly in Turkey.' Mala Kapur Shankardass in her article 'Reflection on Elder Abuse and Mistreatment in India' explains about how elder abuse and mistreatment of older people in Indian society has emerged as a serious concern requiring affirmative and cross-disciplinary responses to combat it. Manohar Upreti writes about changes in Nepalese society which once believed that only fortunate people get to serve their parents and live a blissful life but now the tables have turned in the chapter ,' Elder Abuse and Mistreatment in Nepal '. The society of Nepal in which an obedient son like Shrawan Kumar was remembered has now started to hear the news of parting their parents in the streets and charitable old age homes. In the chapter 'Elder Abuse and Older Women's Vulnerability: A growing Concern in Bangladesh 'Ferdous Ara Begum has also mentioned as to how older persons both men and women are vulnerable to mistreatment in many societies, mainly due to their age and gender identity and extreme poverty. Elder abuse especially neglect, financial or psychological are much more common in Bangladesh nowadays. Shiromi Maduwage in her article, 'Situational Overview of Elder Abuse in Sri Lanka' describes that the magnitude of elder abuse is still hidden in the community of Sri Lanka due to under-reporting. Evidence has shown that culture and traditional practices play a major role to keep elder abuse unreported. In the article ' The Road of Korean Society's Fight Against Elder Abuse ' Mee- Hye Kim reiterates the fact that in 2004 the government has in-

troduced the Welfare of Older Persons Act to deal with the elder abuse in South Korea. 'Japan's 10 year Legislative Experience , Current Status and Future Challenges in preventing Elder Abuse' written by Noriko Tsukada mentions that Japan enacted the 'The Act on the Prevention of Elder Abuse , Support for Caregivers of Elderly Persons and Other Related Matters' on 9th November 2005, which became effective in April 2006(The Ministry of Health , Labour and Welfare 2005). Since then, ten years have passed and lots of research on elder abuse have been accumulated. Wai Chong Ng, Zoe Z. B. Lim and Mumtaz Md. Kadir in the chapter ' A Multidisciplinary Care Management Approach to Preventing and Managing Elder Abuse: The Singapore Experience' have explained that the Singapore government has set up platforms for preventing and managing Elder Abuse, such as the establishment of the National Family Violence Networking System , the Family Violence Dialogue Group and Family Violence Specialist Centres. Legislative framework has also been developed to protect vulnerable elders. Elsie Yan in the article 'Elder Abuse in Chinese Populations' summarizes available literature on the rate and risk factors associated with abuse in Chinese populations. Effort is made to discuss the unique cultural values and summarize current policy and legislation on elder abuse in Chinese communities. In the article,' Designing Australian Responses to Elder Abuse: Issues and Challenges' Barbara Blundell and Mike Clare bring to the limelight that there has been a considerable focus on the topic of elder abuse in Australia through the medium of various Commonwealth and state government inquiries, and the issue has been further explored in a number of prominent research projects and literature reviews. Briony Dow, Freda Vrantsidis, Meghan O'Brien, Melanie Joosten and Like Gahan in their article 'Elder Abuse in Australia' b ring forth that a review of the current elder abuse policy and practice in Australia has found that while most states and territories are taking positive steps to protect and empower Australians, response to elder abuse at a national level is slow. This has led to gaps in knowledge – particularly regarding the prevalence of elder abuse in Australia – and services, as well as the duplication of support systems. Lydiah Kabole Atetwe in the article 'Prevalence of Elder Abuse in Emuhaya Sub-county, Vihiga County, Kenya' states that the incidence of elder abuse in Kenya and in Emuhaya specifically appears to be increasing by certain accounts, yet no clear cut evidence or official rates are available. The chapter ' Elder Abuse and Mistreatment in the Community in Nigeria: A Myth or Reality?' written by Eniola Olubukola Cadmus reveals that in Nigeria, as well as the traditional setting in many African countries, the family has the responsibility of providing care and support for older persons. However, due to present economic realities in the country, there are many instances whereby the family is either unwilling or unable to provide adequate care and support for older persons. Likewise, the downward slope of economic nucleation in the country has also encouraged emotional and economic nucleation in the country. Therefore, older persons are increasingly placed at risk for abuse and neglect. Sam Togba Slewion in the chapter 'Older People in Liberia: An Afterthought for Policy Development'

writes that the older people in many developing countries, including Liberia, continue to face the brunt of lack of social protection system and policy as well as health care. In Liberia many a time during policy development, the welfare of the over 180,000 older people in Liberia seems to be an afterthought instead of an inclusive segment of any social policy aimed at enhancing the quality of life of citizens of the country. In the chapter, 'Elder Abuse in Africa', Priscilla S. Gavi states that abuse of older persons and the denial of their basic human rights are a worrying phenomenon in Africa. As the traditional African togetherness brought about by the unity of extended family networks continues to disintegrate under the influence of globalization, communities more and more ignore the very fabric that kept them together. It's the disappearance of traditional safety that has forced the older persons now rely on pressure groups to advocate for the recognition of their rights to live a dignified life .

The book has a beautiful display of tables, statistics and data covering the latest analysis. Systematic, qualitative, quantitative, descriptive and retrospective research methods have been used. The book written by international specialists from various disciplines is a great collaboration of the different dimensions of elder abuse and mistreatment in terms of their prevalence, prevention, management and treatment. The reading of this book is specifically recommended for students and researchers interested in ageing issues, be it sociologists, public health workers or clinical psychologists.