

Overview of challenges and lessons learnt during COVID-19 among Sri Lankan older persons

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Abstract. Sri Lanka is in the South East Asian Continent with a rapidly changing aging population. Older persons are considered as an integral part of the Sri Lankan culture and nearly one fourth of the elders are economically active, but majority of the older persons suffer at least one chronic illness. There are number of health as well as non- health services available for the Sri Lankan older persons. The global pandemic, COVID-19 has affected the human lives in numerous ways where elderly generation has being recognized as a high-risk category. The COVID-19 has affected Sri Lankan older persons in different ways; the older persons have a direct physical health effect, where majority of the older persons won't get a chance in battling the virus. COVID-19 has not only affected the physical health of the older persons but it has also affected the psychological well- being. It has caused difficulties in attending the monthly clinics for the chronic diseases, lack of physical activities and social engagement and also economic hardships. Most of these effects have been addressed successfully with the exciting system, but in these unprecedented times a new normal life style towards older persons should also be introduced to battle their health and non-health requirements. Strengthening the community level of care for older persons through reforming the grass root level health services, strengthening the home-based care services for older persons, enhancing the psychological well –being of the older persons through programme, reorientation of hospital-based clinic services are some of the recommendations that can be proposed for not only to battle COVID-19 but for any global pandemic. These challenges were identified and lessons learnt during 2020 which was the early stages of the COVID-19 pandemic to Sri Lanka.

Keywords: Sri Lanka, older persons, COVID-19.

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Background

Sri Lanka is an island located in the Indian ocean, with a population of 21 million. Though multi ethnic and multi religious communities are living in the country, the majority are Sinhalese Buddhists (Department of Census and statistics [DCS], 2016). In Sri Lankan context an older person is defined as a person who is of 60 years of age or more. According to the National Census and housing 2012, Sri Lankan older population stood at 2,524,570 which was 12.4% from the total population. Sri Lanka is considered as one of the fastest ageing countries in the world, having an ageing population that is increasing at a rapid rate, and currently estimated to be 16% of the total Sri Lankan population (Ministry of Health [MoH], 2017). One in every four Sri Lankan is expected to be above the age of 60 years by 2041. Rapid increase in old-age dependency is projected to increase significantly after 2041. Although this demographic transition is affecting many countries the speed of its challenge is particularly dramatic for Sri Lanka (Smaraweera & Maduwage, 2016).

Ageing population has always been considered as an asset and an integral part of the Sri Lankan culture as they play an important role in the family, in particular by acting as caregivers to their grandchildren as well as by providing advice and guidance to the younger generations (Asian Development Bank [ADB],2019). It is also noteworthy that one fourth of the older population in Sri Lanka are economically active despite their age (DCS, 2012) and in many instances act as the sole bread winner of their families. The rapid increasing ageing population, brings about many challenges which need to be addressed, including: the health, the social and economic sector. It is a proven factor that the prevalence of non-communicable diseases is common among older person (DCS, 2016). The National survey on self-reported health-2014 conducted by the Department of Census and Statistics (DCS) Sri Lanka reported that, almost 55% of its ageing population suffers from at least one chronic illness. Sri Lanka claims to have a comprehensive healthcare system in the South Asian region, where the majority of the healthcare services are provided by the state sector, free of cost at point of delivery. Furthermore, the state sector hospitals provide the majority of curative services and dominate in the inpatient healthcare provision; while the private sector has turned out to be predominant in outpatient care in recent years (World Bank, 2008). Screening for early detection of chronic diseases, and interventions are done by the Healthy Lifestyle Centres (HLC) through primary health care institutions for both males and females under the responsibility of the Ministry of Health, Sri Lanka (MoH,2011). Government of Sri Lanka published the National Policy and Strategic Framework for prevention and control of chronic non communicable diseases in 2010, with an objective to reduce premature mortality due to the chronic non communicable diseases. This was done through the expansion of evidence based curative services including health promotion measures for the reduction of risk factors both at individual and community levels (Mallawarachchi et al., 2016). Current curative care provision for older persons is delivered through the standard primary to tertiary health services. Several initiatives are being set up to improve service provision including: intermediate care facility, establishment of age friendly wards, and community health clinics (MoH & DCS, 2018). Current provision of preventive health care at grass root level are implemented through the medical officer of health in collaboration with multi-stakeholders.

In addition, community services are carried out by the Public Health Nursing Officers, where they focus specifically on non-communicable disease prevention, older persons and palliative care (WHO, 2017). A separate service provider is in charge of the promotion of mental wellbeing, which is appointed by the medical officer for mental health. In general, all stakeholders work together as a team in providing services for older persons at community setting (Smaraweera, & Maduwage, 2016).

In Sri Lanka the National policy on senior citizen has extensive concerns towards health and social services (Ministry of Social Services and Social Welfare, 2006). One of the strategies of the policy includes the provision of social welfare and protection through ensuring availability and accessibility towards social services. The community level activities include community day care centres, residential facilities and home-based care services free of charge (Ministry of Social Services and Social Welfare, 2006). The island-wide village level ageing committees serve old people at the community level to assist in accessing social services (Human Right Commission of Sri Lanka & HelpAge Sri Lanka, 2014). At each provincial, district and village level there are different activities engaging the older population which contributes to healthy ageing. Social services officers have been appointed at divisional secretariat levels for the provision of services related to care for older persons and for the protection of the rights of older persons (Menike, 2015). Furthermore, various private sector organizations and non-government organizations are working singly or in collaboration with the government to provide several services to the older population in Sri Lanka. Social security systems like pension schemes, welfare schemes and income generation methods through day centres are there to support the economic challenges of older persons (National Secretariat for elders, 2010).

Effects of COVID-19 on older persons

The global pandemic COVID-19 which started at the year of 2019 has changed the life style of older persons drastically. Older persons are considered as a highly vulnerable group of being infected with COVID-19. Physiological changes occurring during ageing and the possible underlying conditions such as Non Communicable Diseases (NCD) increases the risk of developing more serious complications in older persons from COVID-19 (Lekamwasam & Lekamwasam, 2020). In America the majority of the deaths due to COVID-19 were among the age group of 65 years and above. (Lekamwasam & Lekamwasam, 2020). It is therefore deemed essential to take precautionary measures to protect our ageing population. Sri Lanka with a well-structured public health system faced the global pandemic situation by adhering to number of health measures such as providing necessary technical guidance, logistic support, procurement of essential equipment, creating awareness and empowering the community. However, the ageing population in Sri Lanka had to face many challenges as the country went into lock down on March 12th 2020 as preventive and control measures of COVID-19 (Marasinghe, 2020). This notion had a health, economical and psychological impact on its ageing population.

Health / physical effects

According to the Demographic Health Survey (DHS) conducted in 2016, the prevalence of heart diseases among the older persons was 58.7 %, followed by high blood pressure 54.7 % and diabetes 48.3% (DCS, 2016). Therefore, the major issue this population faced during the lockdown phase was getting their drugs as the routine medical clinics undergone changes in their normal services. Within a few days several new mechanisms were introduced to normalize the drug supply. Drugs were delivered through Grama Niladhari, field officers or through the grass root level public health workers and also through the postal department (News.lk, 2020). Online drug delivery facilities were arranged in collaboration with the State Pharmaceutical Cooperation or “OSU – Sala”. (Colombo page, 2020). The MoH introduced help lines to address the health issues where older persons were seen to benefited from such service (MoH, 2020). At the initial stages of the lockdown the pharmacies were opened and the prescription - sheet was taken as a permit, so older persons could receive their drugs from the private sector apart from the state sector health institutions (Writer, 2020).

“Stay at Home” was a strong request as well as an advice given by the health authorities during the COVID-19 pandemic specially to the older persons (Health Promotion Bureau [HPB],2020). This made a great impact on physical as well as psychological health of older persons. With the lock down, daily routines performed outside the house such as walking, cycling and outdoor physical exercises were disrupted. Alternatively, older persons were advised and motivated to perform physical exercises in their own homes through the means of mass media (Lekamwasam & Lekamwasam, 2020). An added advantage to this was that prior to the COVID-19 pandemic situation many older persons were already accustomed to practicing simple appropriate physical exercised, which was performed at committees and day care centres. (Vahia,Jeste & Reynolds, 2020). Adhering to the respiratory etiquettes, using face masks, keeping the social distancing came at quite the challenge for older persons as this was not part of previous life style. Such as that of difficulties in wearing a face mask in the proper manner (Kwan et al. 2021). With the warm geographical status of the country, educating older persons to wear a mask when in the community, became quite the challenge to service providers. Advocacy helped to convince the elderly about the importance of wearing a mask in a proper way but sustainability of this health practice is still changeable. Proper disposal of the used masks maintaining environment cleanliness is another fact which needed more awareness. Practicing hand washing frequently following proper handwashing techniques was also found as being another challengeable issue that service providers had to make great effort to advocate (Pui-Lai et al., 2020).

Older persons with disabilities faced certain challenges in practicing health measures for the prevention of COVID-19. Specifically, those related to poor accessibility facilities, such as difficulties in practicing handwashing for wheelchair users due to placing washbasins at a higher level. Difficulties in disseminating health messages for persons with hearing and sight impairment, are the result of lack of services for the sign language and brail facilities (Wilbur & Hunt, 2020). The majority (79%) of the Sri Lankan older persons are living in rural settings (ADB, 2019). Many of the older persons who are living in the rural setting and some living in

the urban setting are living with their extended families and spend their time with their children and grandchildren. The majority of the informal care for older persons is given by the family members in the community (Marasinghe, 2020). During the lockdown period for COVID-19 all family members were together at home. Reported home injuries among older persons during that period were minimal other than very few reported cases of falls at home (Reddy et al., 2020). Providing services to older persons who are living alone was an issue for the service providers during this period due to disruption of all normal routines. It was the health and social service at grass-root level which looked after them, irrespective of practical constraints. Gaps for sustainable care for older persons have also been identified, especially for those older persons who are living alone, such as empowering volunteer caregivers and maintain updated information system on older persons who are living alone.

Supply of daily essentials including food items were not a huge problem for older persons who live with their extended families but this could not be said for those who were living alone. Most of the facilities shifted to online purchases, which proved problematic for older persons as electronic literacy among the older population is low. Not only the knowledge but also availability of electronic devices including mobile phones were very restricted among older persons (Mohadis & Ali, 2014). In the state sector and private sector long-term care facilities for older persons are available. In such facilities there are care providers on permanent basis and temporary basis (United Nations [UN], 2016). During the lockdown period it was an issue in getting service from the caregivers who worked on temporary basis. Measures were taken to maintain continuous flow of supply of food items as well as in carrying out preventive measures (UN, 2020).

Psychological effects

During the lockdown period older persons engagement in the community activities such as participation in older person committees, and day care centres were restricted (HPB, 2020). They were advised to stay at home for the safety health measure against COVID-19. Social gatherings, such as going for pilgrimages were completely stopped. Furthermore, aged parents who lived away from their children missed their children's care and spending time with them due to travel restriction, this was believed to have negatively affected their psychological state (Wang et al., 2020). As a result, some of the older persons were leading to social isolation and were on the brinks of depression. Older persons who lived on their own without the company and care of other family members were badly affected psychologically because of this sense of isolation (Patel & Clark-Ginsberg, 2020). According to the impact of COVID-19 on older persons issued in May, the UN Secretary General mentioned that restriction of movement may trigger greater incidence of violence against older persons and all types of abuse (Malik, Burhanullah & Lykestos, 2020). The prolonged situation was aggravated with continuous reporting on COVID-19 by the electronic media such as television, radio and social media, which has all led to an increase of the psychological burden. Distribution of printed newspapers which was an avenue for keeping older persons updated with the current national and international affairs was interrupted during the lockdown (Sepulveda-Loyola, 2020).

It was reported that in many instances within the family adolescent and youth were given the priority to access electronic media than older persons. Sometimes even though there were television programmes aimed for older persons, the grandchildren did not allow them to watch it because of their favourite programme. Due to disturbance of their daily routine in long duration led to older persons enduring more negative psychological effects (Jaarsveld, 2020).

Sinhala and Hindu new year cultural festivals held in April, are one of the Sri Lankan main cultural events and Wesak festival in May, one of the main religious events, are considered the most important events for the majority of Sri Lankan older persons (UNESCO, 2011). Due to the pandemic situation the usual glamour of these festivals were faded. It was a major concern of the highly cultural bound Sri Lankan older persons, which affected their psychological status in a negative way. To overcome the situation authorities had to launch many advocacy and awareness programmes highlighting the sacrifice that they do to control pandemic situation during important festival season of the country (Wijesinghe, 2021).

Disability is a major morbidity seen among older persons. Persons with disabilities were overburdened due to mobility restrictions and was also psychologically burdened (Wilbur & Hunt, 2020). To overcome the psychological negative effects among older persons during the COVID-19 lockdown period many measures were taken in collaboration with older persons committees at grass root level. Being at home, following the preventive measures, different methods were introduced to connect with their peers to minimise the psychological burden. Recreational activities were introduced to do with their family members, home gardening was promoted, various religious activities were organized including meditation programmes through electronic media (UN, 2020; Rodrigo, 2020). Different activities were introduced including competitions like writing skills or for children to connect with older persons away from them through electronic media.

Economic Effects

The government of Sri Lanka has taken steps to pay monthly allowance for older persons ("Wedihiti Deemanawa") which was given through the District Secretariat for all that were eligible and was pending for payment (UNICEF, 2020). More than 600,000 older persons got the allowance in April and May (629,489 in April and 629,703 in May). Samurdhi allowance is an allowance paid by the government for those who are below the poverty line apart from the senior citizen monthly allowance. Older persons who were engaged in various economic activities were disturbed during COVID-19 pandemic, which caused them economic burden (UNICEF, 2020). All their income generation means were stopped and daily earnings were lost. To minimise the economic constraints to a certain amount they were given an additional monthly allowance by the government. Due to the logistic issues during lockdown period senior citizen pension was delayed. This caused many financial hardships for them. During this time many people lost their jobs and many household financial hardships occurred which were either directed towards the older member of the household (UNICEF, 2020).

Future challenges

It is likely that COVID-19 will last for a long period in the world and indefinitely young as well as older generations need to adapt to a new normal life style with good health habits. With prevention methods need to be adhered to continuously. Compliance and adherence of health measures will be a great challenge for older persons. It is imperative that older persons especially, adhere to health measures when they are engaging in their day-to-day activities like purchasing their drugs, essentials, clinic and hospital visits, going to public places such as bus and railway stations, banks and offices (Marasinghe,2020).

The high vulnerability of older persons will not be subsidised unless there is a new medication for the disease. Also, COVID-19 is a one pandemic situation but it is not the only pandemic the world should expect (Marasinghe,2020). Therefore, the challenges encountered during this pandemic can be taken as learning points to improve the future strategies on improving the care system for older persons of Sri Lanka. Some older persons as well as those with disabilities were taken care of in their own homes by care givers who visited on a daily basis. However, this service provided by daily care givers was impossible to maintain due to the risk of exposure to COVID-19. Therefore, the disruption of continuous services of caregivers will reduce the quality of life of older persons including those with disability and the frail, which in turn increases the burden on their children (Marasinghe,2020). The majority of older persons play an important role in a family by looking after their grandchildren (UNICEF, 2020). During the period of lockdown schools and preschools were closed. Therefore, children were at home. Looking after grandchildren is considered as a positive factor which helps to keep older persons actively engaged (Quirke, Konig & Hajek, 2020). However, attention here should also be given as at a point they could get overburdened especially if they have an ailment. Though they might not divulge it, it can be a mental suffering to them.

Sri Lanka has practiced numerous ways to maintain social distancing which included advocating older persons to avoid hugging or kissing others specially in greeting, to maintain distance at least one meter from others and to avoid crowded places. However it was noticed that most social distancing measures executed in Sri Lanka achieved desired results only when this was executed forcefully and not simply by the behaviour change of individuals. Therefore, maintaining its sustainability of better health measures has become a challenge (Hewage et al., 2020). Social distancing measure which will be continued for some period and future gatherings at the usual get together of older persons are a challenge as they should be minimised. The usage of computers and software for the meetings is not practical due to the unavailability of resources and lack of computer literacy for the majority of older persons. Thus, the social life they lived will not be regained fully (Vernooij- Dassen, Verhey & Lapid, 2020).

Usual religious activities such as “pooja”, mass in churches and mosques will be conducted with precautionary measures and limitations in the future. It will have a psychological impact

on older persons as they will not be able to engage in the activities as used to, as well as their usual social exchange with friends, following the ceremony (Vahia, Jeste & Reynolds, 2020). Air transportation around the world was restricted to stop the spread of the pandemic. Therefore, children who had migrated for employment and educational purposes may not frequently visit their parents as usual. Older persons might have a more psychological burden due to such impacts of social issues (Vahia, Jeste & Reynolds, 2020).

Recommendations

The following can be considered as recommendations to care and provide services for older persons in maintain sustainability of COVID-19 preventive measures and promoting healthy ageing.

- Strengthening the community level of care for older persons by focusing more towards active and healthy living.
Community level health care services are mainly based on the Medical Officer of Health (MOH) of the area, which is a main pillar of success of Sri Lankan preventive health sector. Therefore, care services for older persons should be more strengthened at MOH level with the collaboration of officers attached to the Divisional Secretariat office who are supplying the services to older persons.
- To reform the grass root level of health services for older persons in par with primary care services especially in view of the new normalised situation of living with COVID-19.
The field level non communicable disease preventive activities, palliative care and care for older persons are provided through the Public Health Nursing Officers (PHNO). The PHNO can deliver the physical and mental health care for older persons within their community along with the other grass root level health care workers. Hence the relevant infrastructure and human resource strengthening need to be addressed properly.
- Strengthening the home-based care services with special attention in public private partnership.
Home based care services for older persons and persons with disabilities are provided by both government and private institutions. It is a skilled job which needs a proper training. Therefore, recruitment of care givers should be increased to ensure a sustainable and uniform supply of trained care givers for older persons and older persons with disabilities.
- Enhancing the psychological well-being through advocacy.
Increased self –esteem and an overall enhanced positive thinking can improve the quality of life of older persons. Hence more religious and cultural programs, most importantly is meditation which could increase their positive psychological aspects. The electronic media can play an important role in this aspect.
- Empowering older persons for COVID-19 preventive activities specially through old persons committees.

Develop a mechanism for the maintenance of COVID-19 preventable activities at the community through empowering the older persons attending such committees.

- Re-orientation of the hospital-based clinic services.
Long queues and over-crowded clinics need to be avoided as much as possible during the COVID-19 period. Primary Health care system need to be strengthened furthermore. Proper, practical appointment system needs to be adhered whenever possible. Undoubtedly the infrastructure of the hospitals need be improved and allocated, specialized geriatric health care need to be strengthened. Proper plans prepared for the drug distribution in an emergency situation.
- Improving the health literacy of older persons through information technology.
During this pandemic most of the services e.g. Drug supply, food supply was done online, which was a challenge for number of Sri Lankan older persons. Though older persons may be slow in learning new techniques, a mechanism is need to be introduced to keep them updated with the current information technology. In rural areas such a service can be established based on village religious places.
- Senior citizen friendly healthy environment needs to be created
Healthy active ageing concept needs to be emphasised. Older persons should be encouraged home based activities to keep them active e.g., gardening. "Senior shopping hours" can be introduced and if not at such places, priority need to be given to them. Senior citizens should not be encouraged to unnecessary travelling.
- Quick communication channels
In a state of lock down situation older persons who are living alone, institutionalized older persons and marginalized older persons may find themselves in a state of isolation, which can be very harmful to their psychological and physical health, leading to further deterioration of their mental and physical health. Therefore, emergency preparedness planned with easy, and quick communications needs to be developed, involving the grass root level health care workers as well as the field level officers at District Secretariat office.
- Strengthening of the accessibility facilities for the older persons with disabilities in practicing health measures for prevention of COVID-19. E.g.: Hand washing facilities etc.
- Develop a mechanism for the monitoring of COVID-19 preventive activities at the community through empowering older persons attending old persons committees.
The solidarity in action is needed to mitigate the adverse -affects and protect our seniors; the ones who had contributed to the welfare of the country and happiness of their families.

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