



# **AGEING & ISSUES ASSOCIATED WITH AGEING**

## **TRAIN-THE-TRAINER MANUAL FOR DISTRICT ELDERLY CARE OFFICERS**

**Developed by:**

**Elderly Care Services Department, Ministry of Social Development  
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## Definitions and acronyms

|                             |   |
|-----------------------------|---|
| <b>Ageing</b>               | Gradual process of getting older  |
| <b>Ageism</b>               | Stereotyping and discriminating against an individual or a group of people on the basis of their age                          |
| <b>AIDS</b>                 | Acquired Immunodeficiency Syndrome  |
| <b>AMD</b>                  | Age-related macular degeneration  |
| <b>Antidepressant</b>       | Medication used to treat depression   |
| <b>Antipsychotic</b>        | Medication used to treat psychosis  |
| <b>ART</b>                  | Antiretroviral therapy  |
| <b>ARV</b>                  | Antiretroviral  |
| <b>Cognitive</b>            | Relating to the mental processes of perception, memory, judgment and reasoning  |
| <b>Dementia</b>             | Term used to describe the symptoms of a group of illnesses which cause a progressive decline in a person's cognitive function |
| <b>Dependency ratio</b>     | Population ratio of those not in the workforce (the old and the young) to those in the workforce                              |
| <b>Diabetes</b>             | Chronic condition that results from uncontrolled blood sugar levels   |
| <b>Elder Abuse</b>          | Any harm that is done to an older person by somebody with whom they have a relations of trust                                 |
| <b>Gestational diabetes</b> | Diabetes that develops during pregnancy   |
| <b>Glucose</b>              | Blood sugar   |
| <b>HIV</b>                  | Human Immunodeficiency Virus  |
| <b>Hypertension</b>         | High blood pressure   |
| <b>IGA</b>                  | Income generating activity  |
| <b>Immune system</b>        | Body's defence mechanisms that provide resistance against infection   |

|                                     |   |
|-------------------------------------|---|
| <b>Income security</b>              | Level of income required to meet the person's basic needs   |
| <b>Insulin</b>                      | Hormone produced by the body that regulates blood sugar levels  |
| <b>Malnutrition</b>                 | Lack of adequate nutrition  |
| <b>MWSCA</b>                        | Maseru Women Senior Citizens Association  |
| <b>NGO</b>                          | Non-government organisation   |
| <b>Non-contributory pension</b>     | Pension which is not dependent on contributions from the individual                                       |
| <b>Nutrient</b>                     | Substance in the food that provides nourishment to the body   |
| <b>Old Age Pension</b>              | Non-contributory pension received by those 70 years or older in Lesotho                                   |
| <b>Osteoporosis</b>                 | Condition that weakens the bones, making them more fragile and more likely to break                       |
| <b>OVC</b>                          | Orphan and vulnerable children  |
| <b>Overnutrition</b>                | Eating more food that is needed   |
| <b>Participation</b>                | Playing an active role in all aspects of society  |
| <b>Physiological changes</b>        | Changes to the normal operation of the body and its organs  |
| <b>Population ageing</b>            | Process that happens when the proportion of older people increases relative to the rest of the population |
| <b>Retina</b>                       | Part of the eye at the back of the eyeball that is connected to the optic nerve                           |
| <b>Skipped-generation household</b> | Household consisting of grandparents and grandchildren, and no middle-generation                          |
| <b>Type 2 diabetes</b>              | The most common type of diabetes  |
| <b>UN</b>                           | United Nations  |
| <b>Undernutrition</b>               | Not eating enough food  |
| <b>WHO</b>                          | World Health Organization   |

## **Purpose of this manual**

This manual was developed to train and be used as a training tool by Elderly Care Service Officers and other district staff at the Ministry of Social Development.

## **Content of this manual**

This train-the-trainer manual is divided into 11 modules that can be used independently or as part of a training pack:

- Module 0 explains how to use the manual;
- Module 1 provides an overview of the ageing process and issues affecting older people;
- Module 2 describes the impact of ageing on physical health;
- Module 3 discusses nutrition and physical activity;
- Module 4 describes mental health issues affecting older persons;
- Module 5 talks about cognitive decline and dementia;
- Module 6 talks about social issues;
- Module 7 discusses economic issues and income security;
- Module 8 explains the different types of elder abuse;
- Module 9 explains how to support older people in their caring role;
- Module 10 contains a resources manual on how to care for older persons; and
- Module 11 contains a list of additional resources.

## MODULE 0 – HOW TO USE THIS MANUAL

This train-the-trainer manual is divided into 11 modules that can be used independently or as part of a training pack. Each of the modules includes the following:

- Boxes with important information (highlighted in blue);
- Tips for trainers (highlighted in red); and
- A summary (highlighted in green).

The summaries can be used as talking points when training community members.

### Energisers

If you are using this manual to train community members, including older persons and family members, remember to include energisers, for example: games, songs, stretching exercises, etc.



The manual also includes:

- A list of technical terms (highlighted in *cursive* throughout the text) and acronyms and their definitions; and
- A list of additional resources for each of the topics covered.

## MODULE 1 – OVERVIEW OF AGEING AND AGEING ISSUES

This module provides an overview of the process of ageing and the most common issues associated with ageing.

### Ageing

#### What is ageing?

*Ageing* is the process of getting older. It is a gradual process that involves physical, psychological, and social changes in the person's life.

#### What does 'population ageing' mean?

*Population ageing* is the process that happens in a community or a country when the proportion of older people increases relative to the rest of the population. One important consequence of population ageing is that more older people (typically not in the workforce) depend on fewer younger people (typically in the workforce) – this is called *dependency ratio*. As the population ages, the dependency ratio increases, putting pressure on resources.

Population ageing is a worldwide trend, and it also affects African countries, including Lesotho. According to the 2006 Census report, Basotho aged 60 years and above represented 7.85 percent of the population, up from 7.29 percent in 1986.

#### Who is considered old?

In most Western countries, the chronological age of 65 has been adopted as the definition of 'older person'. This age does not adapt well to the situation in Africa, and the United Nations (UN) has agreed on 60 years of age as the cut-off point to refer to the older population in Africa. This chronological age of 60 is the one adopted in the Lesotho Policy for Older Persons approved in 2014.

In addition, according to the World Health Organization (WHO), older people can be divided into three categories: the 'young old' are those aged 60-69; 'the middle old' are those aged 70-79; and the 'oldest old' are those aged 80 and above. Each category has different needs.



#### Who is 'old' in Lesotho?

- In Lesotho a person aged 60 years and above is considered as an 'older person'.
- To qualify for the *Old Age Pension*, a person must be 70.

## The impact of ageing

Ageing is a process that affects everybody and is inevitable. It brings physical, psychological and social changes to the person's life.

Regardless of chronological age, some people experience the impact of ageing at a younger age than others. For example: a woman in her early 60s who is overweight, has difficulty walking and has been diagnosed with diabetes may be more physically impaired than a woman in her 70s who does not have any condition and keeps herself active.

Ageing also brings social changes to the person's life, as the older person may no longer be employed and may be more isolated than during their working life.

The process of ageing is inevitable, but there are things that the person can do to manage its effects.



### Strategies that promote healthy and active ageing

- Doing physical exercise, for example, going for a walk every day.
- Having a healthy diet, that is, one that is nutritious and varied, and includes fresh food such as vegetables and fruit.
- Staying in touch with family, friends and neighbours.

## What are the main issues associated with ageing?

There are a number of issues associated with ageing; these issues can be classified into five main categories:

- Physical health
- Mental health
- Cognitive impairment
- Social and economic issues
- Elder abuse

Each of the above categories will be explored in detail in the following modules. In addition, one module will explore the role of nutrition and physical activity in promoting healthy ageing.

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### **Overview of Ageing & Ageing Issues – Summary**

- ✓ Ageing is the process of getting older.
- ✓ In Lesotho, a person who is 60 years old is considered an 'older person'.
- ✓ To qualify for the Old Age Pension, a person must be 70 years old.
- ✓ Ageing brings physical, psychological and social changes to the person's life.
- ✓ Doing exercise, having a healthy diet and staying connected with friends and family can help manage some of the effects of ageing.

## MODULE 2 – HEALTH ISSUES ASSOCIATED WITH AGEING

This module focuses on the physiological changes and health issues most commonly associated with ageing and affecting older persons in Lesotho.

### Physiological changes

Ageing brings changes to the way in which the body and its organs function. These *physiological changes* include:

- **Changes in body composition**  
These changes include: loss of muscle, which leads to decreased muscle strength and loss of balance; and reduction in body weight.
- **Diminishing immune function**  
The *immune system* is the body's defence against infection. With age, the immune system becomes weaker; this leaves old people more vulnerable to infections.
- **Sensory changes**  
Diminishing smell and taste can lead to reduced food intake and malnutrition; hearing problems can make communication and socialising more difficult.
- **Oral health problems**  
These can create difficulties swallowing and chewing, which can in turn result in reduced food intake and malnutrition.
- **Incontinence**  
The elderly are at higher risk of incontinence. This can be upsetting for the older person, and difficult to manage for the person caring for them.

### HIV/AIDS

#### What is HIV?

The Human Immunodeficiency Virus (HIV) is a virus that infects cells of the immune system, destroying their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections.

#### How is HIV transmitted?

HIV is transmitted through the following:

- Unprotected sexual intercourse;
- Transfusion of contaminated blood;
- Sharing of contaminated needles; and
- Between mother and child during pregnancy, childbirth and breastfeeding.

## What is AIDS?

Acquired Immunodeficiency Syndrome (AIDS) is the most advanced stage of HIV infection. It can take 10-15 years to develop AIDS; antiretroviral (ARV) drugs can slow this progression even further.

## What is the treatment for HIV/AIDS?

Currently there is no cure for HIV, but treatment enables most people with the virus to live a long, healthy life. The treatment for HIV/AIDS is called Anti-Retroviral Therapy or ART. ART consists of the combination of at least three ARV drugs to suppress the HIV virus and stop the progression of disease. The treatment should start as soon as the person is found out to be HIV-positive and continue for life. Treatment should not be discontinued.

## The impact of HIV/AIDS on older people

There are several reasons why HIV/AIDS is becoming a greater issue among older people in Lesotho:

- People affected by HIV/AIDS are getting older, because they have better access to treatment and they are living until older age;
- Older people are getting infected with HIV through caring for their HIV-positive children; and
- Older people are getting infected with HIV because they have unprotected sex.



### Many older people are sexually active and are at risk of HIV/AIDS

- Most HIV/AIDS campaigns target the young, and older people may not relate to them.
- Older people may think that they are not at risk of infection – this is a misconception!
- Older people who are sexually active should be educated on the importance of having protected sex.

### Referral

If you suspect that an older person may be infected with HIV, refer them to their nearest clinic, where they will be tested, receive counselling and be put on medication.



HIV/AIDS also has a great social impact on older people in Lesotho. Older people often care for their HIV-positive children and grandchildren who have lost their parents to AIDS. Caring for relatives places a burden on the elderly. Older carers may lose their ability to earn an income, and the burden of caring may lead to stress and depression.



### The social burden of HIV/AIDS

- Many older people in Lesotho care for relatives with HIV/AIDS.
- Caring places a burden on older carers, both financial and psychological.

## Diabetes

### What is diabetes?

Diabetes is a chronic condition that occurs when the body does not produce enough of a hormone called *insulin* or cannot use the insulin it produces. Insulin helps in regulating the amount of sugar (*glucose*) in the blood. When the body cannot produce or use the insulin, this leads to an increased concentration of sugar in the blood.

### Types of diabetes

There are three types of diabetes:

1. *Type 1 diabetes*: occurs when the body does not produce insulin – this type of diabetes is usually diagnosed in childhood.
2. *Type 2 diabetes*: occurs when the body cannot use the insulin it produces – this type of diabetes is the most common, and is usually developed as an adult.
3. *Gestational diabetes*: develops during pregnancy, sometimes the body goes back to normal after the pregnancy, but sometimes it leads to type 2 diabetes.

### Keep it simple!

When explaining what diabetes is, keep it simple. Focus on type 2 diabetes. It is the most common, and the one that is associated with lifestyle factors such as an unhealthy diet and lack of exercise.



### What are the symptoms?

- Increased thirst
- Increased hunger (especially after eating)
- Dry mouth
- Frequent urination
- Weight loss
- Feeling tired, weak
- Blurred vision
- Headaches

### **What is the treatment?**

Sometimes diabetes can be managed with a combination of a healthy diet and exercise. Often, however, medication is needed to keep the blood sugars within a normal range.

### **What are the complications?**

If diabetes is not diagnosed and managed, it can lead to serious health complications, including heart and circulatory problems, ulcers, foot and leg amputations, eye problems, etc.

#### **Referral**

If you suspect that an older person may have diabetes, encourage them to attend their local clinic, where they will be tested and counselled, and they will receive medication if needed.



## **High blood pressure**

### **What is high blood pressure?**

High blood pressure or *hypertension* is a condition in which the pressure inside the blood vessels is higher than it should be. Blood pressure is created by the force of the blood pushing against the walls of the vessels as it is pumped by the heart. The higher the pressure, the higher the heart has to pump.

### **What causes high blood pressure?**

- Smoking
- Being overweight or obese
- Lack of physical activity
- Too much salt in the diet
- Stress
- Chronic kidney disease

### **What is the treatment for high blood pressure?**

Diet changes and exercise (similar to diabetes), and medication.

### **What happens if high blood pressure is not managed?**

High blood pressure can lead to damage to the heart, brain and kidneys. If left uncontrolled, it can lead to a heart attack, stroke, kidney failure, blindness and cognitive impairment.

### Referral

If you suspect that an older person may have high blood pressure, encourage them to attend their local clinic, where they will be tested and counselled, and they will receive medication if needed.



## Eye problems

There are a number of eye problems that are associated with ageing. The main ones are:

### Cataracts

A cataract is a clouding of the lens in the eye. A person who has cataracts experiences cloudy or blurry vision, and may notice a lot of glare.

### Diabetic eye disease

This is a complication of diabetes and a leading cause of blindness. It happens when diabetes damages the small vessels inside the *retina* (a layer at the back of the eyeball that is connected to the optic nerve).

### Glaucoma

This disease can damage the optic nerve. It is usually associated with high pressure in the eye. It can cause blindness. It affects side or peripheral vision.

### Age-related macular degeneration (AMD)

It is a disease that gradually destroys central vision.

### Low vision

As people age, their vision declines and they might need to wear glasses for reading, driving or doing certain tasks.

### Referral

If you suspect that an older person may have eye problems, encourage them to attend their local clinic. Low vision can sometimes be corrected with glasses. Also, eye problems may be a symptom of other health problems such as diabetes.



## Walking difficulties (mobility impairment)

As people get older, they may experience walking difficulties and other disabilities that affect their mobility and their ability to perform everyday tasks.

### **Why do older people may experience difficulty walking?**

This is due to loss of muscle mass, decreased muscle strength and function, joints becoming stiffer and less mobile, balance problems, etc.

### **Why is mobility important?**

Mobility is important because it helps the person perform their daily activities and keeps the person independent. Also, if the person has mobility problems, they will be more likely to have a fall and sustain an injury.



#### **An ageing-friendly home**

For older people to maintain their independence and be able to live at home, they need to live in an environment that is safe and free from hazards. This may require some modifications to the home, for example:

- Building a ramp at the front of the house;
- Installing hand rails; and
- Keeping the house tidy and free of clutter.

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### **Health Issues Associated with Ageing – Summary**

- ✓ Ageing brings changes to the way in which the body and its organs function.
- ✓ Several health issues are common among older persons.
- ✓ HIV/AIDS affects many older people in Lesotho. HIV/AIDS has also a great social impact on older people, who often have to care for their HIV-positive grandchildren.
- ✓ Diabetes can lead to serious health complications, including kidney problems, amputations and eye problems.
- ✓ High blood pressure can result in heart and kidney problems, and strokes.
- ✓ A healthy diet and exercise can help reduce the risk of developing diabetes and high blood pressure, and can help manage these conditions.
- ✓ Eye problems are quite common among older people and can result in the person not being able to care for themselves.
- ✓ Walking difficulties are also very common among the elderly, and a few modifications to the home can make a positive difference.



## MODULE 3 – THE ROLE OF NUTRITION & PHYSICAL ACTIVITY

This module explains the role of good nutrition and physical activity in maintaining and improving the health of older persons.

### Nutrition and ageing

#### Changes in food intake associated with ageing

As people age, there are changes in their food and fluid intake. There are several reasons for these changes:

- Older people are less active and their appetite tends to decrease.
- The senses of taste and smell diminish with age, and this can lead to loss of interest in food.
- Dryness of the mouth and other oral health issues can lead to difficulty with chewing and swallowing.

#### Older persons and malnutrition

Older people are at higher risk of malnutrition. *Malnutrition* is the lack of proper nutrition that results from not eating enough food (*undernutrition*), not eating enough of the right foods, eating more than is needed (*overnutrition*) or the body not being able to absorb the *nutrients* (the substances that provide nourishment) in the food.

Malnutrition in older people can be due to several reasons, including:

- Social isolation
- Failed crops
- Lack of money
- High cost of nutritious food
- Health problems

#### The importance of a healthy diet

It is important for older people to maintain a healthy diet to minimise the risk of malnutrition and disease. For example, as people age, they are more at risk of *osteoporosis*, a condition that weakens the bones and makes them fragile and more likely to break. Older women are especially at risk of osteoporosis. A healthy diet, including foods rich in calcium (such as milk and cheese) and vitamin D (such as oily fish and eggs), can help prevent osteoporosis.

A healthy diet is one that is balanced and nutritious, that is, that includes a variety of foods and is rich in nutrients. Having a healthy diet can help prevent chronic diseases that become more common as people age, such as diabetes and heart disease.



### **WHO's dietary recommendations for older people**

- Increase vegetable- and legume-based dishes
- Eat nutrient-dense foods such as fish, lean meat, liver and eggs
- Consume fat from nuts, seeds, beans and fatty fish
- Consume low-fat dairy products
- Eat several small non-fatty meals
- Consume fluids and foods with a high water content
- Limit heavily processed foods



### **Healthy lifestyle recommendations for healthy ageing**

- Limit alcohol consumption
- Do not smoke
- Take care of your dental hygiene
- Get regular health check-ups
- Take medication only when prescribed and according to the prescription

## **Physical activity and ageing**

Physical exercise and a healthy diet are two of the main pillars of a healthy and active ageing.

### **Changes in physical activity**

As people age, their levels of physical activity tend to decrease. Reasons for this decreased activity include:

- Feeling less energetic
- Decrease in muscle strength
- Suffering from pain or stiffness of the joints (knees, hips)
- Having a disability

## The importance of being physically active

Being physically active can reduce the risk of chronic diseases, osteoporosis and falls. In addition, staying physically active improves mobility and balance, keeps older people more independent and able to perform their activities of daily living, and can reduce the risk of depression and cognitive decline.

### Encouraging older people to be physically active

Older persons should be encouraged to be as physically active as their conditions and abilities allow them to be. Examples of age-appropriate exercise include activities such as walking, gardening or dancing. Balance exercises are especially beneficial to those with mobility issues. If the person has poor mobility, they can still do stretching and muscle strengthening exercises while seated.



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### **The Role of Nutrition & Physical Activity – Summary**

- ✓ A healthy diet and physical exercise are two of the pillars of healthy and active ageing.
- ✓ As people age, their food and fluid intake changes.
- ✓ Older people are at higher risk of malnutrition.
- ✓ Malnutrition in older people can be due to social isolation, lack of money, failed crops, high cost of healthy foods or health problems.
- ✓ A healthy diet that is balanced and nutritious can reduce the risk of chronic diseases.
- ✓ The consumption of heavily processed foods such as fast food, snacks and ready-to-eat meals should be limited.
- ✓ Other healthy lifestyle recommendations include: limiting alcohol consumption; abstaining from smoking; taking care of dental hygiene; getting regular check-ups; and taking medication only when prescribed and according to the prescription.
- ✓ It is important to remain physically active as we age.
- ✓ Physical activity can reduce the risk of chronic disease and osteoporosis, and it can also reduce the risk of depression and cognitive decline.
- ✓ Older people should be encouraged to stay as physically active as their conditions and abilities allow them to be.
- ✓ Examples of age-appropriate physical activity include walking, gardening and dancing. Older people with mobility problems can still exercise while seated.

## MODULE 4 – MENTAL HEALTH ISSUES

This module explains some of the most common mental health issues among older persons, focusing on depression, and stress and anxiety.

### Depression

#### What is depression?

Depression is a mental health disorder characterised by sadness, loss of interest or pleasure, disturbed sleep or appetite, feelings of tiredness and lack of concentration.

#### Depression and ageing

As people age, they face significant life changes that can put them at risk for depression. Risk factors that contribute to depression in older people include:

- **Health problems**  
Illness and disability; pain; cognitive decline.
- **Loneliness and isolation**  
Living alone; decreased mobility.
- **Reduced sense of purpose**  
Loss of identity due to retirement; physical limitations on activities.
- **Fears**  
Fear of dying; anxiety over financial or health problems.
- **Bereavements**  
Loss of a spouse; death of neighbours or family members.

#### Signs and symptoms of depression in older people

The following are signs and symptoms that may suggest that an older person is suffering from depression.

- Sadness
- Fatigue
- Losing interest in hobbies
- Social withdrawal or isolation
- Weight loss or loss of appetite
- Sleep disturbances
- Loss of self-worth
- Increased use of alcohol or other drugs
- Suicidal thoughts

## What is the treatment for depression?

Depression can be treated with medication (*antidepressants*), but lifestyle changes are also powerful tools in treating depression. Lifestyle changes that can treat depression include: regular exercise, eating well, sleep, cultivating social networks (family, church, friends, etc), and reducing stress levels.

### Supporting an older person with depression

If you suspect that an older person may have depression, there are ways in which you can provide support. Engaging in conversation with them, showing that you care, and finding out what they are concerned about might help.



## Stress and Anxiety

### What is stress?

Stress is a state of physical or emotional tension caused by problem in the person's life. A certain level of stress is a normal feeling, and stress does not affect everybody in the same way.

### What is anxiety?

Anxiety is a feeling of fear, unease and worry. It is usually associated with the thought of something going wrong in the future, but can also be triggered by something happening in the present. Some anxiety is normal; however, when anxiety becomes disruptive and disabling to a person's life, it is considered a psychiatric disorder.

### Anxiety and ageing

Older people are at particular risk of anxiety for the following reasons:

- Older people experience more losses (relatives, friends, neighbours).
- They suffer from more pain and chronic conditions.
- They may be on multiple medications that might exacerbate anxiety.
- They may have other conditions such as dementia or depression.



### Mental health and older people

- According to WHO, over 20% of adults aged 60 and over suffer from a mental or neurological disorder.
- Mental health problems are under-identified by health professionals and by older people themselves.
- The stigma surrounding mental health problems stops people from seeking help.

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### **Mental Health Issues – Summary**

- ✓ Depression is characterised by sadness, loss of interest, disturbed sleep or appetite, tiredness and lack of concentration.
- ✓ Older people are at higher risk of depression.
- ✓ Risk factors for depression among older people include health problems, isolation, fears, loss, etc.
- ✓ Lifestyle changes such as regular exercise and a healthy diet can help treat depression.
- ✓ Experiencing stress and anxiety is normal; however, when these feelings are disruptive to the person's life, they become a mental health issue.
- ✓ Older people are particularly at risk of stress and anxiety because of their experience of loss, pain, chronic conditions, etc.
- ✓ The stigma surrounding mental health problems stops people from seeking help.

## MODULE 5 – COGNITIVE AGEING & DEMENTIA

This module focuses on the process of cognitive decline associated with ageing and dementia, and explains the differences between the two.

### Cognitive Ageing

#### What are cognitive abilities?

*Cognitive* abilities are the mental skills needed to carry out any task, from the simplest to the most complex. These abilities include memory, reasoning, judgment, awareness and information handling.

#### Cognitive decline and ageing

As we get older, our cognitive abilities gradually deteriorate. A certain amount of cognitive decline is a normal part of ageing.

It is important to remember that ageing does not always result in inevitable loss of cognitive abilities. Some areas of thinking do decline as people age, but others remain stable. For example, when it comes to memory, recalling past events tends to be preserved, while short-term memory (recalling recent events) is more vulnerable to ageing.



#### **Slower, but still capable!**

- Ageing does affect the speed with which cognitive processes and activities are performed.
- This does not mean that the activities cannot be performed; it means that they take longer!

#### Factors affecting cognitive ageing

There are several factors that affect how well older people process information. For example:

- Medications (that can cause drowsiness, for example)
- Loss of hearing
- Health conditions (arthritis, pain)
- Depression or anxiety



## Dementia

### What is dementia?

*Dementia* is a term used to describe the symptoms of a group of illnesses which cause a progressive decline in a person's cognitive function. It affects mainly older people, but it can also affect people in their 40s and 50s, and even younger. Dementia describes a loss of:

- Memory;
- Intellect;
- Reasoning;
- Social skills; and
- Normal emotional reactions.

This deterioration or decline is usually gradual, and it is progressive.



#### Dispelling myths around dementia

- Dementia is NOT a normal part of ageing.
- Dementia is NOT contagious.
- Dementia is NOT the result of a curse.
- Dementia is NOT the result of witchcraft.
- A person with dementia is NOT a witch.

### Types of dementia

There are different types of dementia; for example:

- Alzheimer's disease
- Vascular dementia
- Alcohol-related dementia
- HIV-related dementia

#### Keep it simple and dispel myths!

When discussing dementia keep it simple and remember the main message: dementia is a disease of the brain. It is important to dispel the myths around dementia existing in the community.



## Behavioural issues and dementia

Brain changes caused by dementia can lead to behaviours that may cause stress, worry, risk of or actual harm to the person with dementia, their caregivers, family members and those around them.

Examples of behaviours of concern include:

- Verbal disruption
- Physical aggression
- Repetitive actions or questions
- Resistance to personal care
- Sexually inappropriate behaviour
- Socially inappropriate behaviour
- Wandering or intrusiveness
- Sleep disturbance
- Eating problems

## Strategies to manage behavioural issues

These behaviours associated with dementia can be managed through psychosocial and pharmacological interventions; these can be used independently or in combination.

Psychosocial interventions include:

- Exercise therapy
- Validation therapy
- Music therapy
- Aromatherapy
- Dementia-friendly environments

Pharmacological interventions include the use of drugs such as *antipsychotics* or *antidepressants*.

### Tips for caregivers and family members

- Keep the person with dementia in a calm, familiar environment
- Try to keep to the same routine every day, as people with dementia can get upset or confused if their routine is disrupted
- Speak calmly
- Do not raise your voice
- Try not take anything the person with dementia says personally
- If the behaviour becomes difficult, do not attempt any physical contact



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### **Cognitive Ageing & Dementia – Summary**

- ✓ As we get older, our mental abilities gradually deteriorate.
- ✓ A certain amount of cognitive decline is a normal part of ageing.
- ✓ Dementia affects the brain and it is NOT a result of normal ageing.
- ✓ Dementia usually affects older people, but it can also affect younger persons.
- ✓ The symptoms of dementia tend to be mild at the beginning and become more marked over time.
- ✓ Dementia is NOT contagious, and it is NOT the result of a curse or witchcraft.
- ✓ People who suffer from dementia are not crazy or mad; they have a disease of the brain.
- ✓ Dementia results in a loss of memory, reasoning and social skills.
- ✓ The person with dementia can display behaviours (physical aggression, sexually or socially inappropriate behaviour, repetitive behaviours, wandering, etc) that can be challenging to manage.
- ✓ Having a calm, familiar environment, and keeping to the same routine every day can help manage some of the challenging behaviours associated with dementia.
- ✓ Caring for somebody with dementia can be very stressful, and family members need to care for themselves so that they can care for the person with dementia.

## MODULE 6 – SOCIAL ISSUES

This module describes the social issues faced by older people, focusing on discrimination, changing family structures and participation issues.

### Ageism

#### What is ageism?

*Ageism* consists of stereotyping and discriminating against individuals or groups of people on the basis of their age. Older people are often discriminated against, and they do not receive the service or treatment they are entitled to based on their age. Ageism is experienced by older people in Lesotho and around the world, and it affects access to medical care, services, public transport, employment, etc.

Examples of ageism include:

- Assuming that older people cannot make their own decisions just because they are old;
- Losing a job because of a person's age;
- Being refused specialised medical treatment because the person is 'too old'; and
- Receiving a lower quality of service in shops or from public transport operators.

#### The role of the media

The media can play an important role in reinforcing stereotypes through their portrayal of older people. A mapping and gap analysis report on priority ageing issues in Lesotho identified that the media fail older people in their portrayal of ageing as a 'bad thing'. The report recommended that the media operate as an educational tool to bridge the gap between generations, by promoting positive images of old age so that younger generations can appreciate ageing as a normal part of life and in turn appreciate the elderly as the foundations of Basotho society.

#### Using the media to promote positive images of old age

If you are approached by the media because of your work with older people, take that opportunity to promote positive images of old age by providing examples of community events, workshops or any other activities involving the elderly. Remember that the way in which old age is portrayed in the media shapes society's attitudes towards older people.



## Changing family structures

### The traditional family structure in Lesotho

Traditionally, Basotho lived in extended family households including several generations (grandparents, parents and grandchildren). Basotho believed in respect for the elderly, as older people were perceived to be closer to God. Older people were perceived as custodians of customs and traditions, and they were consulted for their wisdom and guidance. This resulted in younger generations respecting and taking responsibility for the care of older generations.

### Changes to the family structure

In Lesotho, the family continues to be the most important source of protection and support for older people. However, family structures and living patterns are changing, and traditional patterns of resources and care are eroding.

Reasons behind the changes include:

- Rural-urban migration has resulted in many older people living alone in rural areas;
- Economic pressure and changes in social values have resulted in older people being seen as liabilities, as many family are unable or unwilling to care for older relatives; and
- The HIV/AIDS epidemic has resulted in many older people caring for their sick children, and then becoming the carers of their orphaned grandchildren.



#### ***Skipped-generation households***

- These are households consisting of grandparents and grandchildren, and no middle-generation.
- They have become very common in Lesotho due to the HIV/AIDS epidemic.

### Consequences of these changes

As a result of these changes in family structure and living patterns, older people are now more vulnerable. Some of consequences of these changes include:

- Older people often live alone in rural areas and so they are at higher risk of abuse;
- Due to the feminization of ageing (in Lesotho, similarly to other countries, women live longer than men), old women are especially at risk of abuse and property grabbing;
- Many older people bear the economic and social burden of caring for their grandchildren; and
- Institutional care has become an alternative option to family care when relatives are unable or unwilling to care for the older person.

## Participation and the rights of older people

### What is participation?

*Participation* is playing an active part in all aspects of society, and it is a fundamental part of citizenship. For older people, having an active voice in society includes the right to:

- Be part of the political process;
- Play an active part in policy development in areas that affect older persons;
- Form associations; and
- Have access to information that is important to their health and well-being.

### Participation and older people in Lesotho

The Lesotho Policy for Older Persons approved in 2014 was guided by United Nations Principles for Older Adults, and adopted its rights-based approach. The policy document adopted five guiding principles, including that of participation; these principles are:

- Independence
- Participation
- Care
- Self-fulfillment
- Dignity



#### **Lesotho Policy on Older Persons position on participation**

According to the policy, older persons should:

- Remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations;
- Be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities; and
- Be able to form movements or associations of older persons.

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### **Social Issues – Summary**

- ✓ Older people face social issues including discrimination, and the consequences of changing family structures and social values.
- ✓ Older people also face barriers to full participation in society.
- ✓ Ageism is stereotyping or discriminating against people because of their age.
- ✓ The media often portray old age in a negative way. By doing this, the media reinforces stereotypes and ageism.
- ✓ Changes to traditional family structures and cultural values have led to older people being more vulnerable to abuse and property-grabbing. Older women are especially at risk.
- ✓ The HIV/AIDS epidemic has resulted in many older people having to care for their orphaned grandchildren. This places a great social and economic burden on older people.
- ✓ Older people should be able to play an active role in all aspects of society.
- ✓ Older people have the right to be part of the development of policies that affect them.
- ✓ Older people have the right to form associations to defend their own interests.

## MODULE 7 – ECONOMIC ISSUES

This module describes the economic issues faced by older persons, focusing on income security, pensions and income generating activities.

### Income security

#### What is income security?

*Income security* is the level of income required to meet the person's basic needs.

#### Income security, work and ageing

Older persons have traditionally relied on income from work, contributory pensions, savings, social pensions and family support for their economic security. However, the capacity to earn an income decreases as the person reaches their old age and many older persons do not have adequate pensions or savings; as a consequence, older people are at higher risk of not earning enough to cover their basic needs.

In Lesotho, many older persons continue to participate in economic activities and contribute to the national economy.



#### The older labour force in Lesotho

According to a demographic survey conducted in 2011:

- 30 percent of older people were engaged in an economic activity;
- 66 percent of the older workforce were male;
- 71 percent of the older workforce were self-employed (mainly subsistence farming);
- Labour participation was higher among males in rural areas; and
- Proportion of participants in the labour force decreases with age.

### Pensions

#### The Old Age Pension

In November 2004, the Government of Lesotho introduced a *non-contributory pension* for older persons aged 70 years and above. At present, the Old Age Pension (OAP) is M500 per month. In 2014,



approximately 80,000 Basotho citizens received the OAP. This income has become the main source of livelihood for many households.



### **The Old Age Pension in Lesotho**

- Older persons aged 70 years and above are eligible for the Old Age Pension.
- The pension is administered by the Ministry of Finance.
- The pension is paid monthly and is currently M500.

The OAP has become a dependable source of income for households and has had a positive social impact:

- It has transformed the position of the elderly from a household liability to a financial asset;
- It has reaffirmed the traditional role of the elderly as head of the household; and
- It has played an important role in the social welfare of the pensioner and his/her household, because the pension is often allocated towards medical expenses and secondary school fees, for example.

Despite the positive impacts of the OAP, the pension has not made a significant impact on the poverty of the individual elderly recipients, as the pension contributes towards meeting the needs of the whole household, and each household has an average of six people sharing the household's combined income. Also, receiving the OAP has made older people more vulnerable to financial abuse.



### **Some issues with the Old Age Pension**

The mapping and gap analysis report on ageing priority issues in Lesotho identified the following issues:

- There is still confusion about eligibility and the documentation required;
- Many older people have to walk long distances to collect the OAP from the Post Office;
- Officials at pay points are not always helpful;
- Officials change the agreed pay days without giving notice;
- Neighbours are sometimes jealous of the older person and demand loans; and
- There is confusion about how to stop the payment when the recipient dies.

## Referral

If you find out that one of your clients is aged 70 or above and is not receiving the Old Age Pension, refer them to the appropriate service at the Ministry of Finance for advice.



## Other pensions

Apart from the OAP, there are also other types of pensions:

- **Occupational pension**

This type of pension provides older persons with income from the assets accumulated from superannuation deductions from their pay while working. For example, government employees receive an occupational pension when they retire.

- **Personally-funded pension**

This type of pension is where an individual during his or her working life has been able to save and build a personal pension fund that will be paid out during retirement.



### Public assistance for those aged 60 to 69

- The Ministry of Social Development through the Elderly Care Services Division can provide public assistance to the 'young old' (aged 60 to 69) not yet eligible for the Old Age Pension.

## Income generating activities

### What are income generating activities?

*Income generating activities* or *IGAs* are small-scale projects that create an income source to individuals or groups of people. IGAs originated as a result of the recognition that a welfare-based system could not guarantee income security for the entire population. IGA programs are common in Lesotho, and they are supported by the Ministry of Social Development and non-government organisations (NGOs).

### IGAs and older people

Examples of IGAs in which older people are involved include:

- Handicraft activities, such as weaving (scarves, shawls, mats, baskets, hats, etc)
- Small poultry operations
- Vegetable growing
- Piggeries
- Baking

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### **Economic Issues – Summary**

- ✓ Older persons are at risk of not having enough income to cover their basic needs.
- ✓ Many older persons in Lesotho continue to be part of the labour force.
- ✓ Older persons aged 70 years and above are eligible for the Old Age Pension.
- ✓ The Old Age Pension is paid monthly and is currently M500.
- ✓ Although the Old Age Pension has had many positive impacts, it has made older people more vulnerable to financial abuse.
- ✓ Older people can have difficulties accessing their pension because of the distance to the pay points and the paperwork required.
- ✓ The Ministry of Social Development can provide public assistance to those aged 60 to 69.
- ✓ Income generating activities are small-scale projects that can provide an additional source of income to older people.

## MODULE 8 – ELDER ABUSE

This module explains what elder abuse is, the different types of elder abuse and the signs of abuse.

### What is elder abuse?

Elder abuse is 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person' (WHO).

### Types of elder abuse

#### Physical abuse

It consists of deliberately causing physical pain or injury, including physical coercion and physical restraint.

Examples:

- Slapping or hitting the older person
- Physically restraining the older person
- Pushing and shoving the older person



#### Elder abuse is unacceptable

- Hurting an older person intentionally is not 'being naughty' or 'being silly', it is elder abuse.
- Elder abuse is NOT acceptable and should NOT be tolerated.

#### Psychological and emotional abuse

It consists of inflicting mental anguish, fear, or feelings of shame and powerlessness. It can be verbal or non-verbal. This type of abuse is usually part of a pattern of behaviour repeated over time and intended to control the older person.

Examples:

- Harassing and shouting
- Threatening the older person
- Withholding affection

## Sexual abuse

Sexual abuse consists of unwanted sexual behaviour including rape, indecent assault, sexual harassment and sexual interference.

Examples:

- Rape
- Sexual harassment
- Touching inappropriately
- Using sexually offensive language and/or materials

## Financial abuse

It is the improper use of the older person's finances or assets.

Examples:

- Misuse of the older person's pension money
- Forging the older person's signature
- Forcing the older person to change their will or to sell their property



### Older people have the right to make their own decisions

- Older people have the right to decide how to use their money. It is their decision.
- Going against their wishes is financial abuse.

## Neglect

It is the failure to provide the necessities of life such as adequate shelter, food and care.

Examples:

- Preventing an older person from accessing services
- Abandoning the older person and/or not letting them live in their own house

### Be clear!

When explaining the different types of elder abuse, be clear and provide examples of each type of abuse. It is important that the community is aware that slapping an older person is physical abuse and that touching an older person inappropriately is sexual abuse. It is also important that the community is aware that elder abuse should not be tolerated.



## **Signs of abuse**

People who have been or are being abused usually display signs that may indicate the presence of abuse. For example: an older person who has been physically abused may present unexplained bruises, burns or injuries; the person might be withdrawn, stop interacting with their neighbours, appear sad, etc.

## **Risk factors**

Some factors increase the likelihood that an older person will be abused.

- Dysfunctional family dynamics
- Inadequate living arrangements
- Social isolation
- Health and cognitive impairment
- Addictions (alcohol, drugs)
- Carer stress

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### **Elder Abuse – Summary**

- ✓ Elder abuse is any harm that is done to an older person by somebody with whom they have a relationship of trust (for example, a son or grandson towards his elderly mother or grandmother).
- ✓ There are different types of abuse: physical, emotional, sexual, financial abuse, and neglect.
- ✓ Slapping, hitting and restraining an older person are examples of physical abuse.
- ✓ Harassing and threatening are examples of emotional abuse.
- ✓ Touching inappropriately and sexual harassment are examples of sexual abuse.
- ✓ Forging the older person's signature and forcing them to change their will are examples of financial abuse.
- ✓ Abandoning an older person and preventing them from accessing services are examples of neglect.
- ✓ Often there are signs that indicate that the older person has been abused (for example, appearing withdrawn).
- ✓ Family conflict, addictions and social isolation increase the risk of elder abuse.

## MODULE 9 – SUPPORTING OLDER CARERS

This module describes the impact of caring on older persons and explains how older carers can be supported in their caring role.

### Caring and old age

#### What is a carer?

A carer is anyone who cares for:

- a family member or friend who due to illness, disability, a mental health problem or an addiction cannot cope without their support; or
- a child who has been orphaned or whose parents are not willing or able to care for him or her.

A carer is usually a family member; this is different from somebody who is paid to care for a child, an older person or a person with a disability.

#### Roles performed by carers

Being a carer involves different tasks; it may include:

- Practical tasks (cooking, housework and shopping);
- Physical care (lifting and helping with physiotherapy);
- Personal care (dressing, washing and helping with toileting needs);
- Managing the household's budget;
- Administering medication;
- Providing emotional support; and
- Raising children.

#### Older carers in Lesotho

In Lesotho, largely as a result of the HIV/AIDS epidemic, many old people find themselves caring for family members. The elderly are often the primary carers of their HIV-positive sons or daughters, and this caring role can continue for many years. At the same time, they may also be helping raise their grandchildren. When the parents die, older people become the carers of their orphaned grandchildren.





### **The *skipped generation effect***

- As a result of the HIV/AIDS epidemic, many grandparents are caring for their orphaned grandchildren.
- The pension is often the only source of income in the household.
- The needs of the grandparents are often compromised as the income is directed towards the care of other household members.
- The generational gap in norms, attitudes and beliefs can create tension between older carers and their grandchildren. This is a source of stress for grandparents.

### **The burden of caring on older persons**

Caring for a relative can be a heavy burden on carers, and older carers are especially at risk of the negative impacts of caring. Caring has an impact on all areas of the older person's life:

- **Physical health**  
They may suffer injuries (for example, lifting their adult son or daughter); they may not have the time or the energy to take care of their own health and their chronic conditions may deteriorate; they may also contract HIV/AIDS while caring for HIV-positive relatives.
- **Emotional health**  
Caring is stressful and the emotional burden of caring can lead to depression in the long term. There is a higher risk for older carers, especially those who are caring for HIV-positive relatives, as they often experience loss, social isolation and financial stress.
- **Social life**  
Older persons are at higher risk of isolation, and when they are caring for a relative, this risk is even higher, as they may have to stop attending church, visiting neighbours or being involved in their community.
- **Finances**  
As people get older, their capacity to earn an income declines. Older carers may need to stop working to care for their relatives, and this may push them further into poverty.

### **Supporting older carers**

Older persons need to be supported in their role of carers, both for their own wellbeing and for the wellbeing of the relative they are caring for. Types of support include:

- Practical support, such as help with medication, transport, referrals, etc.
- Psychosocial support, such as support groups, counselling, etc.
- Financial support, such as loans schemes, micro-credits, etc.

## Organisations providing support services to older persons caring for children

Most support services currently existing in Lesotho target grandmothers who are caring for orphaned and vulnerable children (OVC). The following organisations offer services mainly targeted at grandmothers:

- **Maseru Women Senior Citizens Association (MWSCA)**
  - They offer support services like school fees, uniforms and seeds to grandmothers caring for HIV/AIDS orphans.
  - They also provide psychosocial support to older women infected with HIV/AIDS or caring for a family member infected with HIV/AIDS.
- **Help Lesotho**

They operate in Leribe, Butha-Buthe and Thaba-Tseka.

  - Their Grandmothers' Support Program provides grandmothers caring OVCs with life-skills education, psychosocial support, village support networks and relief items.
  - Grandmothers who are HIV-positive are assisted with transport to travel to nearest health facilities to access medication. They also support grandmothers in ensuring that they adhere to their prescribed medication, particularly ARV medication. Grandmothers can share their experiences with other participants at monthly meetings.
  - In collaboration with **Skillshare International Lesotho**, they provide savings and loan schemes to grandmothers.
  - In collaboration with **Habitat for Humanity**, they provide shelter and sanitation to grandmothers living with OVCs.
- **LENASO**
  - They provide home-based care for older persons.
  - They have a special program for older carers, where they are trained on issues of HIV/AIDS.
  - In the district of Quthing, they have a program where the donations are aimed at caregivers rather than to orphans.

### Older carers may be reluctant to seek help!

Older persons often say that it is their responsibility to care for their relatives. They may be under a lot of stress, but they may still be reluctant to seek help. If you come in contact with an older carer and you think they might benefit from practical, psychosocial or financial support, talk to them, explain their options and refer them to the appropriate service.



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### **Supporting Older Carers – Summary**

- ✓ Caring for someone involves a lot of work and can be a burden on the carer.
- ✓ Caring has an impact on physical health, emotional health, social life and finances. The burden is even greater on older carers.
- ✓ As a result of the HIV/AIDS epidemic, many grandparents are caring for their grandchildren.
- ✓ The pension is often the only source of income in the household, and most of the money goes towards caring for other household members.
- ✓ Older carers are often reluctant to seek help, but they need to be supported for their own wellbeing and for the wellbeing of the relative they care for.
- ✓ Most support services for older carers in Lesotho target grandmothers caring for HIV/AIDS orphans.
- ✓ Grandmothers can receive practical support, psychosocial support and financial support, but some programs are only accessible in specific districts.

## **MODULE 10 – MANUAL ON CARING FOR OLDER PERSONS**

This manual was originally developed for aged care facilities, but it can also be used to train community members on how to care for their elderly relatives at home.

The manual contains basic information on different aspects of caring for an older person:

- Nutrition
- Hydration
- Physical activity & mobility
- Incontinence
- Personal hygiene
- Skin care
- Bed sores
- Oral health
- Sleeping & bedding
- Manual handling
- Medication
- Dementia & challenging behaviours

## NUTRITION

- Older people are less active and their appetite tends to decrease
- Dryness of the mouth & other oral health issues can lead to difficulty with chewing & swallowing
- A nutritious, balanced diet is important for healthy ageing
- The diet should be balanced, that is, including protein (meat, fish, eggs), starchy foods (cereals, papa, samp, rice), and fruit & vegetables
- Offer small amounts of food as snacks during the day to encourage eating
- Snacks should be nutritious – avoid processed snacks such as crisps
- Foods to include in the diet:
  - ✓ Nutrient-dense foods such as fish, lean meat, liver & eggs
  - ✓ Fat from nuts, seeds, beans & fatty fish
  - ✓ Food rich in calcium such as mild & cheese
- Foods to avoid or have in small amounts:
  - X Deep-fried foods
  - X Heavily processed foods such as crisps
- Older people who have difficulty chewing & swallowing can be given soft foods such as mashed vegetables & minced meat

## HYDRATION

- As people get older, they are at higher risk of becoming dehydrated
- Not enough hydration leads to dry skin; this can lead to skin infections & bed sores
- Adequate hydration reduces the risk of urinary tract infections
- Older persons should drink a minimum of 1.5 litres of fluids a day
- Fluids include water, hot drinks, soup & fruit juice
- Small amounts of fluid should be offered throughout the day
- In winter, older people might not feel thirsty, but they still need to drink enough fluids every day

## PHYSICAL ACTIVITY & MOBILITY

- Old people should be encouraged to remain as mobile & physically active as possible
- Gentle, regular exercise is good for healthy ageing
- Exercise helps strengthen the muscles
- Exercise is good to maintain good balance; this reduces the risk of falls
- Examples of age-appropriate exercise include walking, gardening & dancing

## INCONTINENCE

- With age, some older persons become incontinent
- Incontinence can be of urine, faeces or both
- Becoming incontinent can be upsetting for the older person
- Older persons should be encouraged to use the toilet every 2 hours; this will help manage their continence, reduce the use of continence pads & help them maintain their independence
- If the older person is incontinent, continence pads (Pampers) should be used
- If the older person is incontinent and she/he doesn't wear continence pads, the urine will irritate the skin & might cause an infection
- If the older person cannot or will not wear a continence pad, a catheter might need to be inserted
- A catheter should only be inserted by somebody who has received adequate training



## PERSONAL HYGIENE

- Older persons should be encouraged to take care of their own hygiene as much as possible; this will increase their sense of wellbeing and independence, and will keep them active and engaged in their care
- Only gentle soaps should be used
- Harsh soaps or cleaning products added to the bath water or applied directly on the skin should not be used
- If the older person is unable to wash herself/himself:
  - Use warm water & gentle soap
  - Pat the skin dry to prevent skin breakdown
  - Make sure the old person stays warm
- If the older person is bedridden:
  - Use warm water & gentle soap
  - Expose only the body part you are washing to keep the person warm and avoid unnecessary exposure
  - Wash & dry each body part paying attention to skin folds
  - Suggested order to wash body parts: 1) face, ears & neck; 2) arms & hands further away from the carer; 3) chest; 4) arms & hands nearest to the carer; 5) buttocks & genital area.

## SKIN CARE

- Elderly people have delicate skin that can get dry and break down
- A nutritious diet and adequate hydration is important to keep the skin healthy
- Only gentle skin care products should be used (e.g., those used for babies)
- Skin should be kept clean and free from irritants such as urine
- Use gentle soap to wash the older person, then pat dry to prevent skin breakdown
- You may use a gentle cream like Sorbolene after washing and drying to protect the skin

## **BED SORES (PRESSURE ULCERS)**

### **Prevention**

- A nutritious diet and adequate hydration are important
- Maintaining mobility helps prevent the appearance of bed sores
- Older persons should be encouraged to move around and stay as active as possible
- If the older person is bed-bound, their position should be changed every 2 hours

### **Management**

- The wound should be kept clean and dry
- Use warm water and a gentle soap if available to wash the wound (use warm water only if no gentle soap is available)
- Do not use cleaners or disinfectant products as they will irritate the skin and make the wound worse
- A zinc cream or unprocessed honey can be applied on the wound to promote healing (unprocessed honey has antimicrobial properties)
- *Dermocrem* can be applied to protect the skin
- Urine should be kept away from the wound as it will irritate the skin and might cause an infection
- If the older person is incontinent, continence pads should be used; the pads will absorb the urine and protect the skin

- A soft mattress should be used
- Pillows can help take some pressure off the wound

## ORAL HEALTH

- A clean, healthy mouth is important for good health
- Older persons often have gum and tooth problems; this can lead to difficulty chewing
- A dry mouth can also lead to difficulty chewing and swallowing
- Encourage older persons to brush their teeth twice a day
- Clean mouth & teeth twice a day with toothpaste and a soft tooth brush

## **SLEEPING & BEDDING**

- Older persons should have natural sleeping patterns
- Clean dry bed linen should be used
- The bed should be made so that there are no creases
- If the older person has a bed sore, the softest mattress available should be used; if available, a sheep skin can be used
- If there is an infestation of insects, for example, bed bugs or fleas, the room must be fumigated and the bed linen and clothing must be boiled to kill the insects

## MANUAL HANDLING

- When moving or transferring an older person, encourage him/her to help as much as possible
- Make sure that there is enough space in the room to perform the task safely
- Avoid lifting an older person by yourself; ask somebody else for help
- When moving, transferring or lifting, make sure that you protect your back
- Bend your knees, not your back!

## MEDICATION

- Any medication should be given to the older person as prescribed
- When giving medication, remember the basics:
  - Right person
  - Right medication
  - Right dose
  - Right time
- Make sure that the older person takes his/her medication
- Medications should be stored safely
- Medications should be handled & administered by a staff member who has received adequate training



## DEMENTIA & CHALLENGING BEHAVIOURS

- Dementia is a disease of the brain that causes a progressive loss of memory, intellect, reasoning, social skills, and normal emotional reactions
- Brain changes caused by dementia can lead to anxiety and behaviours that can be difficult to manage
- Behaviours associated with dementia include:
  - Verbal disruption
  - Physical aggression
  - Repetitive actions or questions
  - Resistance to personal care
  - Sexually inappropriate behaviour
  - Socially inappropriate behaviour
- Having a calm, familiar environment will help manage some of the challenging behaviours
- It is also helpful to keep to the same routine every day, as people with dementia can get upset or confused if their routine is disrupted

## MODULE 11 – ADDITIONAL RESOURCES

For more information on any of the topics covered in this manual, refer to the following services and resources:

### Module 1 – Ageing and issues associated with ageing

#### Services:

- Elderly Care Services Division, Ministry of Social Development. Tel: +266 2231 4099. E-mail: [retsos62@gmail.com](mailto:retsos62@gmail.com).

#### Resources:

- International Federation on Ageing: [www.ifa-fiv.org](http://www.ifa-fiv.org).
- HelpAge International: [www.helpage.org](http://www.helpage.org).

### Module 2 – Health issues

#### Services:

- Mental Health Services, Ministry of Health. Contact number: +266 2232 2589.
- Christian Health Association of Lesotho. Tel: +266 2231 2500. E-mail: [es@chal.org.ls](mailto:es@chal.org.ls).
- Lesotho Nurses Association. Tel: +266 2700 2358. E-mail: [secretary.nurses@yahoo.com](mailto:secretary.nurses@yahoo.com).
- Lesotho Red Cross. Tel: +266 2231 3911. E-mail: [info@redcross.org.ls](mailto:info@redcross.org.ls).
- Lesotho Flying Doctor Service. Tel: +266 2232 2324.
- LENASO. Tel: +266 2231 6063. E-mail: [mamellogmakoe@yahoo.com](mailto:mamellogmakoe@yahoo.com)

#### Resources:

- International Federation on Ageing: [www.ifa-fiv.org](http://www.ifa-fiv.org).
- International Diabetes Federation: [www.idf.org](http://www.idf.org).
- World Health Organization: [www.who.org](http://www.who.org).
- HIV/AIDS. [www.who.int/topics/hiv\\_aids/en/](http://www.who.int/topics/hiv_aids/en/). World Health Organization.

### Module 3 – Nutrition and Physical activity

#### Services:

- Ministry of Agriculture and Food Safety. Tel: +266 2232 2741.
- Ministry of Health. Tel: +266 2232 2589.

#### Resources:

- *Keep Fit for Life: Meeting the nutritional needs of older people*. World Health Organization. 2002

- *Nutrition for older persons*. [www.who.int/nutrition/topics/ageing](http://www.who.int/nutrition/topics/ageing). World Health Organisation.
- *Physical activity*. [www.who.int/topics/physical\\_activity/en/](http://www.who.int/topics/physical_activity/en/). World Health Organization.

#### **Module 4 – Mental health issues**

##### Services:

- Mental Health Services, Ministry of Health. Tel: +266 2231 3744.

##### Resources:

- Mental Health Foundation: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk).
- *Mental health*. [www.who.int/mental\\_health](http://www.who.int/mental_health). World Health Organization.
- *Mental health and ageing*. [www.cdc.gov/ageing/mentalhealth](http://www.cdc.gov/ageing/mentalhealth). Centers for Disease Control and Prevention.

#### **Module 5 – Cognitive ageing and dementia**

##### Services:

- Dementia Lesotho. Tel: +266 6232 2115 or +266 5885 0468. E-mail: [dementialesotho@gmail.com](mailto:dementialesotho@gmail.com).

##### Resources:

- Alzheimer's Disease International: [www.alz.co.uk](http://www.alz.co.uk).
- Alzheimer's Australia: [www.fightdementia.org.au](http://www.fightdementia.org.au).
- *Dementia*. [www.who.int/topics/dementia/en](http://www.who.int/topics/dementia/en). World Health Organization.

#### **Module 6 – Social issues**

##### Services:

- Ministry of Social Development. Tel: +266 2231 4099.

##### Resources:

- HelpAge International: [www.helpage.org](http://www.helpage.org).
- *Working with the media guidelines*. [www.helpage.org](http://www.helpage.org). HelpAge International.

#### **Module 7 – Economic issues**

##### Services:

- Ministry of Finance. Tel: +266 2231 4798.
- Social Assistance, Ministry of Social Development. Tel: +266 2231 4099

##### Resources:

- HelpAge International: [www.helpage.org](http://www.helpage.org).

## Module 8 – Elder abuse

### Services:

- Ministry of Social Development. Tel: +266 2231 4099. E-mail: [retsos62@gmail.com](mailto:retsos62@gmail.com).
- Child and Gender Protection Unit (CGPU). Tel: +266 2231 7263.

### Resources:

- HelpAge International: [www.helpage.org](http://www.helpage.org).

## Module 9 – Supporting older carers

### Services:

- Help Lesotho. Tel: +266 2840 7312. E-mail: [shadrack@helplesotho.org](mailto:shadrack@helplesotho.org).
- LENASO. Tel: +266 2231 6063. E-mail: [mamellogmakoe@yahoo.com](mailto:mamellogmakoe@yahoo.com).
- MWSCA. Tel: +266 2232 5065 or +266 2231 7370. E-mail: [raditapoethabisot@yahoo.com](mailto:raditapoethabisot@yahoo.com) or [malebomolete@gmail.com](mailto:malebomolete@gmail.com).
- Habitat for Humanity Lesotho. Tel: +266 2232 6814. E-mail: [habitat@hfhl.org.ls](mailto:habitat@hfhl.org.ls).
- Skillshare International Lesotho. Tel: +266 2231 4202. E-mail: [Lydia.mile@skillshare.org](mailto:Lydia.mile@skillshare.org)

### Resources:

- Carers Australia: [www.carersaustralia.com.au](http://www.carersaustralia.com.au).
- Carers. [www.helpage.org/tags/carers](http://www.helpage.org/tags/carers) HelpAge International.
- *Psychosocial support for older carers*. [www.helpage.org/resources/practical-guidelines/hiv-and-aids-guidelines/](http://www.helpage.org/resources/practical-guidelines/hiv-and-aids-guidelines/). HelpAge International.
- *Supporting carers in later life*. [www.ageuk.org.uk](http://www.ageuk.org.uk). Age UK.