

GERONTOLOŠKO DRUŠTVO SRBIJE

GERONTOLOGICAL SOCIETY OF SERBIA

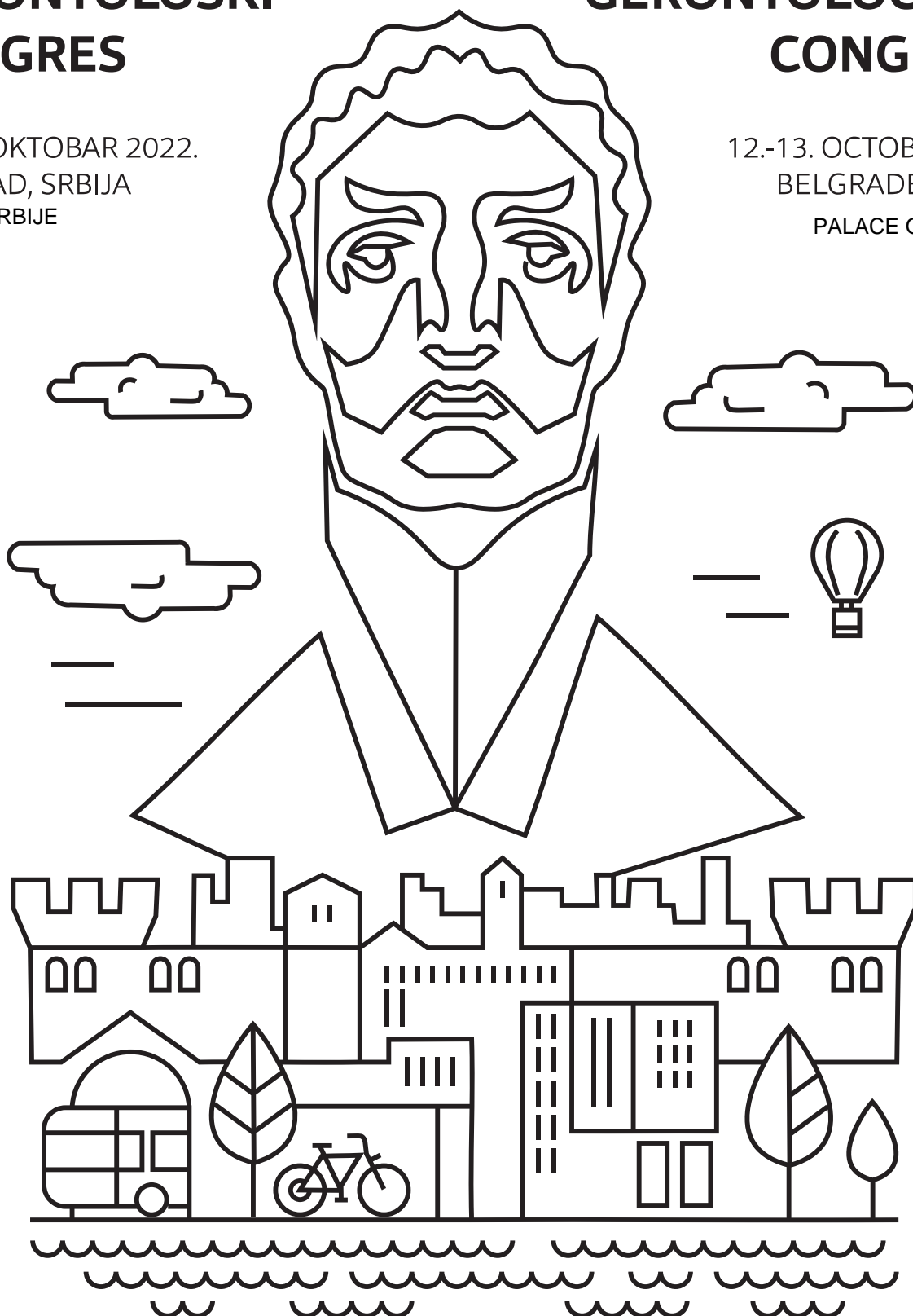
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„GERONTOLOGIJA: MOGUĆNOSTI I PERSPEKTIVE U POST KOVID-19 SVETU“

„GERONTOLOGY: OPPORTUNITIES AND PERSPECTIVES IN THE POST COVID-19 WORLD“



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МИНИСТАРСТВО ЗА РАД,
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**GERONTOLOŠKO DRUŠTVO
SRBIJE**



**GERONTOLOGICAL SOCIETY OF
SERBIA**

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11th International Gerontological Congress**

**GERONTOLOGIJA: MOGUĆNOSTI I PERSPEKTIVE U POST KOVID-19
SVETU**

**GERONTOLOGY: OPPORTUNITIES AND PERSPECTIVES IN THE
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Nasilje nad starijim ženama/ starijim osobama
Violence against older women/ older persons

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PREVENCIJA NASILJA NAD STARIJIM ŽENAMA KROZ PROMENU DRUŠTVENIH NORMI U SRBIJI

Nasilje nad starijim ženama je javnozdravstveni problem, problem rodne neravnopravnosti i predstavlja kršenje ljudskih prava. Većina istraživanja i postojeći dokazi fokusirani su na žene u reproduktivnom periodu (15–49), sa vrlo malo podataka o vrstama i obrascima nasilja nad ženama starijim od 50 godina, što pokazuje da su starije žene često nevidljive u studijama koje istražuju nasilje usmereno na žene ili starije žene. Kada proučavamo nasilje nad starijim ženama, ne smemo zaboraviti uticaj društvenih normi i kulture na to da li starije žene nešto prepoznaju kao nasilje i ako prepoznaju, da li su spremne da to prijave.

Ovaj rad razmatra kako društvene norme mogu uticati na prevenciju nasilja nad starijim ženama u Republici Srbiji. Ovo je kvalitativna istraživačka studija sa 157 žena različitih generacija u 18 fokus grupa koje se fokusiraju na nasilje nad starijim ženama, društvene norme koje to omogućavaju i postavljaju barijere prijavljivanju nasilja. Demografski prikaz žena obuhvata starosnu podjelu kroz mlade žene do 30 godina, žene srednjih godina od 31 do 64 godine, dok su grupu starijih žena činile žene starije od 65 godina. Nalazi svih fokus grupa ukazuju na postojanje tipičnih obrazaca ili društvenih normi u pogledu položaja starijih žena u društvu, relevantnih za njihovo iskustvo nasilja u kasnijem životu. Ove norme obuhvataju odnos prema starijoj populaciji uopšte, društveno očekivanu poštovanost žena, majčinsku emocionalnost prema članovima porodice, najčešće prema sinovima koji ih zlostavljaju, kao i postojanje značajnih razlika u stavovima majki i očeva, zbog čega su žene ranjivije i osjetljivije na nasilje. U slučaju partnerskog nasilja, jedan broj starijih žena ima duboko ukorenjene stereotipe, koje je teško promeniti, a koji su povezani za vrednost strpljenja i posvećenosti žena u održavanju braka po svaku cenu. Starije žene najčešće ne prijavljuju nasilje zbog stida i straha od osude okoline, ili zato što se plaše da neće imati ko da brine o njima, ili zato što ne veruju da će ih sistem zaštititi i završiti u začaranom krugu nasilja.

Dalji rad se sastojao od 1) brošure sa informacijama o pravima starijih osoba, nasilju i zlostavljanju starijih osoba, rodno zasnovanom nasilju nad starijim ženama i prevenciji nasilja i zlostavljanja, 2) lifleta koji ističe najvažnije korake za prijavu slučajeva zlostavljanja i nasilja, informacije o obavezama lekara opšte prakse, odnosno spisak neophodnih lekarskih pregleda i

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dokumentacije potrebne za prijavu, relevantne institucije, i druge vrste podrške. 3) dvočasovnih informativnih sesija za starijih žena koje žive u zajednici u deset opština u ruralnim i urbanim sredinama o pravima, procesima i koracima koje treba slediti u slučaju nasilja nad starijim ženama. 4) rad na zagovaranju promene javnih politika – uključujući starije žene kao kategoriju u novousvojenoj Nacionalnoj strategiji za prevenciju i borbu protiv rodno zasnovanog nasilja nad ženama i nasilja u porodici.

Ključne reči: Nasilje, starije žene, zlostavljanje, društvene norme

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PREVENTION OF VIOLENCE AGAINST OLDER WOMEN THROUGH CHANGING SOCIAL NORMS IN SERBIA

Violence against older women is a public health problem, a gender inequality problem and constitutes a violation of human rights. Most research and existing evidence focuses on women in the reproductive period (15–49), with very little data on the types and patterns of violence against women over 50, which shows that older women are often invisible in studies researching violence targeting women or older persons. When studying violence against older women, we must not forget the influence of social norms and culture on whether older women recognize something as violence and if they recognize it, whether they are ready to report it.

This paper looks into how social norms may influence prevention of violence against older women in the Republic of Serbia. This is a qualitative research study with 157 women of different generations in 18 focus groups focusing on violence against older women, social norms that enable it and put barriers to reporting. Young women were up to age 30, middle-aged women between 31 and 64, while the group of older women consisted of those over 65. Findings from all focus groups indicated the existence of typical patterns or social norms regarding the position of older women in society, relevant to their experience of violence in later life. These norms include the attitude towards older population in general, the socially expected sacrifice of women, maternal emotionality towards family members, most often towards sons who abuse them, as well as the existence of significant differences in attitudes of mothers and fathers, which makes women more

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vulnerable and sensitive to violence. In the case of partner violence, a number of older women have deep-rooted stereotypes that are difficult to change, valuing women's patience and dedication to maintaining marriage at all costs. Older women do not report violence often because of shame, embarrassment and fear of condemnation from the environment, or because they are afraid that there will be no one to take care of them, or because they do not believe that the system will protect them and they will end up in a vicious circle of violence.

The follow up work consists of 1) a brochure with information on rights of older persons, violence against and abuse of older people, GBV of older women and prevention of violence and abuse, 2) a leaflet highlighting the most important steps to report cases of abuse and violence and information on obligations of general practitioners, a list of necessary medical examinations and documentation needed for report, reporting institutions, other support etc. 3) 2h information sessions informing older women living in the community in ten municipalities in rural and urban areas about rights, processes and steps to follow in case of violence against older women. 4) policy advocacy work – including older women as a category in the newly adopted national Strategy to Prevent and Combat Gender-Based Violence Against Women and Domestic Violence

Keywords: violence, older women, abuse, social norms

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SISTEMATSKI PRISTUP UTVRĐIVANJU PRIORITETA ZA REŠAVANJE ZLOSTAVLJANJA STARIJIH OSOBA

Dekada zdravog starenja Ujedinjenih nacija 2021-2030 („Dekada“) ima za cilj da, kroz 10 godina usklađene akcije, poboljša živote starijih osoba, njihovih porodica i zajednica u kojima žive. Iako ljudi imaju pravo da stare sa dostojanstvom, čašću i poštovanjem, uključujući slobodu od nasilja, zlostavljanja i zanemarivanja, ovo pitanje nije dobilo značaj koji zaslužuje. Dekada nudi jedinstvenu priliku da se ovo pitanje postavi na globalnom nivou.

Sa tim ciljem, SZO i partneri sproveli su brojna istraživanja i aktivnosti određivanja prioriteta kako bi pomogli u borbi protiv zlostavljanja starijih na koordiniran i strateški način: (1) Sistematski smo pretraživali relevantnu recenziranu literaturu i organizacione izveštaje u više baza podataka i intervjuisali 26 ključnih informatora u oblasti zlostavljanja starijih osoba da identifikuju faktore koji oblikuju globalni politički prioritet rešavanja zlostavljanja; (2) Da bismo olakšali

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pronalaženje i analizu globalnih dokaza o zlostavljanju starijih, napravili smo mega-mapu – interaktivnu mapu, koristeći metodologiju Campbell Collaboration, kako bismo sistematski identifikovali postojeće sistematske preglede – o rasprostranjenosti zlostavljanja starijih, posledicama, riziku i zaštitnim faktorima i intervencijama.

Polazeći od faktora koji objašnjavaju nizak globalni prioritet zlostavljanja starijih osoba i identifikovanih nedostataka, sastavili smo dugačku listu izazova i organizovali virtuelni sastanak sa 50 stručnjaka i predstavnika zainteresovanih strana kako bismo rangirali listu izazova. Rezultat je bio izbor pet prioriteta za borbu protiv zlostavljanja starijih osoba u okviru Dekade. Razvijanje i skaliranje efektivnih i isplativih intervencija bilo je među prvih pet odabranih prioriteta. Ostala četiri prioriteta bila su: (1) ejdžizam (glavni razlog zašto se ovom pitanju ne pridaje odgovarajuća pažnja); (2) generisanje veće količine boljih podataka o rasprostranjenosti zlostavljanja starijih osoba, posebno u zemljama sa niskim i srednjim prihodima, i o faktorima rizika i zaštite; (3) pravljenje obrazloženja za investiranje u rešavanje fenomena zlostavljanja starijih osoba; i (5) prikupljanje sredstava za rad na terenu.

Kako se razvoj efikasnih intervencija pojavio kao jedan od najvažnijih prioriteta, SZO predlaže razvoj „akceleratora intervencija“ za zlostavljanje starijih osoba, jedne međunarodne istraživačko-praktične mreže, koju bi vodila SZO, kako bi se ubrzali razvoj i evaluacija efektivnih intervencija. Sada je vreme da se skrene pažnja i razviju efikasna rešenja za hitno zaustavljanje zlostavljanja starijih osoba. Neophodni su usklađeni, adekvatni resursi i održivi međunarodni naponi, uz oslanjanje na najbolju ekspertizu u oblasti zlostavljanja starijih i najnovije naučne smernice o razvoju intervencija da bi se stalo na kraj ovakvom stanju.

Ključne reči: zlostavljanje starijih, prevencija nasilja, nasilje nad ženama

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A SYSTEMATIC APPROACH TO IDENTIFY PRIORITIES TO ADDRESS ABUSE OF OLDER PEOPLE

The United Nations Decade for Healthy Ageing 2021-2030 (“the Decade”) aims, through 10 years of concerted action, to improve the lives of older people, their families, and the communities in which they live. Although people are entitled to age with dignity, honor and respect

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including being free from violence, abuse and neglect, the issue has not received the prominence it deserves. The Decade offers a unique opportunity to elevate this issue globally.

To this end, the WHO and partners conducted a number of research and priority setting exercises to help tackle abuse of older people in a coordinated and strategic way: (1) We systematically searched relevant peer-reviewed literature and organisational reports in multiple databases and interviewed 26 key informants in the field of elder abuse to identify factors shaping the global political priority of addressing abuse; (2) To make global evidence on abuse of older people easier to locate and analyse, we constructed a mega-map – an interactive map, using Campbell Collaboration methodology, to systematically identify existing systematic reviews – on elder abuse prevalence, consequences, risk and protective factors, and interventions.

Drawing from the factors accounting for the low global priority of abuse of older people and the gaps identified, we compiled a long-list of challenges and organized a virtual meeting with 50 experts and stakeholders to rank the list of challenges. The result was a selection of five priorities for tackling abuse of older people within the Decade. Developing and scaling up effective and cost-effective interventions was among the top five priorities selected. The other four priorities were: (1) ageism (a major reason the issue receives inadequate attention); (2) generating more and better data on prevalence of abuse of older people, particularly in low- and middle-income countries, and on risk and protective factors; (3) making an investment case for addressing abuse of older people; and (5) raising funds for the field.

As the development of effective interventions emerged as one of the top-most priorities, WHO is proposing the development of an “intervention accelerator” for abuse of older people, an international research-practice network, led by the WHO, to speed up development and evaluation of effective interventions. The time is now to raise the attention and develop effective solutions to urgently stop older people from being abused. A concerted, adequately resourced, and sustained international effort, drawing on the best expertise in the field of abuse of older people and the latest scientific guidance on intervention development is needed to put an end to this state of affairs.

Key words: elder abuse, violence prevention, violence against women.

Patricia Brownell¹⁷

TEORIJA TRAUME I NASILJE KROZ ŽIVOTNI TOK IZ PERSPEKTIVE STARENJA

O traumama u zlostavljanju dece i nasilju u porodici se u literaturi govori već dugi niz godina, ali tek nedavno je zlostavljanje starijih postalo deo ovog diskursa. Silosi zasnovani na specifičnim perspektivama zlostavljanja, zanemarivanja i nasilja nastavljaju da ograničavaju razumevanje traume i njenog uticaja na osobe tokom njihovog životnog toka. Međutim, nedavne studije rasprostranjenosti nasilja nad ženama na Balkanu uključile su starije žene u uзорke zajednice, kao

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i pitanja o zlostavljanju u detinjstvu, a nedavne studije o rasprostranjenosti zlostavljanja starijih su takođe uključile ova pitanja.

Nalazi ove i drugih studija dosledno identifikuju zlostavljanje u detinjstvu kao faktor rizika za zlostavljanje u kasnijem životnom dobu. Međunarodni pokret za ljudska prava koji se zalaže za obavezujući instrument za promovisanje ljudskih prava starijih osobe se takođe zalaže za holističko razumevanje starijih osoba i njihovog životnog iskustva. Konačno, analize intersekcionalnosti i životnog toka primenjuju se kako bi se bolje razumele nejednakosti starenja i zdravstvenih dispariteta u starijoj dobi i mogu pomoći da se pruži uvid u nasilje tokom životnog toka, koje kulminira u starosti. Prevođenje istraživanja u praksu je takođe od kritične važnosti, a u ovom radu su predstavljeni neki primeri kako razumevanje traume poboljšava rad sa starijim osobama koje su žrtve nasilja. Važno je istražiti i rodno zasnovane implikacije.

Prezentacija će se fokusirati na rezime objavljenih izveštaja na engleskom jeziku do danas koje doprinose dubljem razumevanju nasilja tokom životnog toka a koje kulminira u starijoj dobi. Kritički će sažeti nedavne podatke o rasprostranjenosti koji identifikuju korelaciju između zlostavljanja u detinjstvu i zlostavljanja ustarijem životnom dobu. Takođe će dati pregled različitih teorijskih okvira koji su ponuđeni u literaturi da bi se objasnila ova korelacija, kao i izazovi svakog od njih. Poseban fokus će biti na teoriji traume kao okviru za objašnjenje, sa predlozima za primenu ovog teorijskog okvira za bolje razumevanje toga kako rana negativna iskustva mogu dovesti do zlostavljanja u kasnom životu.

Otpornost i rizik su tema koja se pojavljuje u literaturi o nasilju i zlostavljanju kroz životni tok a koja kulminira u starosti. Translacioni ciljevi istraživanja u socijalnom radu i primenjenim društvenim naukama zahtevaju da nalazi iz istraživačkih podataka dovedu do rešenja u stvarnom životu. Interventno istraživanje o nasilju tokom životnog toka je u preliminarnoj fazi, ali su neke intervencije razvijene i testirane. Zaključićemo izlaganje implikacijama za oblast gerontologije i preporukama za buduća istraživanja.

Ključne reči: trauma, nasilje, starije žene istraživanja

Patricia Brownell¹⁸

TRAUMA THEORY AND VIOLENCE ACROSS THE LIFE COURSE FROM AN AGING PERSPECTIVE

Trauma in child abuse and domestic violence has been discussed in the literature for a number of years, but only recently has elder abuse been part of this discourse. Siloes based on stage-specific perspectives of abuse, neglect, and violence continue to limit understanding of trauma as it affects individuals across the life course. However, a recent prevalence studies on violence against women in the Balkans has included older women in community samples as well

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as questions about child abuse, and recent elder abuse prevalence studies have included these questions as well.

Findings from this and other studies consistently identify child abuse as a risk factor for abuse in later life. The international human rights movement for a binding instrument to promote human rights of older people also advocates a holistic understanding of older people and their lived experience. Finally, intersectionality and life course analyses have been applied to better understanding of unequal aging and health disparities in older age and could help to provide insight into violence across the life course, culminating in old age. Translational research to practice is also critical, and some examples are presented of how an understanding of trauma enhances work with older adults who are victims of violence. It is important that gender-based implications are also explored.

The presentation will focus on a summary of published English language scholarship to date that builds toward a deeper understanding of violence across the life course culminating in older age. It will critically summarize recent prevalence data that identify a correlation between child abuse and older adult abuse. It will also provide an overview of different theoretical frameworks that have been offered in the literature to explain this correlation, as well as challenges of each. There will be a particular focus on trauma theory as an explanatory framework, with suggestions for application of this theoretical framework to a better understanding of how early adverse experiences can lead to late life abuse.

Resilience as well as risk is a theme that surfaces in the literature on violence and abuse across the life course culminating in old age. Translational research objectives in social work and the applied social sciences require that findings from research data lead to real life solutions. Intervention research on violence across the life course is at a preliminary stage but some interventions have been developed and tested. Implications for the field of gerontology and recommendations for future research will conclude the presentation.

Key words: trauma, violence, older women, research

Silvia Rusac¹⁹

INSTITUCIONALNO NASILJE IZ PERSPEKTIVE KORISNIKA I OSOBLJA DOMOVA ZA STARE

Cilj istraživanja je bio da se ispituju razlike u percepciji zaposlenih i korisnika doma o rasprostranjenosti nasilja nad korisnicima domova za stare koje vrše zaposleni.

Uzorkom je obuhvaćeno 520 zaposlenih (89,1% žena i 10,9% muškaraca, starosne dobi od 19 do 65 godina) i 552 korisnika domova za stare (19,3% muškog i 89,7% osoba ženskog pola, prosečna starost korisnika je 83 godine). Anketno istraživanje je sprovedeno 2017. i 2018. godine u 11 domova za starije u gradu Zagrebu.

Na osnovu sprovedenih analiza, možemo zaključiti sledeće: Od ukupno 472 zaposlena, njih čak 66 lično poznaje korisnika doma izloženog nasilju i većina izražava spremnost da prijavi nasilje ako mu prisustvuje. Zaposleni i korisnici domova ocenjuju da se nasilje retko prijavljuje.

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Korisnici kao razloge za neprijavljivanje navode strah od posledica, nepoverenje da će se bilo šta promeniti ako kažu da su doživeli nasilje, kao i sramotu. Zaposleni navode kao razlog za prijavu moralnu dimenziju prema kojoj nasilje nije prihvatljivo, pravnu dimenziju jer predstavlja kršenje prava i sprečavanje budućih ovakvih radnji. Generalno, zaposleni retko opažaju nasilje u domovima za stare nad korisnicima, a korisnici još značajnije ređe. Ipak, manje od 10% korisnika percipira individualno nasilno ponašanje osoblja domova za stare, dok osoblje percipira dvostruko ili više. Zaposleni i korisnici, i pored značajnih razlika, najčešće percipiraju psihičko nasilje i zanemarivanje, zatim fizičko i materijalno nasilje, sledi nasilje i zanemarivanje prilikom pružanja medicinske pomoći, zatim nasilje i zanemarivanje tokom pružanja lične nege, te konačno nasilje i zanemarivanje prilikom ishrane starih lica. Korisnici domova i zaposleni u domovima za stare podjednako često percipiraju samo prisustvo sledećih ponašanja: „Unosi korisnikov nakit, novac, odeću ili nešto drugo iz njegove sobe“ i „Odbija korisniku neophodan lek ili lečenje“. U svim preostalim česticama postoji značajna razlika u percepciji između korisnika i zaposlenih u domovima za stare. Rezultati se mogu koristiti za edukaciju zaposlenih, osnaživanje starijih lica za prijavu nasilja i kreiranje preventivnih aktivnosti, kao i donošenje standardizovanog protokola za postupanje u slučaju nasilja nad korisnicima domova za stare.

Ključne reči: institucionalno nasilje, domovi za stare, korisnici, osoblje

Silvia Rusac²⁰

INSTITUTIONAL VIOLENCE FROM THE PERSPECTIVE OF USERS AND STAFF OF NURSING HOMES FOR OLDER PERSONS

The objective of the research was to examine the differences in the perception of employees and users of the home about the prevalence of violence against users of nursing homes for older persons perpetrated by employees.

The sample included 520 employees (89.1% women and 10.9% men, aged 19 to 65) and 552 beneficiaries of nursing homes for older persons (19.3% male and 89.7% female, average age of users is 83). The survey was conducted in 2017 and 2018 in 11 nursing homes for older persons in the city of Zagreb.

Based on the conducted analyses, we can conclude the following: Out of a total of 472 employees, as many as 66 of them personally know a beneficiary exposed to violence and most express their willingness to report violence if they witness it. - Employees and beneficiaries of the homes assess that violence is rarely reported, users cite fear of consequences as reasons for not reporting, distrust that anything will change if they say they experienced violence and shame, while employees cite as reasons for reporting the moral dimension according to which violence is not acceptable, the legal dimension because it represents a violation of rights and the prevention of future such actions. - In general, employees rarely perceive violence in nursing homes against beneficiaries, and beneficiaries significantly more rarely. - However, less than 10% of beneficiaries perceive individual violent behavior by nursing home staff, while staff perceive it twice as much or more. – Both employees and beneficiaries, despite significant differences, most

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often perceive the following forms of violence against the beneficiaries of the homes: psychological violence and neglect, followed by physical and material violence, followed violence and neglect during the provision of medical assistance, violence and neglect during the provision of medical care, and violence and neglect of the nutrition of older persons. – Beneficiaries and nursing home employees equally often perceive the presence of the following behaviors: “Taking the beneficiary's jewelry, money, clothes or something else from his room” and “Refusing the beneficiary necessary medicine or treatment”. In all other questions, there is a significant difference in perception between beneficiaries and employees of nursing homes for older persons. The results can be used to educate employees, empower the older persons to report violence and create preventive activities, as well as adopt a standardized protocol for dealing with violence against beneficiaries of nursing homes for older persons.

Key words: institutional violence, nursing homes for older persons, beneficiaries, staff

Wenche Malmedal²¹

NEDAVNA I AKTUELNA ISTRAŽIVANJA ZLOSTAVLJANJA STARIJIH U NORVEŠTKOM KONTEKSTU

Istraživanje zlostavljanja starijih u Norveškoj je još uvek u povoju, ali je tokom poslednje decenije sprovedeno nekoliko studija zahvaljujući aktivnoj grupi za istraživanje zlostavljanja starijih na Norveškom univerzitetu nauke i tehnologije u Trondhajmu. Poslednjih godina ovo istraživanje je rezultiralo sa tri završena doktorska i dva tekuća doktorska projekta, kao i drugim istraživačkim projektima. Ogromna većina studija sprovedena je u staračkim domovima, sa osobljem staračkih domova kao izvorom informacija/ ispitanicima, ali postoje i studije koje koriste rođake kao izvor informacija i studije među osobama koje žive u domu sa demencijom.

Do sada su kvantitativne studije imale za cilj da otkriju i opišu različite aspekte zlostavljanja starijih, u smislu tipova i prevalencije, kao i njegovih asocijacija. Percepcije osoblja i rođaka o zlostavljanju i zanemarivanju su istražene u kvalitativnim studijama.

Ova kratka prezentacija će dati pregled najnovijih i aktuelnih studija o zlostavljanju starijih iz norveškog konteksta, kako iz institucionalnog tako i iz okruženja zajednice.

Nakon prezentacije, učesnici će dobiti uvid u istraživačke aktivnosti o zlostavljanju starijih u Norveškoj, pregled glavnih rezultata kao i uputstvo gde pronaći više informacija o različitim studijama.

Ključne reči: zlostavljanje starijih, studije, istraživanja, Norveška

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Wenche Malmedal²²

RECENT AND CURRENT ELDER ABUSE RESEARCH IN NORWEGIAN CONTEXT

Research on elder abuse in Norway is still in its infancy, but during the last decade several studies have been conducted based on the active elder abuse research group at Norwegian University of Science and Technology in Trondheim. The last years, this research has resulted in three completed PhD's and two ongoing PhD projects, as well as other research projects. The vast majority of the studies have been conducted in nursing homes, with nursing home staff as informants/respondents, but there are also studies using relatives as informants and studies among home-dwelling persons with dementia.

So far, quantitative studies have aimed to reveal and describe different aspects on elder abuse, both with regards to types and prevalence, and its associations. Staff's and relatives' perceptions on abuse and neglect have been investigated in qualitative studies.

This short presentation will give an overview of the most recent and current studies on elder abuse from Norwegian contexts, both from institutional- and community settings.

After the presentation the participants will have gained insight in research activities on elder abuse in Norway, as well as an overview of main results and where to find more information on the different studies.

Key words: elder abuse, studies, research, Norwegian

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KVALITATIVNA STUDIJA ZANEMARIVANJA U NORVEŠKIM STARAČKIM DOMOVIMA – PERSPEKTIVE ZAPOSLENIH

Uvod

Zanemarivanje u staračkim domovima je izazov i složeno pitanje. Medicinsko osoblje u ustanovama je u prvim redovima otkrivanja i prevencije zanemarivanja, ali mogu biti i oni koji ga uzrokuju. Složenost ovog problema otežava razumevanje praksi zanemarivanja, zašto i kako se to dešava. Svrha ove studije je da generiše nova znanja o procesima koji dovode do i održavaju zanemarivanje u norveškim staračkim domovima, onako kako ih opisuje osoblje staračkih domova. 1) Kako osoblje staračkih domova doživljava i razmišlja o zanemarivanju? i 2) Kako se zanemarivanje saopštava i prijavljuje među osobljem staračkih domova?

Metod

Na osnovu pitanja u istraživanju, izabran je kvalitativni istraživački dizajn sa pristupom zasnovanim na konstruktivističkoj teoriji. Pet diskusija fokus grupa (20 učesnika) i deset individualnih intervju obavljeni su sa osobljem staračkih domova iz 17 različitih staračkih domova u Norveškoj.

Rezultati

Osoblje staračkih domova koristi različite strategije kako bi zanemarivanje učinilo prihvatljivom praksom u staračkim domovima. Ovo legitimisanje zanemarivanja se dešava kada 1) *Zanemaruju zanemarivanje*, to jest kada ne prepoznaju svoje ponašanje kao zanemarivanje, što je izraženo u njihovim postupcima i jeziku, 2) *Normalizuju nepružanje nege*, kada osoblje smanjuje pružanje nege zbog nedostatka resursa. Ove prakse zanemarivanja mogu se održati kada osoblje dozvoli da zanemarivanje ostane nevidljivo kroz 1) Smanjenje prioriteta podnošenja pisanih izveštaja, zbog organizacionih ili ličnih faktora, 2) *Korišćenje strategije zaštite osoblja*, kada izbegavaju da kolege suoče sa zanemarivanjem koje čine.

Zaključak

Ova studija pokazuje kako prakse zanemarivanja mogu nastaviti da se javljaju i traju, i daje važan uvid u procese koji se odvijaju u praksi norveških staračkih domova.

Ključne reči: zanemarivanje, starački dom, rezidencijalna nega, dugotrajna nega, zlostavljanje starijih, zanemarivanje starijih, propuštena nega, smanjivanje nege, izveštavanje, percepcije medicinskog osoblja, kvalitativno, konstruktivno utemeljena teorija

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QUALITATIVE STUDY OF NEGLECT IN NORWEGIAN NURSING HOMES – THE STAFFS PERSPECTIVES

Introduction

Neglect in nursing homes is a challenging and complex issue. The nursing staff in institutions are in the frontline of detecting and preventing neglect, but they may also be those causing it. The complexity of this problem makes it challenging to understand neglective practices, why and how it happens. The purpose of this study is to generate new knowledge on the processes leading to and maintaining neglect in Norwegian nursing homes, as described by nursing home staff. 1) *How do nursing homes' staff perceive and reflect on neglect?* and 2) *How is neglect communicated and reported among nursing home staff?*

Method

Based on the research questions, a qualitative exploratory design with a constructivist grounded theory approach was chosen. Five focus-group discussions (20 participants) and ten individual interviews were conducted with nursing home staff from 17 different nursing homes in Norway.

Results

Nursing home staff are using different strategies to make neglect an acceptable practice in nursing homes. This legitimizing of neglect happens when they are 1) *Neglecting neglect*, as when they are not recognizing their own behaviour as neglectful, as expressed in their actions and language, 2) *Normalizing missed care*, when staff are rationing care because of lack of resources. These neglectful practices can be maintained when staff allow neglect to stay invisible when they are 1) *Down-prioritizing written reporting*, because of organisational or personal factors, 2) *Uses staff-protecting strategies*, when they avoid to confront colleagues or system with their neglective practices.

Conclusion

This study shows how neglectful practices can continue to occur and be maintained, and gives important insight in the processes that takes place in Norwegian nursing home practice.

Keywords: neglect, nursing home, residential care, long term care, elder abuse, elder neglect, missed care, rationing of care, reporting, nursing staff's perceptions, qualitative, constructive grounded theory

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Dugotrajna nega/ Long-term care

Manfred Huber³¹, Yongjie Yon³², Frederique Djurdjevic³³, Stefania Ilinca³⁴

DUGOTRAJNA NEGA: „OKVIR ZA AKCIJU I SVEOBUH VATAN MODEL DUGOTRAJNE NEGE U EVROPI“

Sistemi dugotrajne nege omogućavaju onim starijim osobama koje doživljavaju značajan pad kapaciteta, da dobiju negu i podršku koji im omogućavaju da žive život u skladu sa njihovim osnovnim pravima, osnovnim slobodama i ljudskim dostojanstvom. Ove usluge takođe mogu pomoći u smanjenju neodgovarajućeg korišćenja usluga akutne zdravstvene zaštite, pomoći porodicama da izbegnu katastrofalne troškove nege i omogućiti ženama – obično glavnim negovateljima – da imaju šire društvene uloge. Razorni efekti pandemije COVID-19 na sisteme dugotrajne nege širom Evrope skrenuli su pažnju na duboku ranjivost sistema nege uključujući nedovoljne resurse, fragmentiranost i slabu superviziju. Nakon toga, SZO Evropa je povećala podršku državama članicama da razviju integrisano pružanje dugotrajne nege, posebno u okruženjima u zajednici, kao ključnu strategiju za povećanje otpornosti sistema nege. Mapiranje aktivnosti dugoročne nege u oblasti zdravstvene i socijalne politike naglašava porodne granice između njih i naglašava potrebu i obim dalje integracije i koordinacije na tačkama gde se ovi sistemi ukrštaju. Dok globalni podaci o potrebi i nezadovoljenoj potrebi za dugotrajnom negom ne postoje, podaci na nacionalnom nivou otkrivaju velike praznine u pružanju i pristupu takvim uslugama u mnogim zemljama sa niskim i srednjim prihodima.

Dekada zdravog starenja Ujedinjenih nacija (2021–2030) je globalni okvir saradnje koji okuplja vlade, civilno društvo, međunarodne agencije, profesionalce, akademsku zajednicu, medije i privatni sektor kako bi poboljšali živote starijih osoba, njihovih porodica i zajednica u kojima žive. Ova Dekada je zasnovana na četiri oblasti delovanja, od kojih je jedna dugotrajna nega. Evropski okvir za akciju, dizajniran za kreatore javnih politika da isporuče i podrže rad oko ovih oblasti delovanja, trenutno je u fazi finalizacije. Tokom prezentacije će ukratko biti predstavljeni neki od ključnih resursa, alata, okvira i smernica koje je razvila SZO a vezano za dugotrajnu negu.

SZO je identifikovala tri sveobuhvatna pristupa kako bi se osigurala održivost sistema dugotrajne nege: (1) uspostavljanje osnova neophodnih za pružanje dugotrajne nege kao dela univerzalne pokrivenosti uslugama zdravstvene zaštite; (2) izgradnja i održavanje održive i odgovarajuće obučene radne snage i podrška neplaćenim negovateljima; i (3) obezbeđivanje kvaliteta dugotrajne nege.

SZO je identifikovala šest prioritarnih oblasti rada na razvoju jačih sistema i usluga dugotrajne nege u Evropskom regionu. Tekući rad u ovim oblastima biće sažeto istaknut u prezentaciji; oblasti su navedene u produžetku: (1) Integrisano pružanje usluga zdravstvene i

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dugotrajne nege, (2) pristup razvoju sistema dugotrajne nege orijentisan na prevenciju, (3) usklađivanje dugotrajne nege sa agendom univerzalne pokrivenosti zdravstvenom zaštitom, (4) Povećanje ulaganja u lokalna okruženja prilagođena godinama i sa izgrađenom podršku za starije, (5) Izgradnja, ojačavanje i optimizovanje radne snage potrebne za pružanje usluga dugotrajne nege, formalne i neformalne i (6) promena načina na koji razmišljamo, osećamo se i ponašamo se u vezi sa negom i pružanjem nege.

Ključne reči: dugotrajna nega, integrisana nega, neformalni negovatelji, radna snaga, zdravo starenje

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LONG-TERM CARE: “A FRAMEWORK FOR ACTION AND COMPREHENSIVE MODEL OF LONG-TERM CARE IN EUROPE”

Long-term-care systems enable those older people who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity. These services can also help reduce the inappropriate use of acute health-care services, help families avoid catastrophic care expenditures and allow women – usually the main caregivers – to have broader social roles. The devastating effects of the COVID-19 pandemic on long-term care systems throughout Europe have drawn attention to the deep vulnerability of under resourced, fragmented and poorly monitored care systems. In its aftermath, WHO Europe has increased support for Member States to develop integrated provision of long-term care, especially in community-based settings, as a key strategy to increase the resilience of care systems. A mapping of long-term care actions across the health and social policy landscape emphasizes the porous boundaries between them and highlights the need and scope for further integration and coordination at the intersection points. While global data on the need and unmet need for long-term care do not exist, national-level data reveal large gaps in the provision of and access to such services in many low- and middle-income countries.

The United Nations *Decade of Healthy Ageing* (2021–2030) is a global collaboration that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live. This *Decade* is underpinned by four Action Areas, one of which is *long-term care*. A European Framework for Action, designed for policymakers to deliver and support work around these Action Areas, is currently being finalised. Some of the key

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resources, tools, frameworks and guidance developed by WHO on long-term care will be briefly presented during the presentation.

The WHO has identified three overarching approaches to ensure the sustainability of long-term care systems: (1) establishing the foundations necessary for the provision of long-term care as part of universal health coverage; (2) building and maintaining a sustainable and appropriately trained workforce and supporting unpaid caregivers; and (3) ensuring the quality of long-term care.

WHO has identified six priority areas of work to develop stronger long-term care systems and services in the European Region. Ongoing work in these areas will be concisely highlighted in the presentation; these are listed hereafter: (1) Integrated health and long-term care service delivery, (2) prevention-oriented approach to long-term care system development, (3) align long-term care with the universal health coverage agenda, (4) Step-up investment in age-friendly and supportive local environments, (5) Build, strengthen and optimize the long-term care workforce, both formal and informal and (6) to change how we think, feel and act towards care and caring.

List of key words: long-term care, integrated care, informal caregivers, workforce, healthy ageing

Natalija Perišić³⁹

DUGOTRAJNA ZAŠTITA U SRBIJI – IZAZOVI I PRILIKE

Dugotrajna zaštita i osiguranje za dugotrajnu zaštitu, na onaj način na koji se uobičajeno definišu u relevantnim međunarodnim i evropskim naučnim i stručnim publikacijama, ne predstavljaju zasebno područje sistema socijalne sigurnosti u Srbiji. Dugotrajna zaštita je fragmentisana između zdravstvene i socijalne zaštite i između formalne i neformalne sfere, sa iznadprosečnom opterećenošću ženskih članova porodice aktivnostima brige i nege. Ovakav koncept često se sreće u drugim državama i ne predstavlja opasnost po sebi, ali zahteva reformske inicijative i impulse, kao i snažnu podršku javnih politika neformalnoj sferi, što je u Srbiji niskog intenziteta.

Kapaciteti za zadovoljavanje potreba za dugotrajnom zaštitom starijih u Srbiji zahtevaju unapređenje. Postojeći i projektovani trendovi depopulacije i izraženog starenja stanovništva, zdravstvena situacija starijih, njihove socijalne i druge potrebe, kreiraju situaciju koja nije usklađena sa zahtevima savremenih normi i težnji u dugotrajnoj zaštiti globalno. Adekvatni

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odgovori na izazove poboljšanja situacije neformalnih negovatelja, unapređenja pristupa, priuštljivosti i kvaliteta usluga dugotrajne zaštite, te boljih uslova rada formalnih negovatelja, treba da se nalaze u srži politika dugotrajne zaštite i politika povezanih sa dugotrajnom zaštitom u nacionalnom kontekstu.

U početnom delu rada, ukazuje se na trendove koji uokviravaju problematiku dugotrajne zaštite u Srbiji i zahtevaju promenu postojećih politika. Sledi razmatranje koncepta i „arhitekture“ dugotrajne zaštite u Srbiji, uz kratak istorijski osvrt. U ovom delu, analiziraju se naknade i usluge koje zadovoljavaju potrebe za dugotrajnom zaštitom starijih, i to u oblastima zdravstvene zaštite, socijalne zaštite i penzijskog i invalidskog osiguranja. U fokusu rada su naknade za tuđu negu i pomoć, usluga pomoći i nege u kući, domskog smeštaja, dnevnog boravka, kućnog lečenja, palijativnog zbrinjavanja itd. Ukazuje se na njihovu pristupačnost, kvalitet i finansiranje, kao i na uključenost javnog, privatnog i neprofitnog sektora, te formalne i neformalne sfere. Akcenat je na tzv. presecima između sektora, aktera i politika, kako bi se ukazalo na faktičko stanje u oblasti. U zaključku se argumentuje da uočeni nedostaci upućuju na potrebu direktnijeg povezivanja svih aktera, uz adekvatnije balansiranje državnog, privatnog i neprofitnog sistema, formalnih i neformalnih pružaoca usluga, institucionalne i vaninstitucionalne podrške, materijalnih i nematerijalnih davanja i usluga, republičkih i lokalnih nadležnosti.

Ključne reči: dugotrajna zaštita, usluge, naknade, politika, stariji, negovatelji, Srbija.

Natalija Perisic⁴⁰

LONG-TERM CARE IN SERBIA - CHALLENGES AND OPPORTUNITIES

Long-term care and insurance for long-term care, in the way they are usually defined in relevant international and European scientific and professional publications, do not represent a separate area of the social security system in Serbia. Long-term care is fragmented between health care and social care and between the formal and informal spheres, with an above-average load of female family members on caregiving activities. This kind of concept is often encountered in other countries and does not represent a danger in itself, but it requires reform initiatives and impulses, as well as strong public policy support for the informal sphere, which is of low intensity in Serbia.

Capacities for meeting the needs for long-term care of older persons in Serbia require improvement. The existing and projected trends of depopulation and marked aging of the population, the health situation of older persons, their social and other needs, create a situation that is not aligned with the requirements of modern norms and aspirations in long-term care globally. Adequate responses to the challenges of improving the situation of informal caregivers, improving access, affordability and quality of long-term care services, and better working

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conditions for formal caregivers, should be at the core of long-term care policies and policies related to long-term care in the national context.

In the initial part of this paper, trends are indicated that frame the issue of long-term care in Serbia and require a change in existing policies. What follows is a discussion of the concept and “architecture” of long-term care in Serbia, with a brief historical review. In this part, the fees and services that meet the needs for long-term care of older persons are analyzed, namely in the areas of health care, social care, and pension and disability insurance. The focus of the paper is on targeted social transfers (“compensation for other people's care and assistance”), assistance and care services at home, nursing home accommodation, day care, home treatment, palliative care, etc. It points to their accessibility, quality and financing, as well as the involvement of the public, private and non-profit sectors, as well as the formal and informal spheres. The emphasis is on the so-called intersections between sectors, actors and policies, in order to indicate the factual situation in the area. In conclusion, it is argued that the observed shortcomings point to the need for a more direct connection of all actors, with a more adequate balancing of the state, private and non-profit system, formal and informal service providers, institutional and non-institutional support, tangible and intangible benefits and services, as well as national and local administrations.

Keywords: long-term care, services, fees, policy, older persons, caregivers, Serbia

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ORGANIZACIJA DUGOTRAJNE NEGE GERIJATRIJSKIH BOLESNIKA U SRBIJI DANAS

Prateći strukturu organizacije zdravstvene službe u Srbiji (tercijarni, sekundarni i primarni nivo), dugotrajna nega gerijatrijskih bolesnika nema svoje zvanično mesto. Takođe, ne postoji nijedna zvanična zasebna institucija koja je namenjena isključivo ovoj vrsti nege. Iako je postojala inicijativa Ministarstva zdravlja pre oko 10-tak godina, nije napravljen nijedan dalji korak u realizaciji ove ideje. Stoga je neophodno proceniti mogućnosti za pružanje dugotrajne nege u okviru postojećih kapaciteta. Jako dobar primer mogao se videti tokom prethodne epidemije (covid 19), kada je većina pre svega sekundarnih zdravstvenih organizacija bila pretvorena potpuno ili delimično u covid-bolnice. U Beogradu, od postojeća 3 gerijatrijska odeljenja nijedno nije vršilo svoju osnovnu funkciju. Tercijarne zdravstvene ustanove (u Beogradu Klinički centar Srbije i VMA) vrlo ograničeno su mogli da pruže zdravstvene usluge gerijatrijskim bolesnicima koji

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zahtevaju dugotrajnu negu. Tako su u prvi plan došli Gerontološki centri i domovi za stare sa vrlo ograničenim mogućnosti pružanja zdravstvene zaštite.

Ključne reči: organizacija, dugotrajna nega, gerijatrijski bolesnici

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ORGANIZATION OF LONG-TERM CARE OF GERIATRIC PATIENTS IN SERBIA TODAY

Following the structure of the health service organization in Serbia (tertiary, secondary and primary level), long-term care of geriatric patients does not have its official place. Also, there is no official separate institution dedicated exclusively to this type of care. Although there was an initiative of the Ministry of Health about 10 years ago, no further steps were taken in the realization of this idea. Therefore, it is necessary to evaluate the possibilities for providing long-term care within the existing capacities. A very good example could be seen during the previous epidemic (covid 19), when the majority of primarily secondary health organizations were turned completely or partially into covid-hospitals. In Belgrade, of the existing 3 geriatric departments, none performed their basic function. Tertiary healthcare institutions (Clinical Center of Serbia and VMA in Belgrade) were able to provide healthcare services to geriatric patients requiring long-term care to a very limited extent. Thus, Gerontological centers and homes for the elderly with very limited possibilities of providing health care came to the fore.

Key words: organization, long-term care, geriatric patients

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PREISPITIVANJE NEGE I STRATEGIJE NEGE U EU– IDEMO LI KA PRISTUPU ZASNOVANOM NA PRAVIMA?

AGE Platform Europe je najveća mreža organizacija starijih osoba i organizacija koje rade u korist starijih osoba u Evropi. Nakon što je EU proglasila pravo na dugotrajnu negu kao sastavni deo Evropskog stuba socijalnih prava, i pod utiskom katastrofalnih posledica pandemije COVID-19, posebno u ustanovama za negu starijih osoba, AGE je bila predvodnik procesa refleksije o ulozi i načinu funkcionisanja dugotrajne nege. Nakon godinu dana razmene sa članovima, AGE je predstavio svoju viziju dugotrajne nege centriranu oko jedne ključne uloge: da osnaži osobe kojima je potrebna nega tokom života. Ovaj pristup koji se odlučno zasniva na pravima zahteva revoluciju u tome kako razmatramo kontekst dugotrajne nege.

EU je u septembru 2022. predstavila svoju Strategiju nege EU, postavljajući po prvi put sveobuhvatan skup politika za poboljšanje pristupa i kvaliteta dugotrajne nege i definisanje principa kvaliteta nege. Strategija obuhvata mnoge od neophodnih tačaka za pokretanje promene zasnovane na pravima, uključujući proširenje pristupa kućnoj nezi i nezi u zajednici, poboljšanje kvaliteta svih oblika nege, podršku neformalnim negovateljima i poboljšan socijalni dijalog i uslove rada za negovatelje. Da li je politika dovoljno ambiciozna da omogući inovativne oblike nege koji podržavaju autonomiju i nezavisnost, kao i sva ljudska prava osoba kojima je potrebna nega? Da li se u Strategiji nege EU pominju zemlje u procesu pristupanja kao što je Srbija? Philippe Seidel će u svojoj intervenciji raspravljati o ovim pitanjima u širem kontekstu tema pokrenutih tokom Kongresa.

Ključne reči: dugotrajna nega, Strategija nege, negovatelji, socijalni dijalog, zasnovano na pravima

Philippe Seidel Leroy⁵⁰

RETHINKING CARE AND THE EU CARE STRATEGY – ARE WE GOING TOWARDS A RIGHTS-BASED APPROACH?

AGE Platform Europe is the largest network of organisations of and for older persons in Europe. After the EU proclaimed the right to long-term care as an integral part of the European Pillar of Social Rights, and under the impression of the disastrous consequences of the COVID-19 pandemic particularly in care facilities for older persons, AGE led a full reflection on the role and way of functioning of long-term care. After one year of exchange with members, AGE presented

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its vision of long-term care around one key role: to empower persons in need for care throughout their lives. This resolutely rights-based approach calls for a revolution on how we consider long-term care settings.

The EU presented in September 2022 its EU Care Strategy, setting out for the first time a comprehensive set of policies to improve access to and quality of long-term care and defining quality principles for care. It includes many of the necessary points for triggering a social dialogue shift, including the expansion of access to home care and community-based care, the improvement of quality of all forms of care, support for informal carers and improved social dialogue and working conditions for care workers. Is the policy ambitious enough to enable innovative forms of care that support autonomy and independence, as well as all human rights of persons in need for care? Does the EU Care Strategy mention accession countries such as Serbia? Philippe Seidel's intervention will discuss these issues in the wider context of the topics raised during the Congress.

Keywords: long-term care, EU Care Strategy, care workers, social dialogue, social dialogue

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NAJČEŠĆE BOLESTI POVEZANE SA HRONIČNOM GERIJATRIJSKOM NEGOM

Gerijatrijski pacijenti imaju mnoge hronične bolesti, sa svim posledicama i terapijskim dilemama koje hronične bolesti donose sa sobom. Zajedno sa specifičnim ispoljavanjem akutnih bolesti, hronične bolesti znače da je klinička slika u gerijatriji specifična. U gerijatriji se retko

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govori samo o jednoj dijagnozi. Hronične bolesti uslovljavaju jedna drugu i imaju međusobne interakcije, koje uslovljavaju češće komplikacije i doprinose težem definisanju bolesti. Najčešće hronične bolesti povezane sa hroničnom gerijatrijskom negom su urinarna i fekalna inkontinencija, dekubitusi, anoreksija i proteinska malnutricija, osteoporoza, demencije. Urinarna inkontinencija je vrlo često oboljenje u starih osoba i za posledicu može da ima plasiranje trajnog katetera, infekcije urinarnog trakta, urosepsu, nepokretnost, padove i dekubituse.

Najveća prevalenca je u populaciji starijih od 65 godina i to kako hospitalizovanih, tako i nehospitalizovanih. Dekubitusi predstavljaju uvek aktuelan i ozbiljan problem, kako zdravstveni, tako i socioekonomski. Smatra se da se više od 70% svih dekubitalnih rana nalazi kod pacijenata starosti preko 70 godina. Kod pacijenata sa dekubitalnim promenama češća je pojava komplikacija kao što su osteomijelitis i sepsa, što povećava mortalitet starijih pacijenata i uvećava ekonomske troškove za skoro pet puta. Anoreksija i proteinska malnutricija kod starih- Ishrana predstavlja važan faktor u mnogim fiziološkim i patološkim promenama koje prate proces starenja. Poznato je da 85% hroničnih bolesti i nesposobnosti kod starijih osoba, mogu biti odgovarajućom nutricionom sprečene ili ublažene. Fiziološko smanjenje apetita tokom starenja, kao odgovor na smanjenje fizičke aktivnosti i nivoa bazalnog metabolizma u starenju, naziva se "anoreksija starenja". Ova fiziološka anoreksija faktor je rizika za nastanak proteinske malnutricije u više od 15% starih koji žive u kućnim uslovima, u 35 do 65% hospitalizovanih starih i u 25 do 60% korisnika domova za stara lica. Kod pacijenata koji su na kućnoj nezi i lečenju proteinska malnutricija je češće udružena sa dekubitusnim ranama, oslabljenom kognitivnom funkcijom, posturalnom hipotenzijom, infekcijama i ne retko anemijom. Kod hospitalizovanih povećan je morbiditet, a u otpušten iz bolnice veći je procenat rane rehospitalizacije, kao i frakture kuka ukoliko je prisutna proteinska malnutricija. Osteoporoza predstavlja gubitak koštane mase koja rezultira frakturama u starosti. Koštana masa dostiže maksimum između 25-e i 30-e godine života, nakon čega počinje i nastavlja se njen gubitak tokom života. Kao i u slučajevima hipertenzije ili intolerancije na glukozu, gde se pretpostavlja poligenetski karakter, izgleda da je i gustina koštane mase određena poligenetskim interakcijama brojnih gena i faktora sredine. U kasnijem životnom dobu mogu se prepoznati dve faze gubitka kosti: dugotrajna spora faza koja rezultuje gubitkom kortikalne (25%) i trabekularne kosti (35%) kod oba pola, i kratkotrajna brza faza posle menopauze u žena koja dovodi do disproporcionalnog većeg gubitka trabekularne kosti. Tokom brze faze, žene u postmenopauzi gube dodatnih 10% od kortikalne i 25% od trabekularne. Demencije nastaju kao posledica različitih bolesti mozga, ali i bolesti koje zahvataju i druge organe i tkiva koje dovode do gubitka nervnih ćelija (neurona), a kako se ove ćelije praktično ne obnavljaju, kod većine ovih bolesti tokom vremena nastaje pogoršanje u 3 domena demencije (kognicija, ponašanje, aktivnosti svakodnevnog života).

Ključne reči: hronična gerijatrijska nega, urinarna i fekalna inkontinencija, dekubitusi, anoreksija i proteinska malnutricija, osteoporoza, demencije

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THE MOST COMMON DISEASES ASSOCIATED WITH CHRONIC GERIATRIC CARE

Geriatric patients have many chronic diseases, with all the consequences and therapeutic dilemmas that chronic diseases bring with them. Together with the specific manifestation of acute diseases, chronic diseases mean that the clinical picture in geriatrics is specific. In geriatrics, it is rare that only one diagnosis is discussed. Chronic diseases condition each other and have mutual interactions, which cause more frequent complications and contribute to a more difficult definition of the disease. The most common chronic diseases associated with chronic geriatric care are urinary and fecal incontinence, decubitus, anorexia and protein malnutrition, osteoporosis, dementia. Urinary incontinence is a very common disease in older persons and can result in the placement of a permanent catheter, urinary tract infections, urosepsis, immobility, falls and decubitus.

The highest prevalence is in the population over 65 years of age, both hospitalized and non-hospitalized. Decubitus is a frequent and serious problem, both health-wise and socioeconomically. It is generally thought that more than 70% of all decubitus wounds are found in patients over 70 years of age. Complications such as osteomyelitis and sepsis are more common in patients with decubitus changes, which increases the mortality of older patients and increases the economic costs by almost five times. Anorexia and protein malnutrition in older persons - Nutrition is an important factor in many physiological and pathological changes that accompany the ageing process. It is known that 85% of chronic diseases and disabilities in older persons can be prevented or mitigated by appropriate nutrition. The physiological decrease in appetite during ageing, in response to the decrease in physical activity and the level of basal metabolism in ageing, is called “anorexia of ageing”. This physiological anorexia is a risk factor for the occurrence of

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protein malnutrition in more than 15% of older persons living at home, in 35 to 65% of hospitalized older persons and in 25 to 60% of beneficiaries of the nursing homes for older persons. In patients receiving home care and treatment, protein malnutrition is more often associated with decubitus wounds, impaired cognitive function, postural hypotension, infections, and often anemia. Morbidity is increased in those hospitalized, and in those discharged from the hospital, the percentage of early rehospitalization is higher, as well as hip fractures if protein malnutrition is present. Osteoporosis is a loss of bone mass that results in fractures in older age. Bone mass reaches its maximum between the ages of 25 and 30, after which bone loss begins and continues throughout life. As in cases of hypertension or glucose intolerance, where a polygenetic character is assumed, bone density appears to be determined by polygenetic interactions of numerous genes and environmental factors. In later life, two phases of bone loss can be recognized: a long-term slow phase that results in cortical (25%) and trabecular bone loss (35%) in both sexes, and a short-term rapid phase after menopause in women that leads to a disproportionately greater loss of trabecular bone. During the fast phase, postmenopausal women lose an additional 10% of cortical and 25% of trabecular. Dementias occur as a result of various brain diseases, but also diseases that affect other organs and tissues that lead to the loss of nerve cells (neurons), and since these cells are practically not renewed, in most of these diseases, over time, deterioration occurs in the 3 domains of dementia (cognition, behavior, activities of daily living).

Key words: chronic geriatric care, urinary and fecal incontinence, decubitus, anorexia and protein malnutrition, osteoporosis, dementia

Mentalno zdravlje starijih osoba/ Mental health of Older Persons

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MENTALNO ZDRAVLJE „PANEVROPSKA KOALICIJA ZA MENTALNO ZDRAVLJE: MENTALNO ZDRAVLJE I DOBROBIT STARIJIH OSOBA U EVROPI“

Pokrenuta 30. septembra 2021. u Briselu uz učešće Njenog Veličanstva kraljice Belgije Matilde, Panevropska koalicija za mentalno zdravlje je partnerstvo posvećeno poboljšanju mentalnog zdravlja širom evropskog regiona SZO. Njegov glavni cilj je da se usmeri na nedostatke u uslugama mentalnog zdravlja tako što će okupiti nacionalne lidere, profesionalce, predstavnike civilnog društva, predstavnike međunarodnih organizacija i stručnjake kako bi sarađivali na uvođenju mentalnog zdravlja u glavne tokove javne politike.

Ključni prioriteti za Koaliciju biće transformacija usluga mentalnog zdravlja i integracija mentalnog zdravlja u napore vezane za hitne intervencije i oporavak, kao i promovisanje mentalnog zdravlja i prevencija pogoršanja mentalnog zdravlja tokom životnog toka. Koalicija je podeljena na zasebne radne pakete, uključujući Radni paket tri koji se fokusira na mentalno zdravlje starijih osoba. Radovi u ovoj oblasti su već započeti. Prvo, sprovedena je aktivnost mapiranja, kako bi se identifikovali postojeći visokokvalitetni alati, resursi i smernice relevantne za podršku državama članicama i drugim zainteresovanim stranama u Evropskom regionu da osmisle i razviju politiku i programe mentalnog zdravlja usklađene sa Evropskim okvirom za akciju SZO za Mentalno zdravlje 2022-25. Izrađen je nacrt protokola metodologije pretraživanja. Sinteza nalaza biće sačinjena u izveštaju, a uskoro će početi rad na sažetku aktivnosti mapiranja, čiji će rezultati biti predstavljeni na ovoj konferenciji.

Konačno, uskoro počinje rad na sumarnom pregledu pregleda digitalnih intervencija usmerenih na smanjivanje društvene izolacije ili usamljenosti, koristeći već postojeću mapu praznina u podacima. Cilj ovog pregleda je da sintetizuje potencijalni uticaj takvih intervencija u predlog praktične politike, u svrhu podrške kreatorima javnih politika koji rade na umanjeњу efekata usamljenosti i socijalne izolacije starijih osoba širom evropskog regiona SZO.

Ključne reči: mentalno zdravlje, životni tok, starije osobe, socijalna izolacija, mapiranje

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MENTAL HEALTH: “PAN EUROPEAN MENATLA HEALTH COALITION: MENTAL HEALTH AND WELL-BEING OF OLDER ADULTS IN EUROPE”

Launched on 30 September 2021 in Brussels with the participation of Her Majesty Queen Mathilde of the Belgians, the *Pan-European Mental Health Coalition* is a partnership dedicated to improving mental health across the WHO European Region. Its principal aim is to target gaps in mental health services by gathering national leaders, professionals, members of civil society, representatives of international organizations and experts to collaborate on bringing mental health into the policy mainstream.

Key priorities for the Coalition will be to transform mental health services and integrate mental health into emergency response and recovery efforts, as well as promoting mental health and preventing mental ill health across the life course. The Coalition is divided into separate work packages, including Work Package Three which focuses on older adult mental health. Work has already begun in this area. Firstly, a mapping exercise was conducted, to identify existing high-quality tools, resources, and guidelines relevant to supporting Member States and other stakeholders in the European Region to design and develop mental health policy and programmes aligned with the WHO European Framework for Action on Mental Health 2022-25. A protocol of the search methodology was drafted. A synthesis of the findings will be drafted in a report, and work will soon commence on a summary of the mapping exercise, the results of which will be presented at this conference.

Lastly, work is due to commence on a review of reviews of digital interventions to reduce social isolation or loneliness, using a pre-existing evidence gap map. The aim of this review is to synthesise the potential impact of such interventions into a policy brief, to support policymakers working on the impact of loneliness and social isolation of older people across the WHO European Region.

Key words: mental health, life course, older adults, social isolation, mapping.

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IZAZOVI U OBLASTI MENTALNOG ZDRAVLJA U POST KOVID-19 SVETU

Istorijski gledano, oblast mentalnog zdravlja nije bila prioritet čime se stvorio jaz i razlika u službama mentalnog zdravlja. Nejednakosti u oblasti mentalnog zdravlja su onemogućile ljudima sa određenim psihičkim poremećajima da žive u potpunosti integrisani u zajednicu. Dobro je poznato da 75% do 95% osoba sa problemima mentalnog zdravlja ne dobije adekvatnu pomoć u zemljama sa niskim i srednjim prihodima, a stanje nije mnogo bolje ni u zemljama visokih prihoda. Starije osobe sa psihičkim poremećajima su višestruko stigmatizovane. Covid-19 pandemija je izložila pomenute socijalne determinante mentalnog zdravlja i nejednakosti koje rezultiraju negativnim posledicama po mentalno zdravlje (dualnost pandemija koje će biti izložene) Suočavamo se sa sve većim brojem osoba sa složenim potrebama. Svi izazovi koji su već postojali (nedostatak kadra, nedostatak finansija, sindrom izgaranja među zaposlenima u ovoj oblasti...) su veći. Neophodna je akcija: mentalno zdravlje se tiče svih nas i zajednička je odgovornost.

Ključne reči: mentalno zdravlje, starije osobe, nejednakost, pndemija Kovid-19

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MENTAL HEALTH CHALLENGES IN A POST COVID-19 WORLD

Historically, the area of mental health has not been a priority, creating a gap and disparity in mental health services. Inequalities in the field of mental health have made it impossible for people with certain mental disorders to live fully integrated in the community. It is well known that 75% to 95% of people with mental health problems do not receive adequate help in low- and middle-income countries, and the situation is not much better in high-income countries either. The aged people with mental disorders are stigmatized multiple times. The Covid-19 pandemic has exposed the mentioned social determinants of mental health and inequalities that result in negative consequences for mental health (the duality of pandemics that will be exposed). We are facing an increasing number of people with complex needs. All the challenges that already existed (lack of staff, lack of finances, burnout syndrome among employees in this area...) are greater. Action is needed: mental health concerns us all and is a shared responsibility.

Key words: mental health, older persons, inequalities, Covid-19 pandemic

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UTICAJ FIZIČKE AKTIVNOSTI NA KOGNITIVNE FUNKCIJE STARIJIH

U XXI veku svetska populacija nastavlja sa ubrzanim starenjem tako da proces starenja stanovništva predstavlja veoma značajan demografski trend sa svim izazovima koje on donosi. Smatra se da će do 2050. godine Evropa i dalje ostati najstariji kontinent a da će više od četvrtine stanovništava Evrope biti starije od 65 godina, a projekcije nam govore da će očekivano trajanje života tada dostići 80 godina. Na osnovu istraživanja pokazano je da fizička aktivnost umerenog intenziteta u trajanju od 150 minuta nedeljno smanjuje smrtnost za 31% i time značajno utiče na životni vek. Kao jedna od najefikasnijih mera primarne prevencije, fizička aktivnost kod starijih osoba ima važnu ulogu u smanjenju rizika od hroničnih nezaraznih bolesti. Kod starijih osoba, fizičkom aktivnošću može da se utiče na smanjenje smrtnosti od kardiovaskularnih bolesti, smanjenje hipertenzije, poboljšanje koncentracije glikemije, kao i da poboljša mentalno zdravlje (smanjenje simptoma anksioznosti i depresije), kognitivne funkcije i kvalitet sna.

Fizička aktivnost kod starih osoba ima značajnu ulogu u smanjenju gojaznosti, utiče na sprečavanje padova, smanjenju povreda koje nastaju nakon pada i značajno utiče na čvrstinu kostiju i funkcionalne sposobnost. Fizička aktivnost kod starih je potencijalni modulator noradrenalinske, serotoninске i dopaminske transmisije, kako u moždanom korteksu, tako i u subkortikalnim strukturama. Moguće je da na ovaj način, redovna fizička aktivnost posredno utiče na očuvanje i normalno funkcionisanje cerebralnog holinergičkog sistema koji je vitalan za normalno mišljenje, učenje i pamćenje. Takođe, aerobna mišićna aktivnost i vežbanje povoljno utiču i na ostale psihičke funkcije poput pažnje, opažanja, i emocija, odnosno raspoloženja. Fizička aktivnost i bavljenje sportom kod starih ljudi dovodi do odlaganja nastanka demencija. Takođe, fizička aktivnost kod starih može se koristiti kao pomoćno terapijsko sredstvo kod većine mentalnih poremećaja. Životni stil i navike, uključujući naviku za redovnu fizičku aktivnost i vežbanje kod starijih može biti korisna strategija kako za lečenje depresije i smanjenje simptoma koji su karakteristični za depresiju tako i opštem poboljšanju kognitivnih sposobnosti. Fizička aktivnost i vežbanje su veoma važni za očuvanje kognitivnih funkcija starih, prevenciji nastanka demencija, smanjenju anksioznosti, što sve dovodi do unapređenja kvaliteta života starih. Mnogi aspekti uticaja fizičke aktivnosti i vežbanja na kognitivne funkcije nisu još uvek u potpunosti istraženi, tj. molekularni i celularni procesi u limbičkom sistemu tokom vežbanja nisu dovoljno ispitani. Takođe, nije još dovoljno razjašnjeno u kom obimu dolazi do morfoloških promena u sinapsama tokom vežbanja.

Ključne reči: fizička aktivnost, fizičko vežbanje, anksioznost, depresija, kognicija, stari

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THE INFLUENCE OF PHYSICAL ACTIVITY ON THE COGNITIVE FUNCTIONS OF OLDER PERSONS

In the 21st century, the world's population continues to age rapidly, therefore the aging process of the population represents a very significant demographic trend with all its challenges. It is believed that by 2050, Europe will still remain the oldest continent and that more than a quarter of Europe's population will be older than 65 years of age, and projections tell us that the expected life duration will then reach 80 years. Previously investigation shown that physical activity of moderate intensity in the duration of 150 minutes per week reduces mortality by 31% and thus significantly affects life expectancy. Like one of the most effective primary prevention measures, physical activity among older persons plays an important role in reducing the risk of chronic non-communicable diseases. In older people, physical activity may influence the reduction of mortality from cardiovascular diseases, the reduction of hypertension, improvement of glycemic concentration, as well as the improvement of mental health (reduction of symptoms of anxiety and depression), cognitive functions and sleep quality.

Physical activity in older persons has a significant role in reducing obesity, it affects the prevention of falls, the reduction of injuries which occur after a fall and significantly affects bone strength and functional ability. Physical activity among older persons is a potential modulator of noradrenaline, serotonin and dopamine transmission, all in the cerebral cortex and in subcortical structures. It is possible that in this way, regular physical activity indirectly affects the preservation and normal functioning of the cerebral cholinergic system, which is vital for normal thinking, learning and memory. Also, aerobic muscle activity and exercise have a favorable effect on the other psychological functions such as attention, perception, and emotions, that is, mood. Physical activity and sport occupation in older persons leads to a delay in the onset of dementia. Also, physical activity of old people can be used as an auxiliary therapeutic tool in most mental disorders, lifestyle and habits, including the habit of regular physical activity and exercise of older persons can be a useful strategy for both treating depression and reducing symptoms that are characteristic for depression as well as general improvement of cognitive abilities. Physical activity and exercise is very important for preserving the cognitive functions of older persons, preventing the onset of dementia, reducing anxiety, which all leads to the improvement of their quality of life. Many aspects of physical activities and exercises influencing cognitive functions have not yet been fully investigated, i.e. molecular and cellular processes in the limbic system during exercise have not been sufficiently examined. Also, it is not yet sufficiently clarified to what extent morphological changes occur in synapses during exercise.

Key words: physical activity, physical exercise, anxiety, depression, cognition, older persons

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JACANJE OTPORNOSTI STARIJIH OSOBA I OSOBA SA INVALIDITETOM TOKOM KOVID-19 KRIZE I BUDUĆIH KRIZA

Pozadina: U našoj prezentaciji fokusiramo se na evaluaciju uspostavljanja servisa usluga na daljinu u regionu Zapadnog Balkana u projektu „Jačanje otpornosti starijih osoba i osoba sa invaliditetom tokom COVID-19 i budućih katastrofa“ (Broj projekta: CN 2020/ 420-503).

Cilj: Cilj evaluacione studije bio je da se utvrdi i analizira efikasnost i relevantnost komponente mentalnog zdravlja koju finansira EU u okviru projekta „Jačanje otpornosti starijih osoba i osoba sa invaliditetom tokom COVID-19 i budućih katastrofa“. Konkretno, analiziran je dizajn, implementacija i upravljanje, kao i domet usluga na daljinu.

Metode: Procena procesa i efektivnosti usluga je sprovedena kroz analizu dokumenata (projektni dokument, finansijski i narativni izveštaji). Da bi se utvrdilo zadovoljstvo volontera, obavljani su polustrukturirani intervjui putem telefona ili digitalnih aplikacija sa 9 koordinatora, a analizirano je i 57 onlajn upitnika 19 koordinatora, 2 redovna zaposlena i 36 volontera.

Rezultati: Da bi se ostvarilo pružanje prve psihološke pomoći na daljinu (PPP) i psihosocijalne podrške (PSS), uspostavljeno je 30 regionalnih centara za pružanje prve psihološke pomoći i psihosocijalne podrške na daljinu na šest projektnih lokacija. Svaka projektna lokacija je implementirala 5 telefonskih linija, koje su radile 12 sati nedeljno, tokom 12 meseci. Usluge su uglavnom pružali lokalni koordinatori ili pojedinačne osobe, a druge projektne lokacije su tražile volontere za pružanje usluge. Pored ciljne grupe starijih ljudi i osoba sa invaliditetom, na nekim lokacijama, pozivaoci su dolazili i iz drugih populacija i dobijali su potrebne informacije ili usluge. Intervencije su uključivale psihosocijalnu podršku kroz empatičnu komunikaciju, pružanje informacija o epidemiji i upućivanje lekarima, nevladinim organizacijama (NVO) ili zajednicama. Navedeni su izazovi u promociji, posebno u ruralnim sredinama. Glavne prepreke za sprovođenje psihosocijalne podrške predstavljale su stigmatizacija, predrasude koje se tiču mentalnog zdravlja u društvima Zapadnog Balkana. Sve organizacije su sarađivale sa lokalnim, kao i regionalnim socijalnim i zdravstvenim agencijama, kako za procenu starijih osoba tako i za osobe sa invaliditetom, promovisanje i kontinuirano sprovođenje usluge.

Diskusija: Podrška na daljinu je bila korisno sredstvo za doseganje usamljenih starijih osoba, osoba sa ograničenjima u kretanju i tokom faza strogih epidemioloških mera. U društvima zapadnog Balkana politike koje omogućavaju etičko obezbeđivanje PSS mogu ojačati psihosocijalno blagostanje celog društva ne isključivo u katastrofama.

Zaključak: Da bi se umanjile predrasude i stigmatizacija, važno je podizanje svesti o mentalnom zdravlju i dobrobiti. Da bi se postigle održive usluge na daljinu i lične usluge mentalnog zdravlja, preporučuje se zapošljavanje većeg broja stručnjaka za mentalno zdravlje, uz povećano i održivo finansiranje.

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Ključne reči: usluge PSS i PPP na daljinu, COVID-19; Starije osobe; osobe sa invaliditetom, države Zapadnog Balkana

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STRENGTHENING THE RESILIENCE OF OLDER PERSONS AND PERSONS WITH DISABILITIES DURING THE COVID-19 CRISIS AND FUTURE CRISES

Background: In our presentation we focus on the evaluation of the establishment of remote services in the region of the Western Balkans embedded in the project “Strengthening resilience of older persons and persons with disabilities during COVID-19 and future disasters” (Project Number: CN 2020/ 420-503).

Aim. Aim of the evaluation study was to determine and analyze the effectiveness and relevance of the EU funded mental health component of the project “Strengthening resilience of older persons and persons with disabilities during COVID-19 and future disasters”. Specifically, design, implementation and management, as well as outreach of remote services was analysed.

Methods. Assessment of the process and effectiveness of services was conducted through analysis of documents (project document, financial and narrative reports). To determine volunteers satisfaction both semi-structured interviews via phone or digital apps with 9 coordinators were conducted, as well as 57 online questionnaires of 19 coordinators, 2 regular employees, and 36 volunteers, were analysed.

Results To achieve the provision of remote psychological first aid (PFA) and psychosocial support (PSS), 30 regional centers for provision of remote psychological first aid and psychosocial support have been established across the six project sites. Each project site implemented 5 telephone lines, working 12 hours per week, for 12 months. The service was mainly delivered by local coordinators or single persons, other project sites reached out for volunteers providing the service. Besides the target group of older people and people with disabilities, in some locations, callers came from other populations as well and were provided with the information or services as appropriate. Interventions included psychosocial support through empathic communication, the provision of information on the epidemic and referrals to doctors, Nongovernmental Organizations (NGOs) or communes. Challenges were stated in promotion especially in rural areas. main barriers for the implementation of psychosocial support represented stigmatization, prejudices concerning mental health In Western Balkan societies. All organizations engaged in collaboration activities with local, as well as, regional social and health agencies, both for assessment of older persons and persons with disabilities the promotion to and in ongoing conduction of the service.

Discussion The remote support was a helpful tool for reaching out for lonely older persons, individuals with mobility restrictions and during phases of strict policy measures. In the western Balkan societies policies enabling ethical provision of PSS may strengthen the psychosocial wellbeing of the whole society not exclusively in disasters.

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Conclusion. To diminish prejudices and stigmatization awareness building about mental health and wellbeing is important. In order to achieve sustainable remote and in person mental health services, more mental health professionals being employed, alongside increased and sustained funding are recommended.

Keywords: remote PSS and PSA services, COVID-19; Older People; people with disabilities, West Balkan states

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POTREBA ZA ZDRAVSTVOM SVESTI ODRASLIH I STARIJIH O VAKCINALNOJ PROFILAKSI PROTIV COVID-19

Starije osobe su populacija koja je osjetljiva na niz bolesti i štetnih efekata faktora rizika iz okruženja. Promene u imunološkom sistemu doprinose povećanju učestalosti i težine infekcija kod ove populacije. Svake godine sve više odraslih ljudi širom sveta pati od ozbiljnih zdravstvenih problema za koje su dostupne vakcine. Glavni faktor povećanja očekivanog životnog veka je smanjenje zaraznih bolesti kao uzroka mortaliteta i morbiditeta.

Cilj: Istražiti mišljenje starijih osoba o potrebama za zdravstvenim informacijama vezanim za prevenciju putem vakcinacije protiv COVID-19, njihovoj spremnosti da se vakcinišu i razlozima oklevanja ili odbijanja vakcinacije.

Materijali i metode: anketa, intervju, opservacija, analiza naučne literature, statistika iz regionalnih baza podataka.

U periodu jul-avgust 2022. godine, sproveli smo istraživanje sa 63 osobe starosti od 45 do preko 65 godina iz grada Stare Zagore, koje se sastojalo od pitanja koja su za cilj imala demografske podatke ispitanika, njihovu svest o preporučenim vakcinama protiv COVID-19, razloge za odbijanje vakcine i lični doprinos svakog od njih zaštiti javnog zdravlja.

Rezultati i diskusija: Statistika pokazuje da za region Stare Zagore, u odnosu na broj obuhvaćenih sa dve doze vakcine COVID-19 za period mart 2020 – mart 2021, iznosi 23,9%. Naša studija je pokazala da se procenjeni obuhvat vakcinisanih protiv ove bolesti povećao. Iz proučavanog uzorka se vidi da je skoro polovina (n=29,46%) starijih osoba vakcinisana protiv COVID-19. Glavni razlozi zbog kojih odrasli ispitanici ne bi preduzeli vakcinaciju bili su nedostatak zdravstvene svesti kod (n = 15, 33%), nesigurnost u efikasnost vakcine (n = 9, 20%) i zabrinutost zbog prisustva neželjenih efekata (n = 23, 51). Uočen je ne mali procenat (n = 23, 51%) onih koji ne bi preporučili vakcinaciju rođacima i prijateljima. Skoro polovina (n = 29, 46%) ispitanika želi da se informiše o prevenciji vakcinacije protiv COVID-19, najradije kroz informacije koje bi dao specijalista u ovoj oblasti.

Zaključak: Zdravstvena svest starijih osoba o prevenciji putem vakcinacije bi pomogla da se poveća njihova motivacija za vakcinaciju. Vakcinacija je najefikasnija strategija za prevenciju niza zaraznih bolesti, olakšavanje zdravog starenja i garantovanje podrške kolektivnom imunitetu na visokom nivou.

Ključne reči: vakcinalna prevencija, COVID-19, zdravstvena svest, starije osobe

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NEED FOR HEALTH AWARENESS OF ADULTS AND OLDER PEOPLE REGARDING THE VACCINE PROPHYLAXIS AGAINST COVID-19

Older persons are a population that is vulnerable to a number of diseases and adverse effects of environmental risk factors. Changes in the immune system contribute to an increased frequency and severity of infections in them. Every year, more and more adults worldwide suffer from serious health problems for which vaccines are available. A major factor in increasing life expectancy is the reduction of infectious diseases as a cause of mortality and morbidity.

Objective: To explore the opinion of older persons regarding the needs for health information about vaccine prevention against COVID-19, their willingness to be vaccinated and the reasons for hesitation or refusal to vaccinate.

Materials and methods: survey, interview, observation, analysis of scientific literature, statistics from regional databases.

During the period July-August 2022, we conducted a survey among 63 people from the age of 45 to over 65 years from Stara Zagora city, consisting of questions aimed at the demographic data of the respondents, their awareness of the recommended vaccines against COVID-19, the reasons for refusing a vaccine, and the personal contribution of each of them to the protection of public health.

Results and discussion: Statistics show that for the Stara Zagora region, in terms of the number of those covered with two doses of the Covid-19 vaccine for the period March 2020 - March 2021, it is 23.9%. Our study showed that the estimated coverage of those vaccinated against the disease increased. From the studied sample, it can be seen that almost half (n = 29, 46%) of older persons have been vaccinated against Covid-19. The main reasons why the adults surveyed would not undertake vaccination were the lack of health awareness in (n = 15, 33%), uncertainty in vaccine effectiveness (n = 9, 20%) and concern about the presence of side effects (n = 23, 51). Not a small percentage (n = 23, 51%) of those who would not recommend vaccination to relatives and friends was observed. Almost half (n = 29, 46%) of the respondents wish to be informed about vaccine prevention against Covid-19, preferring to receive the information in the form of a health discourse from a specialist in the field.

Conclusion: The health awareness of older persons about vaccine prevention would help to increase their motivation for vaccination. Vaccination is the most effective strategy for preventing a number of infectious diseases, facilitating healthy aging and guaranteeing the support of collective immunity at a high level.

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Key words: vaccine prevention, Covid - 19, health awareness, older persons

Društveni, ekonomski i obrazovni izazovi i pandemija Kovid -19
Societal, economic and education issues raised by the COVID-19 pandemic

Nataša Todorović⁹⁵, Teodora Hrnjaković⁹⁶, Milutin Vračević⁹⁷, Miloš Todorović⁹⁸

MEĐUGENERACIJSKA SOLIDARNOST U KRIZNIM VREMENIMA: NA GRANICI IZMEĐU LIČNOG IZBORA I DRUŠTVENE ODGOVORNOSTI

Međugeneracijska solidarnost kao društveni konstrukt predstavlja neraskidivu vezu između mladosti i starosti, znanja i iskustva, vizije i mudrosti. Interakcija i razmena između generacija podstiče čovekoljublje, empatiju, ljubav i toleranciju, a ovakav vid prihvatanja različitosti i odbacivanja stereotipa kada su u pitanju starije osobe dodatno oplemenjuje društvo. Negovanje međugeneracijske solidarnosti preduslov je za društveno blagostanje i senzibilisanu zajednicu koja prepoznaje umrežavanje, uvažavanje i podržavanje umesto etiketiranja, odbacivanja i nerazumevanja. U vreme tranzicije ovakav oblik solidarnosti posebno je važan, imajući u vidu da socijalna osetljivost u kriznim situacijama vodi ka jačanju zajedništva unutar društva. Kovid – 19 virus posebno je naglasio solidarnost kao vrednost i podsetio nas koliko je međugeneracijska razmena važna u periodima društvene stagnacije. U okviru SHAI projekta Crveni Krst Srbije je, povodom Međunarodnog dana borbe protiv nasilja nad starijima, organizovao međugeneracijske radionice u Boljevcu, Zaječaru, Kragujevcu, Užicu, Somboru i Subotici, a radionicama je prisustvovalo 248 ljudi (176 žena i 72 muškaraca), uključujući i 11 aktera iz ogranaka Crvenog Krsta (7 žena i 2 muškarca). Prilikom realizacije istraživanja korišćen je strukturirani upitnik pod nazivom „Međugeneracijska solidarnost: kvalitativno istraživanje“ gde su ispitanici bili podeljeni u tri starosne grupe: do 30 godina, između 31 i 65 godina i stariji od 65 godina. Rezultati istraživanja pokazali su da postoji saglasnost svih starosnih grupa oko postojanja međugeneracijske solidarnosti u savremenom društvu. Kao ključne aktere u razvoju međugeneracijske solidarnosti većina ispitanika prepoznaje porodicu, medije i obrazovni sistem, a više od dve trećine ispitanika smatra da je KOVID – 19 virus zbližio generacije. Ono u čemu su ispitanici još saglasni jeste da će aktivnosti zdravog starenja i kampanje povodom Dekade zdravog starenja doprineti unapređenju međugeneracijske solidarnosti, a što je od suštinskog značaja za dalji razvoj društva.

Ključne reči: međugeneracijska solidarnost, KOVID – 19 virus, odgovornost, stariji, društvo

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INTERGENERATIONAL SOLIDARITY IN TIMES OF CRISIS: ON THE BORDER BETWEEN PERSONAL CHOICE AND SOCIAL RESPONSIBILITY

Intergenerational solidarity as a social construct represents an inseparable link between youth and older age, knowledge and experience, vision and wisdom. Interaction and exchange between generations encourages philanthropy, empathy, love and tolerance, and this type of acceptance of diversity and rejection of stereotypes when it comes to older people further enriches society. Cultivating intergenerational solidarity is a prerequisite for social well-being and a sensitized community that recognizes networking, appreciation and support instead of labelling, rejection and misunderstanding. At the time of transition, this form of solidarity is especially important, bearing in mind that social sensitivity in crisis situations leads to the strengthening of unity within society. The COVID-19 virus has particularly emphasized solidarity as a value and reminded us how important intergenerational exchange is in periods of social stagnation. As part of the SHAI project, the Red Cross of Serbia, on the occasion of the World Elder Abuse Awareness Day, organized intergenerational workshops in Boljevac, Zaječar, Kragujevac, Užice, Sombor and Subotica, and the workshops were attended by 248 people (176 women and 72 men), including 11 actors from Red Cross branches (7 women and 2 men). During the realization of the research, a structured questionnaire called “Intergenerational solidarity: qualitative research” was used, where the respondents were divided into three age groups: up to 30 years, between 31 and 65 years, and older than 65. The research results showed that all age groups agree on the existence of intergenerational solidarity in modern society. The majority of respondents recognize the family, the media and the education system as key actors in the development of intergenerational solidarity, and more than two-thirds of respondents believe that the COVID-19 virus has brought the generations closer together. What the respondents further agree on is that healthy aging activities and campaigns on the occasion of the Decade of Healthy Aging will contribute to the improvement of intergenerational solidarity, which is essential for the further development of society.

Key words: intergenerational solidarity, COVID-19 virus, responsibility, older persons, society

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POZITIVNA KORELACIJA PANDEMIJE I KRIZNIH PERIODA SA INTENZIVIRANJEM UNIVERZALNIH SEGREGACIJSKIH PROBLEMA I POTREBE ZA SVEGENERACIJSKOM SOLIDARNOŠĆU

Proces globalizacije kao i digitalizacije, koji je pojačao socijalnu radijaciju slanjem iz trenu u tren lavinu informacija, vesti i upozorenja i posebno pandemija COVID 19, učinili su da su lični problemi pojedinca, njegovi strahovi, anksioznost i egzistencijalni problemi postanu univerzalni, bez obzira na generacijsko pripadanje, pol, obrazovanje, radni status. U godinama pandemije, koje su naša stvarnost, virus COVID-a 19 pokazao se kao katalizator svih navedenih problema i potvrdio da krizni periodi u društvu imaju i svoje dobre strane. Usamljenost, otuđenost, depresija, lepeza mentalnih problema, izostajanje komunikacije „licem u lice“ iz različitih razloga, stvarnost običnih ljudi čine turobno, neinspirativno, uplašenom, bez obzira koliko imaju godina. Zbog svega navedenog, nužna je promena svesti da su solidarnost, humanost, uzajamno neformalno pomaganje i interakcija dragoceni i, dugoročno gledano, jedno od najodrživijih rešenja da živimo humanije bez obzira na godine, pol, obrazovanje.

Dvogodišnji rad (42 radionice, ankete i evaluacije) u zoom formatu, u saradnji sa Ustanovom kulture Božidarac, dragocena su građa koja može da odredi sadržaj psiho-socijalne podrške pojedinaca iz celog regiona uzrasta od 7 do 77 godina. Kroz 42 radionice, 42 ankete i 42 evaluacije prošlo je oko 5.000 pojedinaca iz Srbije i regiona (Severne Makedonije, Crne Gore, Bosne i Hercegovine, Hrvatske). Dakle- poslednje godine čovečanstva učinile su univerzalnim probleme običnog čoveka bez obzira koliko ima godina. U materijalno vreme, nematerijalno postaje vidljivije i preko potrebno.

Moderno vreme u kojem živimo zbunjuje seniore i ne daje im mnogo prostora da budu snađeni. Mlađe generacije prijavljuju simetrične probleme u interpersonalnoj komunikaciji, nedovoljno poznavanje socijalnih veština, odsustvo usvojenih životnih ciljeva, stabilnih vrednosti i normi, principa primenljive samopomoći i osnaživanja, kao i traženja pomoći u porodici i još manje u zajednici. Možda su u takvom kontekstu problema savremenog čoveka da humanizuje svoju svakodnevicu, seniori u bitnoj prednosti jer imaju iskustvo života u zajednici, interakcijama. Definitivno ni jednoj generaciji nije lako i problemi, koje su prethodnih decenija gerontolozi, sociolozi, psiholozi i socijalni radnici isticali kao „probleme trećeg doba“ sada nisu „ekskluzivno pravo“ sedih glava, koje socijalni lapot čini isključenim, usamljenim, osujećenim. Razvoj tehnike i tehnologije izmakao je prvobitnom cilju da služi čovečanstvu. Oni su prešli opsanu liniju i počeli da služe sami sebi i njihovim vlasnicima, a konzumenti digitalnih sadržaja, ne poštujući meru i balans, postaju konzumenti sa realnim rizikom od digitalne radijacije. Usamljenost i distance koju je COVID 19 preporučio, dodatno su uputili pojedince svih generacija na trošenje virtuelnih sadržaja.

Jedno od realnih i održivih rešenja treba da bude razvijanje programa međugeneracijske razmene i solidarnosti kao objektivne i spontane međugeneracijske inkluzije, koju svakodnevni život treba da verifikuje i podseti nas da svako doba ima i prednosti i nedostataka. COVID 19 je lekcija koja nas na surov način upućuje jedne na druge. Više nego ikad nedostaju nam programi aktivcije, osnaživanja, pomoći i podrške pojedincima. Programa koji će biti životno praktični,

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socijalno lekoviti i koji će uspostaviti izgubljeno poverenje pojedinca, porodice i zajednice da zdrava i kontinuirana interakcija, razumevanje, pomoć i samopomoć mogu najsnažnije i najdalje da „dobace“ na putu do zdravog društva, mladih, srednjih i starijih generacija. Zaražavanje virusom za kratko vreme je odnelo mnogo života i još više pojedinaca ostavilo sa brojnim ipplesedicama, i komplikacijama. Ako prihvatimo konstataciju akademika Vladete Jerotića da je savremen čovek „inficiran“ borbom za materijalno, usamljenošću i odsustvom radosti u malim stvarima, a znamo da vakcina za socijalnu inficiranost ne postoji, šta ćemo sa tom i takvom infekcijom koja nema dramatiku COVID-a, ali nije ništa manje pogubna?

Ključne reči: COVID 19 kao katalizator, socijalna radijacija, univerzalnost problema, međugeneracijska razmena, univerzalna empatija i solidarnost, programi inkluzivne podrške, covid distance i digitalna radijacija, socijalni virusi.

Radmila Urosevic¹⁰⁴

POSITIVE CORRELATION OF THE PANDEMIC AND CRISIS PERIOD WITH THE INTENSIFICATION OF UNIVERSAL ALL-GENERATIONAL PROBLEMS AND THE NEED FOR ALL-GENERATIONAL SOLIDARITY

The process of globalization as well as digitalization, which intensified social radiation by sending an incessant avalanche of information, news and warnings, and especially the COVID-19 pandemic, made the personal problems of the individual, their fears, anxiety and existential problems become universal, regardless of generational affiliation, gender, education, work status. In the years of the pandemic, which are our current reality, the COVID-19 virus proved to be a catalyst for all the above-mentioned problems and confirmed that crisis periods in a society also have their good sides. What are these good sides? Loneliness, alienation, depression, a variety of mental problems, lack of face-to-face communication for various reasons make the reality of ordinary people dreary, uninspiring, full of dread, no matter how old they are.

The two-year work (42 workshops, surveys and evaluations) viaZoom, in cooperation with the Božidarac Cultural Institution, provided valuable materials that can determine the content of psycho-social support for individuals from the entire region aged 7 to 77. About 5,000 individuals from Serbia and the region (Macedonia, Montenegro, Bosnia and Herzegovina, Croatia) went through 42 workshops, 42 surveys and 42 evaluations. The last couple of years have made the problems of the common man universal, no matter how old he or she is. In materialistic times, the intangible becomes more visible and much needed. What will happen to us, if solidarity, empathy and humanity are absent even during the pandemic?

The modern times we live in confuse older persons and do not provide them with sufficient room to find their way. Younger generations report symmetrical problems in interpersonal communication, insufficient knowledge of social skills, absence of adopted life goals, stable values and norms, principles of applicable self-help and empowerment, as well as seeking help in the family and even less in the community. Perhaps in such a context, where the problem of the modern

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person is relating to humanizing their everyday life, older persons have a significant advantage because they have experience of life in the community, as well as interactions. It definitely is not easy for any generation, and the problems that gerontologists, sociologists, psychologists and social workers highlighted in previous decades as “problems of the third age” are now not the “exclusive right” of gray-haired people, whom social marginalization makes excluded, lonely, thwarted. The development of technique and technology has missed the original goal of serving humanity. They crossed the dangerous line and began to serve themselves and their owners, and consumers of digital content, not respecting measure and balance, become consumers with a real risk of digital radiation. The loneliness and recommended distance that COVID-19 has brought with it has further directed individuals of all generations to consume virtual content.

One of the realistic and sustainable solutions should be the development of a program of intergenerational exchange and solidarity as an objective and spontaneous intergenerational inclusion, which everyday life should verify and remind us that every age has advantages and disadvantages. COVID-19 is a lesson that directs us to each other in a cruel way. More than ever, we lack programs of activation, empowerment, help and support for individuals. Programs that will be practical in life, socially healing and that will establish the lost trust of the individual, family and community that healthy and continuous interaction, understanding, help and self-help can contribute most to reaching a healthy society, for young, middle-aged and older generation. Infection with the virus in a short time took many lives and left even more individuals with numerous side effects and complications. If we accept the statement of academician Vladeta Jerotić that modern man is “infected” with the struggle for material things, loneliness and the absence of joy in small things, and we know that there is no vaccine for social infection, what will we do with that and such an infection that does not have the drama of COVID, but is it no less disastrous?

Keywords: COVID 19 as a catalyst, social radiation, universality of problems, intergenerational exchange, universal empathy and solidarity, inclusive support programs, covid distance and digital radiation, social viruses.

Sanja Klempić Bogadi¹⁰⁵, Sonja Podgorelec¹⁰⁶, Josip Kumpes¹⁰⁷, Sanja Lazanin¹⁰⁸

“NEMA ZEMLJE ZA STARCE” – IZAZOVI STARENJA U HRVATSKOJ – IZAZOVI STARENJA U HRVATSKOJ

Demografsko starenje jedan je od najvećih izazova Hrvatske i njenih javnih politika od kojih se očekuju adekvatni odgovori. Cilj ovoga rada je analizirati glavne društvene izazove sve brojnije skupine starih ljudi u Hrvatskoj, a koje je još znatno usložila pandemija bolesti COVID-19.

Sve veći broj starijih uz znatno iseljavanje mladih dovodi do smanjenja broja i kapaciteta pružatelja neformalne skrbi, od djece do rođaka i susjeda. Naime, slično kao u većini europskih država skrb za starije većim dijelom počiva na neformalnim oblicima skrbi čiji su najčešće nositelji članovi obitelji. Usprkos određenim aktivnostima posljednjih godina u svrhu unaprjeđenja različitih oblika izvaninstitucionalne skrbi za starije, promjene su vrlo spore i ne prate rast realne potreba na terenu. Dva snažna potresa 2020. i 2021. u Zagrebu i Petrinji uz pandemiju bolesti COVID-19 dodatno su ogoljeli slabosti sustava koji bi trebali imati u fokusu i skrb za starije. Rast broja stanovnika u dobi 80+ kojima je vrlo često ozbiljno narušeno fizičko i mentalno zdravlje, uz prisutnost značajnih funkcionalnih ograničenja, a što zahtjeva sve brojniju potrebu za tuđom pomoći i njegovom ukazuje i na sve veću potrebu za dugoročnom skrbi i smještajem u domove za starije i nemoćne.

Postojeći organizacijski oblici formalne skrbi za starije, prije svega broj domova za starije i nemoćne, u Hrvatskoj nedostatni su i već desetljećima ne zadovoljavaju realne potrebe. Pandemija bolesti COVID-19 razotkrila je brojne probleme u institucionalnom sustavu skrbi za starije pri čemu su najočitiji razlike u kvaliteti smještaja i skrbi između državnih odnosno županijskih i privatnih domova. Najčešći problemi su nedovoljno kontroliranje rada domova za starije i nemoćne od strane resornog ministarstva. Zbog velikog broja starih ljudi i dugogodišnjeg čekanja na smještaj u državnim (županijskim) domovima, čija je cijena u skladu s visinom prosječnih mirovina u Hrvatskoj, osnovani su brojni privatni domovi. Uz one u kojima su uvjeti smještaja i skrbi u skladu s iznimno visokom cijenom (dakle, dobri), u dijelu privatnih, među kojima su i neki ilegalni, posebice su veliki problemi zbog loših uvjeta smještaja, prevelikog broja korisnika, neadekvatno obrazovane upravljačke strukture, ali i nedostatne organizacije skrbi (priučeno osoblje - manjak medicinskih sestara i njegovateljica i sl).

Uz nabrojane realne probleme vezane uz razne oblike skrbi, stari ljudi se i kroz prisutne stereotipe o fragilnoj i ovisnoj homogenoj grupi, uglavnom doživljavaju kao društveni problem. Ne vrednuje se ni jedan aspekt doprinosa starijih članova obitelji i lokalnoj zajednici. Slika starih ljudi je velike društvene grupe koja u velikoj mjeri financijski opterećuje državni budžet kroz troškove

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zdravstvenog, socijalnog i mirovinskog sustava. Jedan od primjera „nove“ stigmatizacije je odnos institucija i medija prema starijima kroz dnevne izvještaje o broju oboljelih od COVID-19 tijekom pandemije, kada se uz broj umrlih redovito naglašavalo da su to većinom starije osobe, čime bi valjda njihova smrt trebala biti prihvatljivija. Pokazatelj slabosti sustava zdravstvene skrbi o starijima je i visoko osmo mjestu po broju umrlih od bolesti COVID-19 gdje i zadnjih tjedana dnevno umire u prosjeku više od 10 ljudi dnevno (među kojima najveći broj starijih).

Ključne riječi: Hrvatska, starenje, javne politike, pandemija bolesti COVID-19

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“NO COUNTRY FOR OLD PEOPLE” – THE CHALLENGES OF AGING IN CROATIA

Demographic aging is one of the biggest challenges for Croatia and its public policies, that are supposed to provide adequate responses. The aim of this paper is to analyze the main social challenges of the growing population of older persons in Croatia, challenges becoming increasingly complicated by the pandemic of the disease COVID-19.

The growing number of older persons, along with significant emigration of young people, leads to a decrease in the number and capacity of informal caregivers, from children to relatives and neighbours. Namely, similar to the majority of European countries, care for older persons is largely based on informal types of care, which are usually carried out by family members. Despite certain efforts in recent years to improve various forms of non-institutional care for older persons, changes are very slow and do not follow the growth of real needs in the field. Two strong earthquakes in 2020 and 2021 in Zagreb and Petrinja, along with the COVID-19 disease pandemic, further exposed the weaknesses of the system that should also focus on care for older persons. The growth in the number of citizens aged 80+ whose physical and mental health is very often seriously impaired, with the presence of significant functional limitations, and which creates an increasing need for care and support provided by others, also indicates an increasing need for long-term care and placement in nursing homes.

The existing organizational forms of formal care for older persons, primarily the number of nursing homes, are insufficient in Croatia and have not met real needs for decades. The COVID-19 pandemic exposed numerous problems in the institutional system of care for older persons, the most obvious of which are the differences in the quality of accommodation and care between

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public, (i.e. county) nursing homes and nursing homes in the private sector. The most common problem is insufficient monitoring of the work of nursing homes by the line ministry. Due to the large number of older persons and the long wait for accommodation in public (county) nursing homes, the price of which is in line with average pensions in Croatia, numerous private homes have been established. In addition to those in which the conditions of accommodation and care are in line with the extremely high price (therefore, good), in some private ones, among which some are illegal, there are particularly big problems due to poor accommodation conditions, too many users, inadequately educated management structure, but also inadequate quality of care (undertrained staff – lack of nurses and carers, etc.).

Along with the listed real problems related to various forms of care, older persons are mostly perceived as a social problem, through the perpetuated stereotypes of a fragile and dependent homogeneous group. Not a single aspect of the contribution of older family members and the local community is valued. The perception of older persons is that of a large social group that to a large extent financially burdens the state budget through the costs of the health, social and pension systems. One of the examples of the “new” stigmatization is the attitude of institutions and the media towards older persons through daily reports on the number of people suffering from COVID-19 during the pandemic, when, along with the number of deaths, it was regularly emphasized that these were mostly older persons, which should make their deaths more acceptable. The indicator of the weakness of the health care system in relation to older persons is the very high eighth place in terms of the number of deaths from COVID-19, where even in recent weeks, an average of more than 10 people die every day (most of them older persons).

Keywords: Croatia, aging, public policies, pandemic of the disease COVID-19

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U ZATIŠJU KORONE: MIŠLJENJE STARIJIH O MERAMA ZAŠTITE OD KOVIDA 19 PRIMENJENIM U SRBIJI I PREDLOZIMA ZA BUDUĆE MERE

U radu se bavimo ispitivanjem mišljenja starijih osoba iz Beograda o merama koje su primenjene u toku pandemije izazvane virusom SARS-COV-2 u dvogodišnjem periodu (2020-2022). U uzorku, koji je činilo 30 ispitanika, starosti od 65 do 93 godine, našli su se i lekari različitih specijalnosti, te je bilo moguće dobiti informacije i od medicinskih stručnjaka. Analiza narativa ispitanika dopunjena je sa nekoliko intervjuova dobijenih od strane zaposlenih lekara koji su u toku pandemije imali više kontakata sa starijima. Tako smo prikupili značajne informacije iz ugla doživljenog i emocionalnog i iz stručnog ugla. Prema dobijenim nalazima većina ispitanika kao i stručnjaci – lekari, su mere potpunog zatvaranja procenili kao previše stroge, neefikasne,

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loše, nepromišljene, ali i diskriminišuće, dok su sadašnje procenili takođe kao neefikasne, tj. previše liberalne. Predlažu nalaženje sredine ili „prave mere prilagođene pandemijskoj situaciji“. Rezultati istraživanja dragoceni su za planiranje sadašnjih kao i budućih zaštitnih mera u kriznim situacijama.

Ključne reči: mere zaštite od kovida 19, mišljenja starijih, potpuno zatvaranje, sadašnje mere

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IN THE LULL OF COVID 19: THE OPINION OF OLDER PERSONS ON THE PROTECTION MEASURES AGAINST COVID.19 APPLIED IN SERBIA AND PROPOSALS FOR FUTURE MEASURES

In this paper, we examine the opinions of older people from Belgrade about the measures that were implemented during the pandemic caused by the SARS-COV-2 virus in a two-year period (2020-2022). In the sample, which consisted of 30 respondents, aged from 65 to 93, there were also doctors of various specialties, and it was possible to obtain information from medical experts as well. The analysis of the interviewees' narratives was supplemented with several interviews obtained by other physicians who had more contact with the elderly during the pandemic. Thus, we collected significant information that illuminated the embodied and the emotional perspective as well as the professional. According to our findings, the majority of the respondents and the experts assessed the measures of complete closure as too strict, ineffective, bad, reckless, but also discriminatory, while they assessed the current ones as ineffective, i.e. too liberal. They suggest finding a middle ground or "the right measures adapted to the pandemic situation". The research results are valuable for planning current and future protective measures in crisis situations.

Keywords: measures to protect against covid 19, opinions of the elderly, complete closure, current measures

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LOKALNA ZAJEDNICA I GERIJATRIJSKA POPULACIJA TOKOM PANDEMIJE – ISKUSTVA I PREPORUKE ZA POST COVID-19 U SRBIJI

U trećoj godini Covid 19 pandemije nužno je javnosti predstaviti neku vrstu naučne studije i izvući zaključke i preporuke. Nacionalni okviri na Covid-19 pandemiju razlikuju se od zemlje do zemlje. Postavlja se pitanje koliko su mere donete na nacionalnom nivou bile uskladjene sa potrebama stanovništva, naročito ranjivih populacija u ruralnim područjima.

Kriza izazvana pandemijom Covid-19 zahtevala je brzo delovanje posebno kada je u pitanju starija populacija. Početak „zaključavanja“ najpre se odnosio na stanovništvo starosne dobi 65+, bez obzira na njihovo trenutno zdravstveno stanje. Donete mere su bile opšteg karaktera i nije bio primenjen osetljiv pristup u procenjivanju potreba posebnih grupa (stari iz samačkih domaćinstava, stari na kolektivnom smeštaju).

Na kraju pandemije treba da sagledamo i da istražimo iskustva i da uvažimo da svaka kriza i preduzete mere mogu da imaju i svoje pozitivne efekte. Covid-19 pandemija u Srbiji imala je snažne efekte na zdravstveni sistem i druge sisteme (privreda, saobraćaj, kultura, obrazovanje). Svest o značaju vakcinacije je značajno porasla, kao i značaj preventivne zdravstvene zaštite i značaj koordinacije između institucija. (zdravstvenog i socijalnog, između republičkog i lokalnog nivoa).

Ciljevi rada su ispitivanje mera i aktivnosti lokalnih samouprava tokom Covid-19 krize u Republici Srbiji i odstupanje od nacionalnih mera i održivost mera u post Covid-19 periodu u lokalnoj zajednici.

Sprovedeno je pilot istraživanje o aktivnostima lokalnih samouprava i njihovom odgovoru na krizu u Republici Srbiji sa namenski kreiranim upitnikom.

Upitnik je sadržavao pitanja o: organizacionim merama lokalne samouprave, političkim merama, pitanja dokumentovanja i praćenja efekata mera. Uzorak je obuhvatio delove južnobanatskog i zlatiborskog okruga. Rezultati su obrađeni kvantitativnom analizom.

Dobijenim rezultatima je utvrđeno da su političke mere bile primerene nacionalnoj politici, a deo mera nije bio primeren potrebama lokalne zajednice. U Zlatiborskom okrugu pojedine zajednice ruralnog područja nisu sprovodile aktivnosti i zdravstvene mere u cilju sprečavanja i suzbijanja virusa. Zanimljivo je da je južno-banatski okrug formirao koordinaciono telo u vidu lokalnog saveta za zdravlje koji je bio u svakodnevnoj komunikaciji sa Pokrajinskim sekretarijatom za zdravlje, institucijama na lokalnu i sa organizacijama Crvenog krsta.

Istraživanje je pokazalo da su neke nacionalne mere (ograničeno kretanje) dodatno urušile ranjivo zdravstveno stanje gerijatrijske populacije; ali je smanjeno širenje zaraze.

Lokalne samouprave su preduzele adekvatne i specifične mere primerene potrebama ranjivih grupa, a neke lokalne zajednice su imale slabiji odgovor na krizu.

Stoga bi preporuke lokalnim samoupravama za post Covid-19 period obuhvatile akcione planove usaglašene sa rezultatima istraživanja efektivnosti dosadašnjih mera.

Ključne reči: Lokalna zajednica, gerijatrijska populacija, efektivnost mera u Covid-19, preporuke.

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LOCAL COMMUNITY AND GERIATRIC POPULATION DURING THE PANDEMIC – EXPERIENCES AND RECOMMENDATIONS FOR POST-COVID-19 IN SERBIA

In the third year of the COVID-19 pandemic, it is necessary to present some kind of scientific study to the public and draw conclusions and recommendations. National frameworks for the COVID-19 pandemic differ from country to country. The question arises as to how well the measures adopted at the national level were aligned with the needs of the population, especially vulnerable populations in rural areas.

The crisis caused by the COVID-19 pandemic required quick action, especially when it comes to older population. The beginning of the lockdown first applied to the population aged 65+, regardless of their current state of health. The adopted measures were of a general nature and a sensitive approach was not applied in assessing the needs of special groups (older persons from single households, older persons in collective accommodation).

At the end of the pandemic, we need to look at and research experiences and appreciate that every crisis and the measures taken can have their own positive effects. The COVID-19 pandemic in Serbia had strong effects on the healthcare system and other systems (economy, transport, culture, education). Awareness of the importance of vaccination has grown significantly, as has the importance of preventive health care and the importance of coordination between institutions. (healthcare and social welfare, between the national and local levels).

The objectives of the paper are to examine the measures and activities of local self-governments during the COVID-19 crisis in the Republic of Serbia and the deviation from national measures and the sustainability of measures in the post-COVID-19 period in the local community.

A pilot study was conducted on the activities of local self-governments and their response to the crisis in the Republic of Serbia with a specially created questionnaire.

The questionnaire contained questions about: organizational measures of local self-government, political measures, issues of documenting and monitoring the effects of measures. The sample included parts of South Banat and Zlatibor districts. The results were processed using quantitative analysis.

The obtained results determined that the political measures were appropriate to the national policy, and some of the measures were not appropriate to the needs of the local community. In the Zlatibor district, certain rural communities did not implement activities and health measures aimed at preventing and suppressing the virus. It is interesting that the South Banat district formed a coordinating body in the form of a local health council that was in daily communication with the Provincial Secretariat for Health, local institutions and Red Cross organizations.

Research has shown that some national measures (restricted movement) have further undermined the vulnerable health status of the geriatric population; but the spread of infection has been reduced.

Local governments took adequate and specific measures suited to the needs of vulnerable groups, and some local communities had a weaker response to the crisis.

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Therefore, recommendations to local self-governments for the post-COVID-19 period would include action plans aligned with the results of research into the effectiveness of the current measures.

Keywords: Local community, geriatric population, effectiveness of measures in COVID-19, recommendations.

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UTICAJ STAROSNE STRUKTURE NA POVEĆANU SMRTNOST U VREME KOVID PANDEMIJE – PRIMER SRBIJE

Razvitak stanovništva u redovnim okolnosti je relativno lako predvidiv ukoliko su komponente populacione dinamike stabilne. Trenutne i ekstremne promene poput pandemija su i u prošlosti ostavljale značajan “demografski” trag, tako da je i pandemija virusa kovida dovela do promena u fertilitetu, mortalitetu i migracijama. Cilj rada je ispitivanje značaja starosne strukture za mortalitet stanovništva u Srbiji (bez podataka za Kosovo i Metohiju), kako bi se otkrili temeljni razlozi za izuzetno veliko povećanje smrtnosti stanovništva u 2020. i 2021. godini. Ovo povećanje se svakako može dovesti u vezu sa virusom kovida kao osnovnim uzrokom smrtnosti, ali i činjenicom da je mortalitet porastao i zbog opeterćenosti zdravstvenog sistema, na šta ukazuje opšta smrtnost stanovništva. Rad koristi metodologiju standardizacije kako bi se eliminisao uticaj starosne stukture na mortalitet stanovništva, a dostupni podaci omogućavaju direktnu standardizaciju. Na taj način se može odgovoriti na pitanje koliki bi mortalitet stanovništva bio da se pandemija kovida nije desila, odnosno koliko bi se smrtnost razlikovala da desila npr. pre nekoliko decenija. Standardizacija starosno-specifičnih stopa mortaliteta stanovništva Srbije u godinama pandemije otkrila je veliki uticaj starosne stukture na povećanje smrtnosti, a kao glavni razlog može se izvojiti uticaj kohortne inercije, odnosno priliv populaciono brojnih generacija baby boomera u staro stanovništvo. Oblik krive mortaliteta umrlih od kovida pokazuje prilično nisku smrtnost mladih i sredovečnih, dok sa starošću, naročito nakon 65 godina, specifične stope umrlih naglo rastu. Koicidencija starenja baby boom generacija i epidemiološke krize izazvane kovidom dovela je do nepovoljnih demografskih promena koje se najočitije ogledaju u povećanju apsolutnog broja umrlih sa najvišim vrednostima od kad slučajeve smrti prati moderna vitalna statistika. Opšti zaključak ukazuje na činjenicu da bi broj umrlih u Srbiji bio osetno manji da se pandemija kovida desila pre nekoliko decenija, kada je populacija bila mlađa.

Ključne reči: starosna stuktura, mortalitet, standardizacija, starenje stanovništva, Srbija

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THE INFLUENCE OF THE AGE STRUCTURE ON INCREASED MORTALITY DURING THE COVID PANDEMIC - THE EXAMPLE OF SERBIA

Population development under regular circumstances is relatively easy to predict, if the components of population dynamics are stable. Momentary and extreme changes such as pandemics have also left a significant “demographic” mark in the past, so the COVID-19 pandemic also led to changes in fertility, mortality and migration. The aim of this paper is to examine the importance of the age structure for the mortality of the population in Serbia (without data for Kosovo and Metohija), in order to reveal the fundamental reasons for the extremely large increase in the mortality of the population in 2020 and 2021. This increase can certainly be linked to the COVID-19 epidemic as the main cause of mortality, but also to the fact that mortality has increased due to the overburdening of the healthcare system, as indicated by the general mortality of the population. The paper uses the standardization methodology in order to eliminate the influence of the age structure on the mortality of the population, and the available data makes direct standardization possible. In this way, it is possible to answer the question of how much the mortality of the population would have been if the COVID-19 pandemic had not happened, i.e. how much mortality would have differed if it had happened, for example several decades ago. Standardization of the age-specific mortality rates of the population of Serbia in the years of the pandemic revealed a great influence of the age structure on the increase in mortality, and the main reason can be the influence of cohort inertia, i.e. the influx of numerous baby boomer generations into the old population. The shape of the mortality curve of those who died from the coronavirus shows a rather low mortality of the young and middle-aged persons, while with ageing, especially after the age of 65, the specific death rates rise sharply. The coincidence of the ageing of the baby boom generation and the epidemiological crisis caused by COVID-19 has led to unfavorable demographic changes that are most obviously reflected in the increase in the absolute number of deaths with the highest values ever since mortality rates have been monitored by modern vital statistics. The general conclusion points to the fact that the number of deaths in Serbia would have been significantly lower if the corona virus pandemic had occurred several decades ago, when the population was younger.

Key words: age structure, mortality, standardization, population ageing, Serbia

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OBRAZOVANJE STARIH I BEZBEDNOST NA INTERNETU

Načini na koje obavljamo različite delatnosti u savremenom svetu u potpunosti su determinisani primenom novih tehnologija. Tehnologija nudi potporu i olakšanje, ali sa sobom nosi bezbedonosne rizike pred kojima nema nedodirljivih, već samo kategorije ljudi koje su na njih više osetljive. Empirijsko istraživanje koje smo sprovedi imalo je za predmet obrazovanje starih osoba kao činioca bezbednosti na Internetu, a osnovni istraživački cilj kojim smo se vodili ticao se ispitivanja odnosa između određenih bio-socio-obrazovnih obeležja starih osoba, sa jedne strane, i njihovih percepcija, navika i iskustava iz domena bezbedne upotrebe Interneta, sa druge. U istraživanju smo primarno bili fokusirani na opštu populaciju starih osoba u Republici Srbiji, iz koje je selektovan prigodan uzorak istraživanja koji su činile osobe stare 65 godina i više. Primenom kvantitativne metodologije istraživanja došli smo do rezultata koji su rasvetlili našu nameru inkorporiranu u definisan predmet i cilj istraživanja. U radu su izloženi rezultati istraživanja koji pokazuju da su korisnici Interneta među starijom populacijom većinom viskoobrazovani muškarci iz gradskih sredina, kao i da korisnici uglavnom pristupaju Internetu svakodnevno više puta, a procenjuju da se dobro snalaze u korišćenju kompjutera. Ovi korisnici Interneta uglavnom nisu imali bezbedonosnih problema prilikom njegovog korišćenja, a od pretnji se ili štite antivirus programima, ili se uopšte ne štite. Oni koji su imali bezbedonosne probleme, uglavnom ističu remećenje rada uređaja usled prodora kopjuterskih virusa i nedozvoljeno preuzimanje ličnih podataka od strane drugih osoba. Među starima koji aktivno koriste Internet podjednako su zastupljene osobe koje nemaju dovoljno ili uopšte nemaju znanja o bezbednom korišćenju Interneta i one koje ova znanja poseduju u određenoj meri, a iskazana je njihova želja da povećaju nivo svojih znanja i veština iz domena bezbednosti na Internetu kroz različite obrazovne intervencije. Ispitanici koji ne koriste Internet, ne koriste ni kompjuter, a prema njihovim izjavama internet uglavnom ne koriste jer ne znaju kako da ga koriste i/ili ne osećaju potrebu za tim. Ovi ispitanici smatraju da upotreba Interneta može biti opasna, najviše zbog mogućnosti nedozvoljenog preuzimanja njihovih ličnih podataka od strane drugih lica. Rezultati do kojih smo došli nesumnjivo upućuju na relevantnost negovanja obrazovne prakse kroz koju bi stare osobe, bilo da su aktivni korisnici Interneta ili to nisu, mogle da probude svest o intenziviranoj potrebi za korišćenjem Interneta u savremenom svetu, a sa time unaprede i njenu faktičku aktualizaciju, uz neizbežno akcentovanje obrazovnog intervenisanja usmerenog ka razvoju znanja i veština iz domena bezbednog korišćenja Interneta.

Ključne reči: stare osobe, obrazovanje, Internet, bezbednost.

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ELDERLY EDUCATION AND SAFETY ON THE INTERNET

The ways in which we perform various activities in the contemporary world are completely determined by the application of new technologies. Technology offers support and relief, but it also carries the security risks that influence everyone, and particular categories of people that are more vulnerable to these risks. The subject of the empirical research we conducted was elderly education as a factor of safety on the Internet, and the main research goal we were guided by was the examination of the relationship between certain bio-socio-educational characteristics of older persons, on one hand, and their perceptions, habits and experiences referring to safe Internet use, on the other. In this research, we were primarily focused on the general population of older persons in the Republic of Serbia, from which an appropriate research sample consisting of persons aged 65 years and older was selected. By applying a quantitative research methodology, we achieved results that shed light on our intention incorporated into the defined subject and goal of the research. Within the paper, we presented research results indicating that majority of elderly Internet users are higher educated men from urban areas, as well as that Internet users generally access the Internet several times a day, perceiving themselves as proficient computer users. Elderly Internet users generally had no security problems when using it, and they either protect themselves from threats by applying antivirus programs, or they don't protect themselves at all. Those who have had security problems, mostly point to disruption of device operation due to computer viruses breakthrough and unauthorized download of personal data by other persons. Among elderly who actively use the Internet, there is an equal distribution concerning people who do not have sufficient knowledge about the safe use of the Internet or possess no knowledge at all, and those who possess this knowledge to a certain extent, and who desire to increase the level of their knowledge and skills in the domain of security on the Internet through various educational interventions. Respondents who do not use the Internet do not use a computer either, and according to their statements, they generally do not use the Internet because they do not know how to use it and/or do not feel the need for it. These respondents believe that using the Internet can be dangerous, mostly due to the possibility of unauthorized downloading of their personal data by other persons. The results we obtained clearly point to the relevance of fostering an educational practice through which older persons, whether they are active Internet users or not, could create

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awareness of the intensified need for using the Internet in the contemporary world, and thereby improve its actualization, with the inevitable accentuation of educational interventions aimed at developing knowledge and skills in the domain of safe use of the Internet.

Key words: older persons, education, Internet, safety.

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OBRAZOVNA PONUDA UNIVERZITETA ZA TREĆE DOBA

Univerziteti za treće doba, iako nisu jedini provajderi obrazovanja namenjenog starijoj populaciji, predstavljaju značajni stub obrazovanja ove osobene ciljne grupe. Posle više od tri decenije osnivanja prvog univerziteta za treće doba u Srbiji, zakonomernosti dinamike razvoja sistema obrazovanja odraslih deluju i u ovom delu njegovog podsistema. Shodno društvenim promenama, menja se broj institucija koje se svrstavaju u kategoriju univerziteta za treće doba, ponuda njihovih programa, kao i geografska rasprostranjenost ovih institucija, a time i dostupnost njihove obrazovne ponude starijoj populaciji. Namera ovoga rada je da utvrdi karakteristike obrazovne ponude univerziteta za treće doba: njihovu distribuciju na teritoriji Republike Srbije, programsku orijentaciju, organizacione oblike realizacije obrazovne aktivnosti i načine na koje su prilagođeni ciljanoj populaciji. U metodološkom pogledu, istraživanje se oslanja na kvalitativnu istraživačku paradigmu, u okviru koje je primenjena multipla studija slučaja kao model istraživanja, a kao metoda korišćena je analiza sadržaja, tačnije, analiza sadržaja veb sajtova obrazovne ponude univerziteta za treće doba. Rezultati istraživanja ukazuju na nedovoljnu i nejednaku distribuciju univerziteta za treće doba, ograničeni raspon obrazovnog sadržaja koji se nudi starima u različitim delovima Srbije, kao i na tradicionalne oblike realizacije nastave (uglavnom kursevi i ređe individualna nastava). Obrazovna ponuda je uglavnom prilagođena potrebama starije populacije kroz manja finansijska sredstva potrebna za participaciju u programu, u nekim slučajevima i mogućnost plaćanja na rate, kao i realizaciju nekih programa u prepodnevnim časovima. Rezultati istraživanja otvaraju pitanja načina stimulisanja povećanja broja univerziteta za treće doba, njihove dalje programske i organizacione diverzifikacije, kao i načina na koje bi se mogle otkloniti potencijalne barijere za participaciju starih, odnosno, većeg prilagođavanja karakteristika obrazovne ponude potrebama starije populacije.

Ključne reči: univerziteti za treće doba, obrazovna ponuda, obrazovni programi, obrazovanje starih.

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EDUCATIONAL OFFER OF THE UNIVERSITIES FOR THE THIRD AGE

Universities for the third age, although not being the exclusive providers of education intended for elderly, represent an important pillar of education referring this particular target group. After more than three decades of the establishment of the first university for the third age in Serbia, the developmental dynamics of the adult education system regulative is also evident in this particular subsystem. In accordance with social changes, the number of institutions classified as universities for the third age, the offer of their programs, as well as the geographical distribution of these institutions, and thus the availability of their educational offer to the older population, are changing. The purpose of this work is to determine the characteristics of the educational offer of universities for the third age: their distribution on the territory of the Republic of Serbia, program orientation, organizational forms of realization of educational activities and ways in which they are adapted to the target population. In terms of methodology, the research relies on a qualitative research paradigm, within which a multiple case study was applied as a research model, and content analysis was used as a method, more precisely, content analysis of the websites of the university's educational offer for the third age. The research results indicate insufficient and unequal distribution of universities for older persons, limited range of educational content offered to older persons in different parts of Serbia, as well as traditional forms of teaching (mainly courses and less frequently individual teaching). The educational programme on offer is mainly adapted to the needs of the older population through smaller financial resources required for participation in the programme, in some cases the possibility of paying in instalments, as well as the realization of some programmes in the morning hours. The results of the research open up issues of how to stimulate the increase in the number of universities for the third age, their further programmatic and organizational diversification, as well as ways in which potential barriers to the participation of older persons could be removed, that is, greater adjustment of the characteristics of the educational programme on offer to the needs of the older population.

Key words: universities for the third age, educational programme on offer, educational programmes, education of older persons.

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DUGOTRAJNA NEGA U EVROPSKOJ UNIJI

Dugotrajna nega je značajna sa socijalnog, ali i ekonomskog aspekta. Obezbeđuje dostojanstven život i blagostanje osobama kojima je potrebna nega, ali i štiti njihova osnovna prava. Smanjuje nejednakost te stoga unapređuje socijalnu pravdu i međugeneracijsku solidarnost.

Dugotrajna nega predstavlja niz usluga i raznih vidova pomoći osobama koje usled psihičkih i/ili fizičkih slabosti i/ili invaliditeta tokom dužeg vremenskog perioda, zavise od pomoći u sprovođenju aktivnosti svakodnevnog života i/ili im je potrebna kontinuirana nega.

Investiranje u dugotrajnu negu je ekonomski isplativo za društvo. Stvaraju se radna mesta za negovatelje, a istovremeno se otvaraju mogućnosti za zapošljavanje članova porodica korisnika u drugim sektorima privrede. Snažan sektor dugotrajne nege pomaže jačanje rodne ravnopravnosti s obzirom da milioni žena u Evropskoj uniji nemaju mogućnost za zaposlenje usled obaveza za negovanjem članova porodice.

Starenje stanovništva povećava zahteve za dugotrajnom negom koji su već sada visoki. Očekuje se da će broj osoba u Evropskoj uniji kojima potencijalno treba dugotrajna nega porasti od 30.8 miliona u 2019. do 33.7 miliona u 2030. i 38.1 miliona u 2050. godini, što znači da će ukupno porasti za 23.5%.

Zaštitna uloga porodice se menja zbog društvenih promena. Broj neformalnih negovatelja se smanjuje obzirom da se žene, koje su tradicionalno negovale bolesne članove porodice, naglo zapošljavaju i kasnije odlaze u penziju. U isto vreme, demografske promene u smislu starenja stanovništva uzrokuju da se radna snaga u Evropskoj uniji smanjuje. Povećan zahtev na tržištu rada u različitim sektorima privrede dovodi do rizika od daljeg smanjivanja broja raspoloživih formalnih negovatelja s obzirom da se oni okreću ka drugim poslovima koji su bolje plaćeni.

Iako se sistemi dugotrajne nege u Evropskoj uniji razlikuju po svom sadržaju i dužini postojanja, ipak imaju zajedničke izazove. Oni se tiču mogućnosti da se nega priušti, njene dostupnosti, pristupačnosti i kvaliteta, sve u kontekstu nedostatka radne snage, pritiska na javne finansije i kompleksnosti upravljanja. Najveće slabosti sistema dugotrajne nege u Evropskoj uniji došle su do izražaja za vreme COVID pandemije. Time je istaknuta potreba da se sistem osnaži na eksterne događaje.

Finansijski razlozi i nedostatak adekvatne socijalne zaštite predstavljaju barijere za pristup dugotrajnoj nezi. Rizik koji proizilazi iz potrebe za dugotrajnom negom je generalno manje pokriven postojećim sistemima socijalne zaštite od drugih uobičajenih rizika (npr. prihodi starijih osoba i zdravstvena zaštita) i sistemi socijalne zaštite razlikuju se širom Evropske unije. U nekim zemljama, organizovana društvena podrška je dostupna samo malom broju ljudi kojima je potrebna dugotrajna nega. Kada su dostupne, usluge socijalne zaštite su često neadekvatne. Čak i kada dobiju podršku i pomoć, procenjuje se da je u proseku skoro polovina starijih ljudi sa potrebama za dugotrajnom negom ispod praga siromaštva nakon podmirenja troškova usluga koje dobija, prevashodno pomoći u kući, iz sopstvenog džepa¹³⁴.

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Ključne reči: dugotrajna nega, negovatelji, pomoć u kući, izazovi, finansije

Miroljub Nikolić¹³⁵

LONG-TERM CARE IN THE EUROPEAN UNION

Long-term care is important from the social, but also the economic point of view. It ensures a dignified life and well-being for people who need care, but also protects their basic rights. It reduces inequality and therefore promotes social justice and intergenerational solidarity.

Long-term care is a series of services and various types of help for people who, due to mental and/or physical weaknesses and/or disabilities for a longer period of time, depend on help in carrying out activities of daily life and/or need continuous care.

Investing in long-term care is economically profitable for the society. Jobs are created for caregivers, and at the same time opportunities for employment of family members of beneficiaries in other sectors of the economy are opened. A strong long-term care sector helps strengthen gender equality, given that millions of women in the European Union do not have employment opportunities due to family care responsibilities.

Population ageing increases the already high demands for long-term care. The number of people in the European Union who potentially need long-term care is expected to increase from 30.8 million in 2019 to 33.7 million in 2030 and 38.1 million in 2050, which means that the total will increase by 23.5%.¹³⁶

The protective role of parents is changing due to social changes. The number of informal caregivers is decreasing as women, who traditionally cared for sick family members, are now employed and go to retirement at a later stage. At the same time, demographic changes in the sense of an aging population are causing the labour force in the European Union to shrink. The increased demand on the labour market in various sectors of the economy leads to the risk of a further decrease in the number of available formal caregivers, considering that they turn to other jobs that are better paid.

Although long-term care systems in the European Union differ in their content and length of existence, they still have common challenges. They concern affordability, availability, accessibility and quality of care, all in the context of workforce shortages, pressure on public finances and management complexity. The biggest weaknesses of the long-term care system in the European Union came to the fore during the COVID pandemic. This highlights the need to strengthen the system against external events.

Financial reasons and the lack of adequate social protection represent barriers to accessing long-term care. The risk arising from the need for long-term care is generally less covered by existing social protection systems than other common risks (e.g. income of older persons and health care) and social protection systems differ across the European Union. In some countries, organized social support is only available to a small number of people who need long-term care.

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When available, social protection services are often inadequate. Even when they receive support and assistance, it is estimated that, on average, nearly half of older persons with long-term care needs are below the poverty line after paying out-of-pocket costs for the services they receive, primarily home care.

Keywords: long-term care, caregivers, home care, challenges, finances

Aleksandra Krstić¹³⁷

OBRAZOVANJE ODRASLIH: PUT KA AKTIVNOM STARENJU

Pandemija izazvana virusom Kovid- 19, ostavila je vidljive tragove, kako na individualnom, tako i na globalnom planu, utičući na različite sfere života pojedinca, a samim tim i na društvo u celini. Takav uticaj još nepovoljnije doprinosi položaju već ranjivih grupa, u koju zasigurno spada i populacija starijih osoba. Postavlja se pitanje da li i na koji način možemo promovisati aktivno starenje, nasuprot diskriminatorskoj politici usmerenoj na ovu grupaciju. U radu su iznete neke od mogućnosti i perspektiva koje umnogome mogu doprineti poboljšanju statusa starijih ljudi. Analiziranjem stručne i naučne literature, može se uvideti da je obrazovanje odraslih, upravo jedna od mogućnosti. Permanentno obrazovanje odraslih, sa jedne strane, ogleda se u razvoju stručnih kompetencija za rad sa starijima, kao i participaciji stručnih kadrova u procesu obrazovanja odraslih, zarad što veće efikasnosti u pružanju usluga. Sa druge strane, ovakav trend treba da promoviše i obrazovanje starijih osoba, koje se ogleda u njihovom vlastitom doprinosu, kako prilikom osmišljavanja sopstvenog slobodnog vremena, tako i podizanju vlastitog samopouzdanja i osećanja korisnosti i pripadnosti društvu. Takvo višestruko delovanje obrazovanja odraslih, i stručnih kadrova, i populacije starih, može umnogome da doprinese povoljnijoj percepciji starosti u društvu. Efikasnost učenja se može održati tokom čitavog života, samo ukoliko je učenje usmeravano na pravi način i ukoliko su vidljivi efekti njegovog delovanja. Jer, zadovoljavanjem obrazovnih potreba, odrastao čovek ostvaruje sopstvene potencijale. Potreba ne postoji samo unutar pojedinca, već i u sredini u kojoj pojedinac deluje. Koncept celoživotnog učenja trebalo bi da postane bitan segment u životu odrasle osobe. Stoga se pred kreatora obrazovnih, socijalnih i zdravstvenih politika postavlja ozbiljan izazov- donošenje mera i preduzimanje konkretnih aktivnosti kako bi se stariji uključili u aktivnosti društva, ali i kako bi pravovremeno bili informisani o dostupnosti i raspoloživosti usluga namenjenih upravo njima.

Ključne reči: potrebe, proces starenja, obrazovanje odraslih, mogućnosti i perspektive

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Aleksandras Krstić¹³⁸

ADULT EDUCATION: THE PATH TO ACTIVE AGING

The COVID-19 pandemic has left visible marks, both at individual and global level, affecting various spheres of an individual's life, and therefore society as a whole. Its effects contribute put already vulnerable groups in an even more unfavorable position and this certainly includes population of older persons. The question arises whether and in what way we can promote active aging, as opposed to a discriminatory policies aimed at this group. This paper presents some of the possibilities and perspectives that can greatly contribute to improving the status of older persons. Analyzing professional and scientific literature, it can be seen that adult education is one of the possibilities. Permanent education of adults, on the one hand, is reflected in the development of professional competences for working with older persons, as well as the participation of professional staff in the process of adult education, for the sake of greater efficiency in the provision of services. On the other hand, this trend should also promote the education of older persons, which is reflected in their own contribution, both when designing their own free time, and in raising their own self-confidence and feelings of usefulness and belonging to society. Such multi-faceted effects of adult education, including professional staff, as well as older population can greatly contribute to a more favorable perception of ageing in the society. The effectiveness of learning can be maintained throughout the life course, only if the learning is directed in the right way and if its effects are visible. Because, by meeting educational needs, an adult realizes his own potential. The need exists not only within the individual, but also in the environment in which the individual operates. The concept of lifelong learning should become an essential part of an adult's life. Therefore, the creators of educational, social and health policies face a serious challenge - adopting measures and undertaking concrete activities in order to involve older persons in the activities of society, but also to make sure they are informed in a timely manner about the availability and availability of services intended for them.

Key words: needs, ageing process, adult education, possibilities and perspectives

Milena Blagojević¹³⁹, Teodora Hrnjaković¹⁴⁰

IZAZOVI PENZIONISANJA STARIJIH OSOBA U POST – KOVID 19 SVETU

Penzionisanje predstavlja prelazni životni događaj i razvojnu fazu koju čine novi zadaci, izazovi i mogućnosti u životu pojedinca. Integracija prethodnih iskustava, prihvatanje i prilagođavanje novoj ulozi utiču na dalji životni tok ne samo penzionisane osobe već i mreže podrške kao što su

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porodica, prijatelji, radni kolektiv i šire društveno okruženje. Odlazak u penziju omogućava jedan vid nove identifikacije koja zahteva određenu adaptibilnost, suočavanje sa novom svakodnevicom, beneficije koje penzionisani status pruža, ali i faktore rizika koji se mogu odraziti na mentalno zdravlje poput depresije, krize identiteta, nedovoljnog samovrednovanja i narušenih odnosa unutar uže porodične i šire društvene zajednice. Globalna pandemija izazvana KOVID – 19 virusom dodatno je pojačala ranjivost starijih osoba i negativno uticala na njihove adaptivne sposobnosti. Neizvesna budućnost, socijalna izolacija, dodatna zdravstvena ugroženost i upitna finansijska stabilnost samo su neki od izazova sa kojima se starija populacija suočavala tokom trajanja svetske krize, a čije posledice se i danas oseće. Nažalost, stiće se utisak da su starije osobe prepuštene same sebi kada je u pitanju priprema za odlazak u penziju, imajući u vidu da u našoj državi ne postoje preventivni programi čija bi se pažnja preusmerila na predupređivanje faktora rizika po mentalno i fizičko zdravlje ove ciljne grupe. Stoga, cilj rada jeste identifikacija izazova sa kojima se starije osobe mogu suočiti u procesu penzionisanja i njihov status u post – kovid 19 svetu. U svom radu, autorke se oslanjaju na postojeću teorijsku građu i ukazuju na komparativne modele koji mogu poslužiti kao primer dobre prakse u pružanju psihosocijalne podrške tokom sticanja i nakon ostvarivanja prava na penziju. Na osnovu identifikovanih izazova, autorke nude potencijalne preporuke za kreiranje i dalje razvijanje programa podrške penzionisanim osobama, kao i unapređenje njihovog položaja u periodu tranzicije.

Ključne reči: stariji, penzionisanje, Kovid – 19, psihosocijalna podrška, aktivno starenje

Milena Blagojević¹⁴¹, Teodora Hrnjaković¹⁴²

CHALLENGES OF RETIREMENT FOR OLDER PERSONS IN A POST-COVID-19 WORLD

Retirement represents a transitional life event and a developmental phase that consists of new tasks, challenges and opportunities in an individual's life. The integration of previous experiences, acceptance and adaptation to the new role affect the further life course of not only the retired person but also support networks such as family, friends, the work team and the wider social environment. Retirement enables a type of new identification that requires a certain adaptability, coping with new everyday life, the benefits that the retired status provides, but also risk factors that can affect mental health such as depression, identity crisis, insufficient self-esteem and damaged relationships within the immediate family and wider social community. The global pandemic caused by the COVID-19 virus further increased the vulnerability of older persons and negatively affected their adaptive abilities. An uncertain future, social isolation, additional health risks and questionable financial stability are just some of the challenges that population of older persons faced during the global crisis, and the consequences of which are still being felt today.

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Unfortunately, one gets the impression that older persons are left to their own devices when it comes to preparing for retirement, bearing in mind that in our country there are no preventive programs whose attention would be diverted to the prevention of risk factors for the mental and physical health of this target group. Therefore, the objective of this paper is to identify the challenges that older persons may face in the retirement process and their status in the post-COVID-19 world. In this paper, the authors rely on the existing theoretical framework and point to comparative models that can serve as an example of good practice in providing psychosocial support during the acquisition and after exercising the right to pension. Based on the identified challenges, the authors offer potential recommendations for creating and further developing support programs for retired persons, as well as improving their position in the transition period.

Key words: older persons, retirement, COVID-19, psychosocial support, active aging

(Psihosocijalna i medicinska) Podrška u društvu koje stari
Support in the ageing society

PROMOTIVNE AKTIVNOSTI KAMPANJE „MEŽUNARODNI DAN STARIJIH OSOBA – 1. OKTOBAR“ PRE I TOKOM PANDEMIJE COVID 19

Uvod: Međunarodni dan starijih osoba se u svetu i kod nas obeležava 1. oktobra, u skladu sa Rezolucijom 45/106 koju je proglasila Generalna skupština Ujedinjenih nacija 14. decembra 1990. godine, sa ciljem da se naglasi važnost prilagođavanja životnog okruženja potrebama i sposobnostima stanovnika trećeg doba. Nakon ove inicijative, Generalna skupština Ujedinjenih nacija je 1991. godine, u skladu sa rezolucijom 46/91, usvojila principe Ujedinjenih nacija koji se odnose na starije osobe. Na Svetskoj skupštini o starenju 2002. godine usvojen je Madridski međunarodni akcioni plan za starenje kako bi se odgovorilo na mogućnosti i izazove starenja stanovništva u 21. veku i promovisao razvoj društva za sve generacije.

Cilj: Cilj ovog rada je da se sagleda uticaj pandemije COVID-19 na realizaciju promotivnih aktivnosti kampanje „Međunarodni dan starijih osoba – 1. oktobar“.

Metod: Podaci o učestalosti realizovanih promotivnih aktivnosti dobijeni su iz izveštaja dostavljenih od strane okružnih instituta/zavoda za javno zdravlje koji su učestvovali u realizaciji kampanje. U statističkoj analizi podataka korišćena je deskriptivna statistika a podaci su predstavljeni tabelarno.

Rezultati: Ako posmatramo realizovane aktivnosti u okviru kampanje „Međunarodni dan starijih osoba – 1. oktobar“ u periodu oktobar 2019. - oktobar 2021. godina, zapaža se opadanje broja instituta/zavoda za javno zdravlje koji obeležavaju kampanju za 15%, kao i opadanje realizovanog broja svih zdravstveno – vaspitnih aktivnosti izuzev aktivnosti koje su se realizovale onlajn . Među realizovanim promotivnim aktivnostima, zapaža se najveći procent opadanja realizacije konferencija za novinare (za 80%) kao i individualnog i grupnog zdravstveno-vaspitnog rada (za 75%). Najzastupljeniji kanal komunikacije je bila komunikacija putem televizije kao mas medija pre pandemije COVID-19, čija je učestalost opala za 58% tokom pandemije, dok je tokom pandemije najčešći kanal komunikacije postala onlajn komunikacija, čija je učestalost porasla za 12% tokom pandemije.

Zaključak: Ovaj rad je pokazao da je pandemija koja je započela u martu 2020. godine uticala na obim i sadržaj realizacije zdravstveno-promotivnih aktivnosti, što je posledica nastalih promena u načinu i organizaciji rada zaposlenih na poslovima promocije zdravlja u institutima i zavodima za javno zdravlje.

Gljučne reči: promocija zdravlja, pandemija COVID-19, starije osobe

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PROMOTIONAL ACTIVITIES OF THE “INTERNATIONAL DAY OF OLDER PERSONS – OCTOBER 1” CAMPAIGN BEFORE AND DURING THE COVID-19 PANDEMIC

Introduction: The International Day of Older Persons is celebrated in the world and in our country on October 1, in accordance with Resolution 45/106 proclaimed by the United Nations General Assembly on December 14, 1990, with the aim of emphasizing the importance of adapting the living environment to needs and abilities inhabitants of the third age. Following this initiative, in 1991, the United Nations General Assembly, in accordance with resolution 46/91, adopted the United Nations Principles on Older Persons. At the World Assembly on Aging in 2002, the Madrid International Action Plan on Aging was adopted to respond to the opportunities and challenges of population aging in the 21st century and to promote the development of society for all generations.

Objective: The objective of this work is to assess the impact of the COVID-19 pandemic on the implementation of promotional activities of the "International Day of Older Persons - October 1" campaign.

Method: Data on the frequency of implemented promotional activities were obtained from reports submitted by district public health institutes/institutes that participated in the implementation of the campaign. In the statistical analysis of the data, descriptive statistics were used and the data were presented in tabular form.

Results: If we look at the implemented activities within "International Day of Older Persons - October 1" campaign in the period October 2019 - October 2021, we can see a decrease in the number of public health institutes/institutions that mark the campaign by 15%, as well as a decrease in the number of all health - educational activities with the exception of activities that were realized online. Among the realized promotional activities, the largest percentage of decline in the realization of press conferences (by 80%) as well as individual and group health-educational work (by 75%) is noticeable. The most common channel of communication was communication via television as a mass media before the COVID-19 pandemic, whose frequency decreased by 58% during the pandemic, while during the pandemic, the most common channel of communication became online communication, whose frequency increased by 12% during the pandemic.

Conclusion: This paper showed that the pandemic that started in March 2020 affected the scope and content of the implementation of health promotion activities, which is a consequence of the changes in the way and organization of the work of health promotion employees in institutes and institutes for public health .

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Keywords: health promotion, COVID-19 pandemic, elderly

Nevenka Bogdanović¹⁴⁵

DECENIJA POSTOJANJA KUTKA ZA KVALITETNIJE STARENJE – ZDRAVO STARENJE

Kutak za kvalitetnije starenje u Kragujevcu postoji već deset godina, pružajući raznovrsne usluge. Kutak broji 170 članova koji se svakog utorka okupljaju u prostorijama Crvenog krsta i organizuju zdravstveno-preventivna predavanja, kontrolu zdravlja, seminare i obuke. Na osnovu subjektivnih ocena, članovi Kutka procenjuju da im se psihičko i fizičko stanje popravilo i da osećaju veću satisfakciju u životu.

Crveni krst Kragujevac, zahvaljujući svesrdnom angažovanju stručne službe i velikog broja volontera starijih od 65 godina, koji poklanjaju svoje znanje, iskustvo i vreme da osnaže i dodatno motivšu svoje vršnjake da što aktivnije i zdravije stare, već 10 godina, uspešno realizuje i razvija aktivnosti „Kutka za kvalitetnije starenje“.

Aktivnosti „Kutka za kvalitetnije starenje, imaju za cilj saniranje sledećih problema starijih: usamljenost – izolovanost, nedovoljnu informisanost o uslugama i pravima iz socijalne i zdravstvene zaštite, nerazvijenu mrežu specijalizovanih vaninstitucionalnih usluga, visoku zdravstvenu ugroženost, siromaštvo, otežano obavljanje redovnih životnih aktivnosti, nedostatak podrške članova porodice i realizuju se na jednom mestu u prostorijama Crvenog krsta Kragujevac, na lako dostupnoj lokaciji u samom centru grada.

Svako okupljanje, ima strukturirano vreme (svakog utorka od 11 do 13 sati), tako što se članovi Kutka prvo okupljaju uz kafu, čaj i sok u prijatnoj atmosferi i razmenjuju informacije i utiske, nakon čega se realizuju sledeće aktivnosti:

a) klupske aktivnosti: druženje, uspostavljanje prijateljskih kontakata, predupređivanje negativnih posledica usamljenosti, korišćenje štampe, društvene igre: šah, ne ljuti se čoveče, domine, igre memorije, obeležavanje rođendana, godišnjica i važnih datuma. Redovne lagane korektivno-preventivne vežbe, kojim počinje svako druženje postale su zaštitni znak Kutka.

b) edukativno/informativno/savetodavne aktivnosti: prezentacije na razne teme, obuka za korišćenje telefona i tableta, predavanja za mentalno zdravlje“ sa temama: „zašto se kaže...“, „šta znači...“, „da li ste znali i druge zanimljivosti“, „rodoslovi do 30 kolena u nazad, preci i potomci“, „inserti mudrosti“, zaštita od požara, „Aktivizam starijih i Alchajmerova bolest“, „o krsnim

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slavama“ i čitanje poezije nadarenih članova Kutka. Organizuje se obeležavanje važnih datuma, predavanja o poznatim ličnostima iz naše istorije, o znamenitim ženama Srbije, o humanosti i dobročinstvu.

c) zdravstveno-preventivne aktivnosti: tribine, predavanja i kontrola zdravlja: merenje pritiska, merenje nivoa šećera u krvi, zdravi stilovi života, aktivnost u trećem dobu, zdrava ishrana, osteoporozna, rak dojke, pravilna upotreba lekova u trećem dobu, zdravo starenje, predavanja o prevenciji demencije.

d) sportsko-rekreativne i zabavne aktivnosti: „penaldžije“, pikado, nabacivanje krugova, lavirint, dnevna i nedeljna štampa, „bingo“, „ne ljuti se čoveče“, organizovanje kvizova opšte kulture.

e) sekcije: likovna, literarna, plesna, muzička, dramska, šahovska.

f) radionice: izrada predmeta od različitih materijala, ručnih radova, izrada panoa dobrih vesti na teme: ljubav, proleće, poezija, doživeti stotu, „kako Tanjug javlja“, „nedeljni ručak“, „put vina“, radionica posvećena cveću i voću praćena adekvatnim muzičkim numerama.

g) izleti

h) „volonterske aktivnosti“ (kampanje, zastupanje interesa starijih): program „Pomoć telefonom“, akcija „Za sunčanu jesen života“, odlazak u kućne posete, edukacije o prevenciji nasilja nad starijima, „Dobri telefon“ gde su stariji izvan Kutka mogli da dobiju informacije vezane za virus korona.

i) distribucija pomagala: štaka, štapova, kolica za nepokretne, šetalica i paketa hrane, higijene i pelena za odrasle.

Ključne reči: promocija zdravlja, Kutak, kvalitetnije starenje, starije osobe

Nevenka Bogdanović¹⁴⁶

A DECADE OF THE EXISTENCE OF THE CORNER FOR BETTER - HEALTHY AGING

The Corner for Better Quality Aging in Kragujevac has existed for ten years, providing a variety of services. The corner has 170 members who gather every Tuesday at the premises of the Red Cross and organize health-preventive lectures, health checks, seminars and trainings. Based

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on subjective evaluations, Corner members estimate that their mental and physical condition has improved and that they feel more satisfied in life.

The Red Cross Kragujevac, thanks to the wholehearted engagement of the professional service and a large number of volunteers over the age of 65, who donate their knowledge, experience and time to empower and additionally motivate their peers to age as actively and healthily as possible, has been successfully implementing and developing activities for 10 years.

The activities of the Corner for Better Quality Aging aim to remedy the following problems of older persons: loneliness – isolation, insufficient information about services and rights related to social and health care, an underdeveloped network of specialized non-institutional services, high health risk, poverty, difficulties in performing activities of regular, daily life, lack of support of family members... The activities are implemented in one place in the premises of the Kragujevac Red Cross, in an easily accessible location in the very centre of the city.

Each session is structured (every Tuesday from 11 a.m. to 1 p.m.), so that the members of the Corner first gather with coffee, tea and juice in a pleasant atmosphere and exchange information and impressions, after which the following activities are carried out:

a) club activities: socializing, establishing friendly contacts, preventing the negative consequences of loneliness, reading newspapers, board games: chess, ludo, dominoes, memory games, celebrating birthdays, anniversaries and important dates. Regular light corrective-preventive exercises, with which every session begins, have become a trademark of the Corner.

b) educational/informative/advisory activities: presentations on various topics, training for the use of smartphones and tablets, lectures on mental health with topics such as: “why do we say...”, ““what does ... mean”, “did you know this and other interesting facts”, “genealogies up to 30 generations back, ancestors and descendants”, “inserts of wisdom”, “fire fighting and protection” , “activism of older persons and Alzheimer's disease”, “about baptism”. Poetry readings of the gifted members of the Corner are another regular activity. Marking of important dates are also organized alongside lectures on famous people from our history, famous women of Serbia, humanity and charity.

c) health-preventive activities: forums, lectures and health checkups: blood pressure measurement, blood sugar level measurement, healthy lifestyles, activity in the third age, healthy diet, osteoporosis, breast cancer, proper use of medical drugs in the older age, healthy aging, lectures on dementia prevention.

d) sports-recreational and entertainment activities: “penalty shootouts”, darts, throwing rings, maze, daily and weekly press, “bingo”, "ludo", organization of general culture quiz games.

e) special thematic groups: art, literature, dance, music, drama, chess.

f) workshops: making items from different materials, handicrafts, making good news panels on the topics: love, spring, poetry, live to be one hundred years old, “as Tanjug says”, “Sunday lunch”, “wine route”, workshop dedicated to flowers and fruits accompanied by adequate musical numbers.

g) road trips

h) “volunteer activities” (campaigns, advocacy for the interests of older persons): “Telephone help”, “For the sunny autumn of life” action, home visits, training on the prevention of violence against older persons, “Good Telephone” where older persons who are not members of the Corner could get information related to the corona virus.

i) distribution of aids: crutches, walking sticks, wheelchairs, walkers, food and hygiene parcels as well as diapers for adults.

Key words: health promotion, Corner, quality aging, older persons

Jana Dimoski¹⁴⁷, Milica Manojlović¹⁴⁸, Maša Vukčević Marković¹⁴⁹

TESTIRANJE EFEKTIVNOSTI PROGRAMA PSIHOSOCIJALNE PODRŠKE STARIJIM OSOBAMA: KVAZI-EKSPEERIMENTALNA STUDIJA

NVO PIN je sprovela proces mapiranja najprioritetnijih potreba i najistaknutijih nedostataka u pružanju usluga mentalnog zdravlja u petnaest gradova u Srbiji. U tom procesu, usluge koje imaju za cilj unapređenje mentalnog zdravlja starijih osoba su istaknute kao jedan od glavnih prioriteta u lokalnim zajednicama. Tako je NVO PIN odgovorila na ove potrebe kroz implementaciju i testiranje Programa psihosocijalne podrške starijim osobama tokom šest meseci u dva grada u Srbiji koja su označena kao prioritetna (Šid i Sremska Mitrovica). Program je bio mešovitog tipa, sastojao se od individualnih sesija i grupnih radionica koje su mogle da se pohađaju i odvojeno i paralelno, a održavali su ih psiholozi koji su prošli jednodnevnu dodatnu obuku o implementaciji Programa. Uopšteno govoreći, teme obuhvaćene Programom bile su: usamljenost, depresija, anksioznost, nada, odnosi sa drugima, borba protiv starenja i stigme, nada i asertivna komunikacija. Sesije su bile i psihoedukativne i terapijske. Nije bilo ograničenja za pristupanje Programu, osim starosne granice preko 55 godina. Korišćen je kvazi-eksperimentalni dizajn. Kriterijumi za uključivanje u istraživanje bili su uzrast stariji od 55 godina i odsustvo drugog oblika psihosocijalne podrške. Ukupno 33 starije osobe ($M_{\text{god}}=74.18$, $SD_{\text{god}}=10.13$, 27% muškaraca) izrazilo je interesovanje da se pridruži Programu i na taj način raspoređeno u eksperimentalnu grupu, dok 21 osoba ($M_{\text{god}}=72.86$, $SD_{\text{god}}=10.31$, 43% muškaraca) nije izrazila interesovanje da se pridruži Programu pa su ove osobe stoga raspoređene u kontrolnu grupu. Bilo je 1-9 individualnih i 2-10 grupnih sesija po korisniku iz eksperimentalne grupe. Svaki učesnik je popunio inventare koji su merili subjektivno blagostanje (WHO5, 5 stavki; $\alpha = .88 - .90^{150}$), kvalitet života (MANSA, 12 stavki; $\alpha = .50 - .85$), usamljenost (UCLA skala usamljenosti, 20 stavki); $\alpha = .82 - .88$), depresiju (PHQ9, 9 stavki; $\alpha = .79 - .85$) i anksioznost (GAD7, 7 stavki; $\alpha = .73 - .86$) u tri vremenske tačke: pre početka Programa (pre-test), odmah nakon Programa (post-test) i mesec dana nakon završetka Programa (naknadno merenje). Rezultati su pokazali da je čak i nakon kontrole rezultata sa pre-testa, došlo do značajnog poboljšanja u eksperimentalnoj grupi

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na post-test merama blagostanja ($F(1)=40.358$, $p<.001$, $\eta_p^2=.45$), usamljenosti ($F(1)=6.253$, $p<.05$, $\eta_p^2=.11$), depresije ($F(1)=16.534$, $p<.001$, $\eta_p^2=.25$) i anksioznosti ($F(1)=24.187$, $p<.001$, $\eta_p^2=.33$), dok je došlo do marginalne pozitivne promene u kvalitetu života ($F(1)=3.885$, $p=.055$, $\eta_p^2=.08$). Štaviše, nakon kontrolisanja rezultata iz pre-testa, poboljšanje u eksperimentalnoj grupi je ostalo značajno na naknadnom merenju depresije tokom praćenja ($F(1)=8.226$, $p<.01$, $\eta_p^2=.14$). Ovi rezultati potvrđuju efektivnost Programa za psihosocijalnu podršku starijim osobama u poboljšanju mentalnog zdravlja starijih osoba i pružaju važne dodatne inpute za praksu zasnovanu na dokazima. Iako je pokazano da se može ostvariti dugotrajniji rezultat u slučaju poteškoća sa mentalnim zdravljem kao što je depresija, naglašava se potreba za kontinuiranom podrškom starijim osobama.

Jana Dimoski,¹⁵¹ Milica Manojlović¹⁵², Maša Vukčević Marković¹⁵³

TESTING THE EFFECTIVENESS OF THE PROGRAM FOR PSYCHOSOCIAL SUPPORT FOR OLDER ADULTS; A QUASI-EXPERIMENTAL STUDY¹⁵⁴

NGO PIN conducted the process of mapping the highest-priority needs and most prominent gaps in the provision of mental health services in fifteen cities in Serbia. In that process, services aimed at improving the mental health of older adults are highlighted as one of the top priorities in local communities. Thus, NGO PIN responded to these needs by implementing and testing the Program for Psychosocial support for older adults over the course of six months in two cities in Serbia that were marked as a priority (Šid and Sremska Mitrovica). The Program was mixed-type, consisting of individual sessions and group workshops, both accessible to all participants, and held by psychologists that underwent one-day additional training on Program implementation. Broadly, the topics covered within the Program were: loneliness, depression, anxiety, hope, relationships with others, combating ageism and stigma, hopefulness, and assertive communication. The sessions were both psychoeducational and therapeutic. There were no restrictions on joining the Program, except the age limit of over 55 years of age. A quasi-experimental design was used. Inclusion criteria for participating in the research were being over 55 years of age and not being subject to any other form of psychosocial support. A total of 33 older adults ($M_{age}=74.18$, $SD_{age}=10.13$, 27% males) expressed an interest to join the Program and thus were assigned to the experimental group, while 21 individuals ($M_{age}=72.86$, $SD=10.31$, 43% males) haven't expressed an interest to join the Program and thus were assigned to the control group. There were 1-9

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individual and 2-10 group sessions per beneficiary from the experimental group. Each participant completed inventories measuring well-being (WHO5, 5 items; $\alpha = .88 - .90^{155}$), quality of life (MANSAs, 12 items; $\alpha = .50 - .85$), loneliness (UCLA Loneliness Scale, 20 items; $\alpha = .82 - .88$), depression (PHQ9, 9 items; $\alpha = .79 - .85$) and anxiety (GAD7, 7 items; $\alpha = .73 - .86$) at three time points: before the Program started (pre-test), immediately after the Program (post-test) and one month after the Program has ended (follow-up). The results showed that even after controlling for the scores from the pre-test, there was a significant improvement in the experimental group on post-test measures of well-being ($F(1)=40.358, p<.001, \eta_p^2=.45$), loneliness ($F(1)=6.253, p<.05, \eta_p^2=.11$), depression ($F(1)=16.534, p<.001, \eta_p^2=.25$), and anxiety ($F(1)=24.187, p<.001, \eta_p^2=.33$), while there was a marginal positive change in the quality of life ($F(1)=3.885, p=.055, \eta_p^2=.08$). Moreover, after controlling for scores from the pre-test, the improvement in the experimental group remained significant on the follow-up measures of depression ($F(1)=8.226, p<.01, \eta_p^2=.14$). These results confirm the effectiveness of the Program for Psychosocial support for older adults in improving the mental health of older adults, and provide important further inputs for evidence-based practice. Even though it is shown that a longstanding impact can be made in the case of mental health difficulties such as depression, the need to provide continuous support to older adults is highlighted.

Nadežda Satarić¹⁵⁶, Maja Gajić Kvašček¹⁵⁷, Natalija Perišić¹⁵⁸

IZAZOVI ČLANOVA PORODICE KOJI ŽIVE SA DEMENCIJOM – ISKUSTVA ŠILOTIRANJA USLUGA SAVETOVALIŠTA ZA NEFORMALNE NEGOVATELJE I DNEVNOG BORAVKA ZA OBOLELE

Demencija je bolest koja će obeležiti prvu polovinu XXI veka. Za razliku od virusnih epidemija, od demencije ne možemo da se izolujemo, da se izlečimo, da je preležimo. Otuda problematika pružanja podrške, nege i zbrinjavanje člana porodice koji živi sa nekim oblikom demencije zaokuplja sve više pažnju ne samo članova porodice već i stručnjaka iz oblasti zdravstvene i socijalne zaštite i kreatora politika od lokalnog do nacionalnog nivoa. Registar obolelih od demencije u Srbiji je uspostavljen, ali još nisu svi oboleli i registrovani. Prema pretpostavkama zaključujemo da ih danas ima više od 130.000, jer prema procenama Svetske zdravstvene organizacije između 6 i 10% starijih od 65 godina su pod rizikom da obole od ove bolesti i još oko 1% do 2% mlađih. Najveći teret brige za obolelog je na porodici a u okviru porodice na ženi.

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Predmet ovog rada je sagledavanje izazova sa kojima se susreću članovi porodica koje brinu o članu koji živi sa demencijom u Srbiji i predstavljanje rezultata pilotiranja usluge Savetovaništa u tri grada u Srbiji i Dnevnog boravka za obolele od demencije u Beogradu.

Pilotiranje usluge Dnevnog boravka sprovelo je Udruženje Amity u partnerstvu sa Srpskim udruženjem za Alchajmerovu bolest u 2021. – 2022. godini, a usluge Savetovaništa za srodnike obolelih ova dva udruženja, pružaju od 2020. godine.

Negovanje bolesnog člana porodice veoma mnogo utiče na lični život negovatelja. Srodnici nailaze na nerazumevanje i od strane okoline za izazove i teškoće sa kojima se susreću. Često i sami negovatelji obolevaju zbog emotivnih i fizičkih napora kojima su izloženi. Uglavnom se poremeti dinamika ranijeg uobičajenog funkcionisanja porodice. Susreću se sa brojnim dilemama i nedoumicama oko nege obolelog. Istovremeno, negovatelji ukazuju na određene benefite nege člana porodice koji živi sa demencijom: nega predstavlja izvor njihovog ličnog rasta i razvoja, daje određeni smisao njihovom životu itd.

Strukturirane aktivnosti u okviru radno–okupacione terapije koje se sprovode u dnevnom boravku u Beogradu, u toku samo tri sata u jednom danu nedeljno, pokazale su se kao dobro osmišljene i još bolje prihvaćene i od strane obolelih, i od strane njihovih srodnika, neformalnih negovatelja. Poboljšava se koncentracija obolelih, fina motorika ostaje očuvana a u grupi sa njima sličnima raste im samopouzdanje. Kroz muziko-terapiju i kroz različite telesne vežbe poboljšava se opšte stanje i raspoloženje obolelih. Usluge radno okupacione terapije za obolele organizuje jedan socijalni radnik za grupu do 10 korisnika a njemu pomažu još najmanje 4 do 5 obučениh volontera iz reda studenata i starijih psihički očuvanih osoba.

Otuda preporuka da lokalne samouprave razvijaju i finansiraju i dnevne usluge u zajednici za obolele od demencije i za njihove neformalne negovatelje, kako bi se teret brige o obolelima, koliko toliko, preraspodelio između porodice i društva.

Ključne reči: osobe žive sa demencijom, neformalni negovatelji, dnevni boravak za osobe sa demencijom, servisi i usluge u lokalnim zajednicama.

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CHALLENGES OF FAMILY MEMBERS LIVING WITH DEMENTIA – EXPERIENCES OF PILOTING THE SERVICES OF THE COUNSELING CENTER FOR INFORMAL CAREGIVERS AND THE DAY CARE CENTER FOR SICK PERSONS

Dementia is a disease that will mark the first half of the 21st century. Unlike viral epidemics, we cannot isolate ourselves from dementia, we cannot cure ourselves, we cannot get over it. Therefore, the issue of providing support, care and care for a family member living with some form of dementia is increasingly attracting the attention of not only family members, but

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also experts in the field of health and social care and policy makers from local to national level. The registry of people suffering from dementia in Serbia has been established, but not all of them have been registered yet. Based on the assumptions, we conclude that today there are more than 130,000 of them, because according to the estimates of the World Health Organization, between 6 and 10% of people older than 65 are at risk of developing this disease, and in addition 1% to 2% of younger persons. The biggest burden of caring for a sick person is on the family, and within the family on the female members.

The subject of this paper is an overview of the challenges faced by family members who care for a member living with dementia in Serbia and the presentation of the results of the piloting of the Counseling Center service in three cities in Serbia and the Day Care Center for dementia sufferers in Belgrade.

The piloting of the Day Care service was carried out by the Amity Association in partnership with the Serbian Society for Alzheimer Disease in 2021-2022, and the services of the Counseling Center for relatives of patients from these two associations have been provided since 2020.

Caring for a sick family member greatly affects the personal life of the caregiver. Relatives also encounter misunderstanding from the environment for the challenges and difficulties they face. Caregivers themselves often fall ill due to the emotional and physical strain they are exposed to. The dynamics of the previously normal functioning of the family are mostly disrupted. They encounter numerous dilemmas and doubts regarding the care for the affected family member. At the same time, caregivers point to certain benefits of caring for a family member living with dementia: care is a source of their personal growth and development, gives a certain meaning to their life, etc.

Structured activities within the framework of work-occupational therapy, which are carried out in a day care center in Belgrade, during only three hours on one day a week, have proven to be well thought out and even better accepted both by the patients and by their relatives, informal caregivers.

The patients' concentration improves, their fine motor skills remain preserved, and in a group with similar people their self-confidence grows. Through music therapy and through various physical exercises, the general condition and mood of the patients improves. Occupational therapy services for the affected are organized by one social worker for a group of up to 10 beneficiaries, and they are assisted by at least 4 to 5 trained volunteers from the ranks of students and older mentally preserved persons.

Hence the recommendation that local governments develop and finance day services in the community for dementia sufferers and their informal caregivers, in order to redistribute the burden of caring for the sufferers, as much as possible, between the family and society.

Key words: persons living with dementia, informal caregivers, day care for people with dementia, services and services in local communities.

Marina Milić Babić¹⁶²

ZAŠTITA LJUDI KOJI BOLUJU OD ALCHAJMEROVOE BOLESTI I DRUGIH DEMENCIJA – MOŽEMO LI BOLJE?

Alchajmerova bolest je neizlečivo, progresivno propadanje moždanih ćelija, zbog čega oboleli doživljavaju gubitak fizičkih, psihičkih i mentalnih funkcija. Napredovanje bolesti kod pacijenta donosi pogoršanje stanja, pa je to bolest koja ne pogađa samo pojedinca, već duboko pogađa i članove porodice, posebno najbliže pacijentu. S obzirom na to da ne postoji lek za bolest, očekuje se da će osoba imati značajno narušen kvalitet života, a simptomi koji ga pogađaju su različiti, u zavisnosti od osobe i stadijuma bolesti. Stoga postoji opravdana bojazan da ljudi koji boluju od Alchajmerove bolesti neće moći da zaštite svoja prava i interese. Iz tog razloga postoje određeni mehanizmi kojima država štiti pacijente i njihova ljudska prava i dostojanstvo - poslovna sposobnost, palijativno zbrinjavanje i institut informisanog pristanka. Kako je aktuelna pandemija covida 19 uticala na živote osoba obolelih od Alchajmerove bolesti i drugih demencija biće prikazano u radu sa ciljem da se aktuelizuje potreba za zaštitom ove posebno osetljive grupe u okviru starije populacije. U radu će biti predstavljena teorijska saznanja, ali i određena rešenja koja mogu poboljšati život obolele osobe i članova porodice. Pored toga, autor predstavlja prava i usluge u sistemu socijalne zaštite, koje su namenjene poboljšanju kvaliteta života osoba koje boluju od Alchajmerove bolesti i drugih demencija. Zaključno, pregledom istraživanja, prava i usluga i mehanizama zaštite, moguće je izgraditi adekvatniju mrežu formalne podrške koja će članovima porodice olakšati ovaj izuzetno izazovan proces zbrinjavanja bolesne osobe.

Ključne reči: Alchajmerova bolest, ljudska prava, covid 19, formalna podrška

Marina Milić Babić¹⁶³

PROTECTING PEOPLE WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS – CAN WE DO BETTER?

Alzheimer's disease is an incurable, progressive deterioration of brain cells, due to which sufferers experience a loss of physical, psychological and mental functions. The progression of the disease in the patient brings worsening of the condition, so it is a disease that not only affects the individual, but also deeply affects the family members, especially those closest to the patient. Given that there is no cure for the disease, it is expected that a person will have a significantly impaired quality of life, and the symptoms that affect him are different, depending on the person and the stage of the disease. Therefore, there is a justified fear that people suffering from Alzheimer's disease will not be able to protect their rights and interests. For this reason, there are certain mechanisms by which the state protects patients and their human rights and dignity – legal competence, palliative care and the concept of informed consent. How the current COVID-19

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pandemic has affected the lives of people suffering from Alzheimer's disease and other dementias will be shown in the paper with the aim of actualizing the need to protect this particularly sensitive group within older population. The paper will present theoretical knowledge, but also certain solutions that can improve the life of the sick person and family members. In addition, the author presents the rights and services in the social protection system, which are intended to improve the quality of life of people suffering from Alzheimer's disease and other dementias. In conclusion, by reviewing research, rights and services and protection mechanisms, it is possible to build a more adequate network of formal support that will facilitate to family members this extremely challenging process of caring for a sick person.

Keywords: Alzheimer's disease, human rights, COVID-19, formal support

Milica Petković¹⁶⁴, Aleksandra Nikitović¹⁶⁵, Stefan Topalović¹⁶⁶, Zuhra Hodžić¹⁶⁷, Aleksandra Romić¹⁶⁸

ZBRINJAVANJE LICA SA DIJAGNOZOM DEMENCIJE U USTANOVU SOCIJALNE ZAŠTITE TOKOM I NAKON PANDEMIJE VIRUSA KOVID-19

Život osoba sa dijagnozom demencije tokom pandemije bio je predmet brojnih studija u svetu. Naučna istraživanja su se bavila ovom temom iz različitih uglova. Neke od studija su se fokusirale na uticaj infekcije virusom kovid 19 na zdravstveno stanje osoba sa dijagnozom demencije istražujući specifičnosti vezane za kliničku sliku, tok bolesti kao i tok oporavka. Sa druge strane studije iz oblasti socijalne zaštite istraživale su psihološke reakcije na vanredne okolnosti izazvane pandemijom i različite mehanizme prevladavanja kod osoba sa dijagnozom demencije, njihovih srodnika i osoblja koje pruža negu u ustanovama socijalne zaštite. Osim toga, studije su istraživale i uticaj na kognitivno funkcionisanje ovih osoba kao i na povećan rizik od pogoršanja kognitivno-mnjestičkih funkcija kod osoba kod kojih je ranije dijagnostifikovane blage promene u kognitivnoj sferi. Rezultati studija pokazuju da je pandemija izazvana virusom kovid 19 imala značajan negativan uticaj na kvalitet života osoba sa dijagnozom demencije.

U Ustanovi Gerontološki centar Beograd u okviru RJ „Bežanijska Kosa“ postoje odeljenja specijalizovana za pružanje usluga socijalne i zdravstvene zaštite osobama sa dijagnozom demencije. U ovom radu prikazane su reakcije korisnika na vanredne okolnosti izazvane

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pandemijom, promenama u organizaciji rada ustanove i specifičnostima vezanim za negu i pružanje usluga korisnicima za vreme trajanja pandemije. U radu su prikazani statistički podaci vezani za stopu infekcije, kliničku sliku i zdravstveno stanje korisnika kod kojih je potvrđena infekcija, promene u ponašanju i psihičkom stanju kao i način na koji je ustanova prilagodila negu i pružanje usluga tokom trajanja pandemije.

U radu su korišćene kvalitativne metode koje su podrazumevale intervjuisanje zaposlenih na odeljenju namenjenom osobama sa dijagnozom demencije kao i analiza dokumentacije ustanove.

Dobijeni rezultati potvrđuju nalaze prethodnih istraživanja o negativnom uticaju pandemije na kvalitet života osoba sa dijagnozom demencije. Ključni faktori koji je tome doprineo je *socijalna izolacija* koja se ogledala u smanjenoj interakciji korisnika sa srodnicima i bliskim osobama koja je bila uslovljena merama prevencije i zaštite od širenja infekcije.

Ključne reči: demencija, kovid 19, socijalna zaštita, socijalna izolacija

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CARING FOR PERSONS WITH A DIAGNOSIS OF DEMENTIA IN A SOCIAL CARE INSTITUTION DURING AND AFTER THE COVID-19 VIRUS PANDEMIC

The life of persons diagnosed with dementia during the pandemic has been the subject of numerous studies around the world. Scientific research has dealt with this topic from different angles. Some of the studies focused on the impact of the infection on the health status of people diagnosed with dementia, investigating the specifics related to the clinical picture, the course of the disease as well as the course of recovery. On the other hand, studies in the field of social protection investigated psychological reactions to extraordinary circumstances caused by the pandemic and various coping mechanisms in persons with a diagnosis of dementia, their relatives and staff who provide care in social protection institutions. In addition, the studies investigated the impact on the cognitive functioning of these persons as well as the increased risk of deterioration of cognitive-mnemonic functions in persons who were previously diagnosed with mild changes in

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the cognitive sphere. The results of the studies show that the COVID-19 pandemic had a significant negative impact on the quality of life of persons diagnosed with dementia.

In the Gerontological Center Belgrade Institution within the “Bežanijska Kosa” WU, there are departments specialized in providing social and health care services to persons diagnosed with dementia. This paper shows the beneficiaries' reactions to the extraordinary circumstances caused by the pandemic, the changes in the organization of the institution's work and the specifics related to the care and provision of services to the beneficiaries during the pandemic. The paper presents statistical data related to the rate of infection, the clinical picture and the health status of beneficiaries who have been confirmed to have an infection, changes in behaviour and mental state, as well as the way in which the institution adapted care and service provision during the pandemic.

Qualitative methods were used in the work, which involved interviewing employees in the department for persons diagnosed with dementia, as well as analyzing the institution's documentation.

The obtained results confirm the findings of previous research on the negative impact of the pandemic on the quality of life of persons diagnosed with dementia. The key factors that contributed to this was social isolation, which was reflected in the reduced interaction of the beneficiaries with relatives and other persons close to them, which was conditioned by measures of prevention and protection against the spread of infection.

Keywords: dementia, COVID-19, social protection, social isolation

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ZNAČAJ INTERVENCIJA KOD OSOBA KOJE BOLUJU OD ALCHAJMEROVE DEMENCIJE I NJIHOVIH STARATELJA

Alchajmerova demencija (AD) je neurodegenerativna, progresivna bolest heterogene etiologije, čija je osnovna karakteristika oštećenje kognitivnih funkcija koje rezultira ozbiljnim teškoćama u svim oblastima funkcionisanja obolele osobe i potrebom za pomoći neformalnih negovatelja. Istraživanja pokazuju da rana dijagnoza AD može osigurati bolji zdravstveni i razvojni ishod za oboljele. Cilj ovog izlaganja je da se ukaže na značaj rane intervencije u smislu dijagnoze i rehabilitacije i da se istakne ključna uloga članova porodice koji su preuzeli poziciju neformalnih negovatelja obolele osobe. Rana intervencija podrazumeva ranu dijagnozu i ranu primenu rehabilitacionih procedura, uključujući programe podrške članovima porodice, tzv. neformalnim negovateljima. Mreža podrške pacijentima i neformalnim negovateljima je važan faktor u kvalitetu nege pacijenata i njihovih staratelja. U pružanju podrške negovateljima, važno je prepoznati

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potrebe negovatelja članova porodice i obezbediti blagovremene i efikasne formalne mehanizme podrške. AD je bolest kod koje se retko ističu koristi bilo koje vrste, a upravo je uloga pomoćnih struka da ih pronađu i pomognu pacijentu i porodici.

Ključne reči: Alchajmerova demencija, rana intervencija, porodica, neformalni negovatelji

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THE IMPORTANCE OF INTEERVENTIONS FOR PEOPLE SUFFERING FROM ALZHEIMER'S DEMENTIA AN THEIR CAREGIVERS

Alzheimer's dementia (AD) is a neurodegenerative, progressive disease of heterogeneous etiology, the main characteristic of which is impairment of cognitive functions that results in serious difficulties in all areas of functioning of the affected person and the need for the help of informal caregivers. Research shows that early diagnosis of AD can ensure a better health and developmental outcome for sufferers. The aim of this presentation is to point out the importance of early intervention in terms of diagnosis and rehabilitation and to highlight the key role of family members who have assumed the position of informal caregivers of a sick person. Early intervention implies early diagnosis and early application of rehabilitation procedures, including support programs for family members, the so-called informal caregivers. The support network for patients and informal caregivers is an important factor in the quality of care for patients and their caregivers. In providing support to caregivers, it is important to recognize the needs of family caregivers and provide timely and effective formal support mechanisms. AD is a disease in which benefits of any kind are rarely highlighted, and it is precisely the role of the support professions to find them and help the patient and family.

Key words: Alzheimer's dementia, early intervention, family, informal caregivers

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IZAZOVI STARENJA OSOBA KOJE ŽIVE SA VIRUSOM HUMANE IMUNODEFICIJENCIJE (HIV)

Osobe koje žive sa HIV-om su jedna od grupacija koje su najizloženije stigmati i diskriminaciji. Naše dvodecenijsko iskustvo u radu potvrđuje da su osobe koje žive sa HIV-om i dalje, bez obzira na zakonsku regulativu o zabrani diskriminacije, izložena stigmati i diskriminaciji. Naš rad ima za cilj da rasvetli aspekte starenja sa HIV-om u kontekstu socijalne i zdravstvene zaštite. Prema podacima Instituta za javno zdravlje Srbije “Dr Milan Jovanović Batut” od početka epidemije 1985.godine do 20. novembra 2021. u Republici Srbiji je registrovano 4.317 inficiranih od kojih su 2.104 osobe obolele od AIDS-a (sindroma stečenog gubitka imuniteta). Velika većina korisnika koji su za svoj HIV pozitivan status saznali u prve dve decenije epidemije, sada su osobe u starosnoj kategoriji 65+. Od 1997. godine ARV (antiretroviralna terapija) je dostupna i besplatna. Terapija produžava životni vek osoba koje žive sa HIV-om i značajno smanjuje stopu oboljevanja i umiranja od AIDS-a (sindroma stečenog gubitka imuniteta). Međutim, starenje sa HIV-om nosi određene izazove kada je u pitanju zdravstveno stanje, pristup zdravstvenoj zaštiti kao i pristup uslugama socijalne zaštite.

Smanjenje stigme i diskriminacije u praksi dovelo bi do kvalitetnijih usluga za osobe koje žive sa HIV-om, a veća informisanost osoblja u zdravstvenom i socijalnom sistemu doprinela bi unapređenju kvaliteta života i jednakom ostvarivanju prava.

Svest o izloženosti stigmati i diskriminaciji i nemogućnost ostvarivanja ljudskih prava, dovode do narušavanja mentalnog zdravlja. U tom kontekstu, osobe koje žive sa HIV-om su dodatno oslabljene za zastupanje i ostvarivanje svojih prava, što ih sprečava da koriste postojeće mehanizme zaštite u slučaju kršenja njihovih prava.

Pandemija COVID-19 virusa istakla je u prvi plan probleme i poteškoće osoba obolelih od zaraznih bolesti. Potrebno je dodatno informisanje i edukacija osoba koje žive sa HIV-om, ali i kontinuirano delovanje na strukturnom nivou u cilju smanjenja stigme i diskriminacije.

Ključne reči: HIV, starenje, socijalna i zdravstvena zaštita, pristup uslugama, ljudska prava, stigma i diskriminacija

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CHALLENGES OF AGING IN PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

People living with HIV are one of the groups most exposed to stigma and discrimination. Our two-decade work experience confirms that people living with HIV are still exposed to stigma and discrimination, regardless of the legislation on the prohibition of discrimination.

Our paper aims to shed light on aspects of aging with HIV in the context of social and health care. According to the data of the Institute for Public Health of Serbia „Dr. Milan Jovanović Batut“, from the beginning of the epidemic in 1985 until November 20, 2021, 4,317 infected people were registered in the Republic of Serbia, of which 2,104 were persons. The vast majority of users who found out about their HIV-positive status in the first two decades of the epidemic are now people in the 65+ age category. Since 1997, ARV (antiretroviral therapy) has been available and free. The therapy extends the life expectancy of people living with HIV and significantly reduces the rate of illness and death from AIDS (acquired immunodeficiency syndrome). However, aging with HIV brings certain challenges when it comes to health status, access to health care and access to social care services.

Reducing stigma and discrimination in practice would lead to better quality services for people living with HIV, and greater awareness of personnel in the health and social system would contribute to improving the quality of life and equal exercise of rights.

Awareness of exposure to stigma and discrimination and the impossibility of exercising human rights lead to impairment of mental health. In this context, people living with HIV are further weakened to advocate for and exercise their rights, which prevents them from using the existing protection mechanisms in case of violation of their rights.

The COVID-19 pandemic has highlighted the problems and difficulties of people suffering from infectious diseases. Additional information and education of people living with HIV is needed, as well as continuous action at the structural level in order to reduce stigma and discrimination.

Key words: HIV, aging, social and health care, access to services, human rights, stigma and discrimination

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PRIMENA HBO TERAPIJE U LEČENJU DIJABETESNOG STOPALA KOD PACIJENTA STARIJE ŽIVOTNE DOBI - prikaz slučaja

Uvod: Pacijenti oboleli od diabetes mellitus-a sa pridruženom perifernom arterijskom okluzivnom bolešću (PAOB) su u 25%- 90% većem riziku od visokih amputacija donjih ekstremiteta u odnosu na opštu populaciju, pokazale su studije. Svake godine u SAD se obavi skoro 100000 visokih amputacija donjih ekstremiteta od kojih 50% čine upravo pacijenti oboleli od diabetes mellitus-a i PAOB. Starija životna dob je faktor rizika u razvoju teže kliničke slike i komplikacije osnovnih oboljenja.

Prikaz slučaja: Predstavljamo slučaj sedamdesetčetvorogodišnjeg pacijenta koji je pregledan od strane vaskularnog hirurga tercijarne ustanove zbog suve gangrene plantarnog dela palca i distalne falange II prsta levog stopala, kao i ulkusne promene na dorzumu i potkolenici levog stopala koja ne zarasta unazad više od godinu dana. Ulkusna promena je veličine 8x6 cm, nepravilnih, bedemastih ivica sa ekspaniranom tetivom u dorzalnom delu i znacima infekcije. Na istoj potkolenici više manjih ulkusnih promena prekrivenih krustama. Pacijent navodi da mu je lakše kada je noga spuštena. Pulzacije distalno od AFC su obostrano odsutne. Ranije je verifikovana okluzija AFS obostrano. Vaskularni hirurg je indikovao natkolenu amputaciju u slučaju progresije ishemije te je upućen u Specijalnu bolnicu za hiperbaričnu medicinu radi pokušaja spasavanja donjeg ekstremiteta. Pacijent je dugogodišnji dijabetičar na per-os terapiji, sa nezadovoljavajućom glikoregulacijom. Na prijemu u našoj ustanovi pacijent encefalopatičan, hipotenzivan (TA 60/40mmHg), komunikacija otežana te je upućen na psihijatrijski i kardiološki konsultativni pregled. Psihijatrijskim pregledom dijagnostikovana demencija i paranoidno-depresivni sindrom. Kardiolog je korigovao postojeću terapiju. Po stabilizaciji opšteg stanja započeta HBO terapija na 2,0 ATA po 70 minuta u višemesnoj komori marke HAUX, jednom dnevno. Posle pete HBO terapije pacijent se žali na temperaturu, malaksalost i bolove u mišićima. Obzirom na pandemiju Covid 19 urađen je PCR nazofaringealnog brisa SARS CoV2 test kojim se verifikuje Covid 19 infekcija. Obraden laboratorijski i klinički u nadležnoj ustanovi te mu je ordinirana antibiotska i simptomatska terapija. Određena izolacija u trajanju 14 dana do novog testiranja. Po isteku izolacije i dobijanju negativnog antigenskog testa kao i poboljšanju opšteg stanja pacijent nastavlja HBO terapiju. Pre svake HBO ekspozicije previjan u našoj ustanovi. Kontrolisan od strane hirurga koji je parcijalno amputirao distalnu falangu II prsta i učinio nekrektomiju plantarnog dela palca levog stopala. Sprovedeno je ukupno 20 HBOT. Lokalni nalaz na otpustu znatno bolji; ulkusna promena redukovana po obimu, u fazi sanacije. Promene na I i II

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prstu levog stopala potpuno sanirane, bez ugroženosti ekstremiteta. Pacijent pri otpustu dobrog opšteg stanja, orijentisan u sva tri pravca, komunikativan.

Zaključak: Prikazom ovog slučaja želeli smo da pokažemo da je moguće uspešno sačuvati ekstremitet kod pacijenta starije životne dobi sa dijabetesom i PAOB primenom HBOT uz multidisciplinarni pristup.

Ključne reči: diabetes mellitus, dijabetesno stopalo, periferna arterijska bolest, starija životna dob, Covid 19.

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THE APPLICATION OF HBO THERAPY IN THE TREATMENT OF THE DIABETIC FOOT IN OLDER PATIENTS - case report

Introduction: Patients with diabetes mellitus with associated peripheral arterial occlusive disease (PAOB) are at 25%-90% higher risk of high amputations of the lower extremities compared to the general population, studies have shown. Almost 100,000 high amputations of the lower extremities are performed in the USA every year, of which 50% are patients suffering from diabetes mellitus and PAOB. Older age is a risk factor in the development of a more severe clinical picture and complications of underlying diseases.

Case report: We present the case of a seventy-four-year-old patient who was examined by a vascular surgeon at a tertiary institution due to dry gangrene of the plantar part of the big toe and the distal phalanx of the II toe of the left foot, as well as ulcerative changes on the dorsum and lower leg of the left foot that have not healed for more than a year. The ulcerous change is 8x6 cm in size, with irregular, rampant edges with an exposed tendon in the dorsal part and signs of infection. On the same lower leg, several minor ulcer changes covered with crusts. The patient states that it is easier for him when the leg is lowered. Pulsations distal to the AFC are bilaterally absent. Previously, AFS occlusion was verified bilaterally. The vascular surgeon indicated above-knee amputation in case of progression of ischemia and he was referred to the Special Hospital for Hyperbaric Medicine in order to attempt to save the lower limb. The patient is a long-term diabetic on per-os therapy, with unsatisfactory glycoregulation. On admission to our institution, the patient was encephalopathic, hypotensive (TA 60/40mmHg), communication was difficult, and he was

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referred for a psychiatric and cardiology consultation. A psychiatric examination diagnosed dementia and paranoid-depressive syndrome. The cardiologist corrected the existing therapy. After stabilization of the general condition, HBO therapy was started at 2.0 ATA for 70 minutes in a multi-seat chamber of the HAUX brand, once a day. After the fifth HBO therapy, the patient complains of fever, malaise and muscle pain. In view of the COVID-19 pandemic, a PCR nasopharyngeal swab SARS CoV2 test was performed to verify the COVID-19 infection. He was treated in the laboratory and clinically in the competent institution, and he was prescribed antibiotic and symptomatic therapy. Strict isolation for 14 days until new testing. After the end of the isolation and receiving a negative antigen test, as well as the improvement of the general condition, the patient continues HBO therapy. Before every HBO exposure, the patient was dressed in our institution. Controlled by a surgeon who partially amputated the distal phalanx of the II toe and performed a nekrectomy of the plantar part of the left big toe. A total of 20 HBOTs were conducted. The local findings at discharge are better; Ulcer change reduced in size, in the rehabilitation phase. The changes on the I and II toes of the left foot have been completely repaired, without endangering the extremities. At discharge, the patient was in a good general condition, oriented in all three directions, communicative.

Conclusion: By presenting this case, we wanted to show that it is possible to successfully preserve the extremity in an older patient with diabetes and PAOB using HBOT with a multidisciplinary approach.

Key words: diabetes mellitus, diabetic foot, peripheral arterial disease, older age, COVID-19.

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MULTI I INTERPERSONALNI PRISTUP U GERIJATRIJI

Kroz delatnost i 35-godišnje postojanje i razvoj Odeljenja za neuropsihijatriju sa odsekom za bol je prikazan primer multi i interprofesionalnog pristupa u gerijatriji.

Pored lečenja, preventivnih i promotivnih aktivnosti u oblasti mentalnog zdravlja i oblasti bola, sprovedene su mnoge projektne i edukativne aktivnosti koje će biti navedene.

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MULTI AND INTERPROFESSIONAL APPROACH IN GERIATRICS

Through the activity and 35-year existence and development of the Department of Neuropsychiatry with the pain department, an example of a multi- and interprofessional approach in geriatrics is presented.

In addition to treatment, preventive and promotional activities in the field of mental health and pain, many project and educational activities were carried out, which will be listed.

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Socijalna zaštita
Social protection

SKRINING STARIJIH OSOBA NA ZLOSTAVLJANJE

Zlostavljanje starijih osoba jeste pojedinačni ili ponovljeni čin akcije ili uzdržavanja od delovanja koji se događa u međuljudskom odnosu zasnovanom na poverenju, a koji izaziva bol ili uznemirenje starije osobe. U mnogim zemljama, pre svega u anglosaksonskom svetu, razvijaju se instrumenti za prevenciju i prepoznavanje nasilja nad starijim osobama. Skrining se generalno definiše kao primena medicinske procedure ili testa na osobe koje još uvek nemaju simptome određene bolesti, u cilju utvrđivanja verovatnoće da obole od bolesti i smanjenja morbiditeta i mortaliteta od ove bolesti. U oblasti zlostavljanja starijih osoba i posledica istog, razvijene su različite metode skrininga: EASI, H-S "EAST", VASS. Ovi instrumenti se prilagođavaju državi u kojoj se primenjuju. Skrining nasilja nad starijima je u principu inicijativa nevladinog sektora, ali se pominje i u strateškim dokumentima raznih zemalja. Prilikom skrininga treba voditi računa da se procesi starenja ne definišu samo kao posledice zlostavljanja. S druge strane, ne treba dozvoliti zanemarivanje određenih znakova upravo zato što se pripisuju normalnom procesu starenja, jer će u tom slučaju osetljive starije osobe, koje su zaista zlostavljane, i dalje patiti.

Stručnjaci (iz oblasti zdravstva, socijalne zaštite, prava) često nisu obučeni da otkrivaju znakove zlostavljanja, a još manje da ih traže, i stoga im je potrebna stalna obuka u oblasti gerijatrije i gerijatrijske medicine. Kako bi se skrenula pažnja na starije u bliskoj budućnosti, potrebno je propisati konkretne mere u okviru važećih zakonska, podzakonskih akata, ali i smernica, vodiča i drugih stručnih dokumenata („soft-law“), koje će preduzimati državni organi, nevladine organizacije i drugi akteri, radi skrininga i prevencije nasilja nad starijima, tretmana starijih osoba koje su bile izložene nasilju i određivanja mera izvršiocima nasilja, uključujući i forenziku u slučajevima nasilja nad starijim osobama. Instrumente za organizovani skrining na nasilje treba uvesti u sve sektore, a posebno u zdravstvenu i socijalnu zaštitu, jer su domovi zdravlja i centri za socijalni rad, zapravo, ulaz u zdravstveni i socijalni sistem i kroz njih se ostvaruje prvi kontakt sa korisnicima usluga, uključujući i starije osobe. Ove ustanove, odnosno njihovi zaposleni, treba da sprovode skrining na nasilje na osnovu skrining protokola, nakon obuke za njihovu primenu. Prvi primaoci informacija bi, ukoliko utvrde postojanje indicija zlostavljanja ili zanemarivanja, po utvrđenom algoritmu, obavestili ostale aktere u multidisciplinarnom timu, u cilju preduzimanja prevencije daljeg zlostavljanja/zanemarivanja. Neophodna je i edukacija osoba koje rade u pravosuđu o aktivnostima koje treba preduzeti u slučajevima nasilja nad starijima. Obuka bi bila fokusirana na postupanje u slučajevima zlostavljanja starijih i zadovoljavanje potreba starijih.

Ključne reči: starije osobe, zlostavljanje, zanemarivanje, skrining, multidisciplinarnost

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SCREENING OLDER PERSONS FOR 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. In many countries, primarily in the Anglo-Saxon world, instruments for prevention and recognition of violence against older persons are being developed. Screening generally is defined as the application of a medical procedure or test to people who as yet have no symptoms of a particular disease, for the purpose of determining their likelihood of having the disease and reducing morbidity and mortality from this disease. In the area of elder abuse and its consequences, different screening methods have been developed: EASI, H-S "EAST", VASS. These instruments are adapted to the country in which they are applied. Screening of violence against older persons is in principle a non-governmental initiative, but it is also mentioned in strategic documents of various countries. When screening, care should be taken that aging processes are not defined solely as the consequences of abuse. On the other hand, certain signs should not be allowed to be ignored precisely because they are attributed to the normal aging process, because in that case sensitive older persons who have been really abused will be left to continue to suffer.

Professionals (health, social, legal) are often not trained to detect signs of abuse, much less screen for it, and therefore need continuous training in geriatrics and geriatric medicine. In order to draw attention to older persons in the near future, specific measures should be prescribed within the framework of current legal regulations, bylaws, but also guidelines, guides and other professional documents (soft-law), to be taken by state bodies, non-governmental organizations and other actors, for the purpose of screening violence, prevention of violence against older persons, treatment of older persons who have been subjected to violence and measures against its perpetrators, including forensics in cases of violence against older persons. Instruments for organized screening for violence should be introduced in all sectors, especially in the health and social care sector, because primary health care and social work centers, in fact, are the entrance to the health and social system and make the first contact with service users, including older persons. These institutions, i.e. their employees, should conduct screening for violence on the basis of screening protocols, and after training for their application. The first recipients of information would, if they determine the existence of indications of abuse or neglect, according to the established algorithm, inform other actors in the multidisciplinary team in order to undertake the prevention of further abuse/neglect. The education of persons working in the judicial system is also necessary, on the activities to be undertaken in cases of violence against older persons. The training would be focused on handling of cases of elder abuse and meeting the needs of older persons.

Keywords: older persons, abuse, neglect, screening, multidisciplinary

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BEOGRADSKA MREŽA GERONTOLOŠKIH KLUBOVA – JUČE, DANAS, SUTRA

Kvalitet života u starijem životnom dobu, u mnogim segmentima, zavisi od spremnosti i organizovanosti lokalne zajednice da doprinosi zadovoljavanju životnih potreba i obezbeđivanju i ostvarivanju socijalne sigurnosti rastuće populacije odraslih starijih lica. Grad Beograd kao najveća lokalna zajednica u Srbiji, ujedno i administrativni i ekonomski centar, u kojem živi 21% ukupnog broja stanovništva Srbije, ima i najveći broj građana starijih od 65 godina – preko 350.000. Osnovna karakteristika starosne strukture stanovništva Beograda je da se svrstava u grupu demografski starih populacija. Sve to nameće pred glavni grad i najveću odgovornost, a s druge strane pruža i najveću mogućnost doprinosa humanizaciji životnih uslova starijih, posebno kroz razvoj sistema socijalnih dnevnih usluga u zajednici.

Klubovi za dnevni boravak starijih su najstariji oblik otvorene socijalne zaštite odnosno dnevnih socijalnih usluga u zajednici. Beogradska mreža gerontoloških klubova prošla je kroz dinamične periode razvoja, uključujući i periode društvene krize i društvenih promena, ratnog stanja, vanrednog stanja zbog poplave i vanrednog stanja s ciljem sprečavanja širenja zarazne bolesti Covid-19. Gerontološki klubovi Grada Beograda za sve to vreme nisu prestajali sa radom, modifikujući načine rada i zadovoljavanja potreba korisnika usluge u skladu sa okolnostima i mogućnostima.

Prekretnica u radu klubova za starije nastaje uvođenjem profesionalnog socijalnog rada baziranog na usvojenim stručnim konceptima gerontološke paradigme. Praksa integralnog socijalnog rada koji uključuje tradicionalne metode individualnog, grupnog i socijalnog rada u zajednici, metode socijalne akcije i usavršene transverzalne veštine, sve za dobrobit starijih, modus vivendi je gerontološkog kluba. Savremeni akcijski socijalni rad je bio na delu u gerontološkim klubovima tokom vanrednog stanja 2020. godine kroz program telefonske socijalne podrške „Direktna linija“ i socijalno umrežavanje korisnika usluga putem „veb kluba“.

Rad govori o pozitivnoj praksi Mreže beogradskih gerontoloških klubova, kontinuitetu dugom „samo“ 49 godina, koja utiče na promenu društvene i kulturne matrice i kreiranje kulture starenja u čijem centru je potencijal i razvoj ljudskog bića a ne opadanje i gubitak vitalnosti. Klubovi nude prostor i strategiju za nastavljavanje osmišljenog stila življenja baziranu na socijalnom uključivanju i podsticanju autonomije i oslonca na sopstvene snage „uz pomoć prijatelja“. Ciljna grupa gerontoloških klubova su sve osobe 65+ koje biraju koncept aktivnog starenja i aktivne samoodgovornosti za takav izbor, uključujući i one ranjive starije. Klubovi su uvek inovativni, samo je pitanje da li to nosioci socijalne politike i faktori socijalne zaštite umeju da prepoznaju. Gerontološki klubovi dodaju život godinama. Uprkos tome da nisu još uvek sasvim prihvaćeni u stručnoj javnosti.

Ključne reči: Beograd, mreža gerontoloških klubova, stručni socijalni rad, kultura starenja.

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BELGRADE NETWORK OF GERONTOLOGY CLUBS – YESTERDAY, TODAY, TOMORROW

The quality of life of older persons, in many segments, depends on the readiness and organization of the local community to contribute to meeting the needs of life and ensuring and realizing the social security of the growing population of older adults. The city of Belgrade, as the largest local community in Serbia, as well as the administrative and economic center, where 21% of the total population of Serbia lives, also has the largest number of citizens over 65 years of age – over 350,000. The main characteristic of the age structure of the population of Belgrade is that it belongs to the group of demographically old populations. All this imposes the greatest responsibility on the capital, and on the other hand, it also provides the greatest opportunity to contribute to the humanization of the living conditions of older persons, especially through the development of the system of daily social support services in the community.

Clubs for daycare for older persons are the oldest form of open social protection, i.e. daily social services in the community. The Belgrade network of gerontological clubs has gone through dynamic periods of development, including periods of social crisis and social change, war, state of emergency due to flooding, and state of emergency to prevent the spread of the infectious disease COVID-19. The gerontological clubs of the City of Belgrade have not stopped working during all that time, modifying the ways of working and meeting the needs of service users in accordance with circumstances and possibilities.

A turning point in the work of clubs for older persons is the introduction of professional social work based on the adopted professional concepts of the gerontological paradigm. The practice of integral social work that includes traditional methods of individual, group and social work in the community, methods of social action and perfected transversal skills, all for the benefit of older persons, is the *modus vivendi* of the gerontology club. Contemporary action-oriented social work was implemented in gerontology clubs during the state of emergency in 2020 through the telephone social support program "Direct line" and social networking of service users through the "web club".

The paper talks about the positive practice of the Network of Belgrade Gerontological Clubs, a continuity of "mere" 49 years, which affects the change of the social and cultural matrix and the creation of a culture of ageing centered around the potential and development of the human being and not the decline and loss of vitality. Clubs offer a space and a strategy for continuing a thought-out lifestyle based on social inclusion and encouraging autonomy and self-reliance "with the help of friends". The target group of gerontology clubs are all persons 65+ who choose the concept of active ageing and active self-responsibility, including vulnerable older persons. Clubs are always innovative, the only question is whether the bearers of social policy and social protection factors are able to recognize that. Gerontology clubs add life to the years. Despite the fact that they are not yet fully accepted by the professional public.

Keywords: Belgrade, network of gerontology clubs, professional social work, aging culture.

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UTICAJ KOVID-19 PANDEMIJE NA ŠTIĆENIKE DOMA ZA STARE

Kovid-19 pandemija je najviše pogodila starije stanovništvo a samim tim i organizaciju rada u domovima za stare osobe u skladu sa zdravstvenim nadzorom, epidemiološkim merama i posledicama interne Kovid-19 epidemije. Cilj studije je da se ispituju zdravstvene, socijalne, epidemiološke i demografske karakteristike štićenika u domu za stare u predgrađu Beograda u periodu pre 2017-2019. godine i tokom Kovid-19 pandemije 2020-2022. godine, kako bi se sagledao uticaj pandemije na kolektivni smeštaj u domskim uslovima. Kada govorimo o godišnjem broju novih prijema, u ispitivanom domu za stare, on se od 2017-2019. kretao od 113-119, da bi 2020. pao na 77, a onda se vratio na 122 u 2021, i zadržao sličan trend u prvoj polovini 2022. Nakon prve godine smeštaja, smrtnost štićenika pre Kovid-19 pandemije u 2017, 2018. i 2019. godini iznosila je pojedinačno 19,5%, 23,5% i 22,6%, da bi tokom pandemije u 2020. i 2021. godini iznosila 22,1% i 30,3%. Prekid domskog smeštaja štićenika nakon određenog vremena od prijema u 2017, 2018. i 2019. godini iznosio je 49,6%, da bi se tokom pandemije povećao na 59,7% u 2020. godini i smanjio na 38,5% u 2021. godini. Veći procenat prijema ženskih štićenika je u 2017, 2018. i 2019. godini bio 60,2%, 58,3% i 61,7%, i zadržao se tokom pandemije u 2020. i 2021. godini i iznosio 62,3% i 55,7%. U periodu od 2017-2019. godine najveći broj novih štićenika (66,4%) rođen je pre 1942. godine, a naročito u periodu od 1932-1941. godine (44,3 – 49,6%). Međutim, tokom pandemije u 2020. i 2021. godini smanjio se broj novih štićenika (53,2% i 44,8%) rođenih pre 1942. godine. Što se tiče geografske distribucije novih štićenika pre pandemije (2017-2019), većina je iz Beograda (54,6%), da bi nakon pandemije (2020-2021) minimalna većina bila iz opština van Beograda (50,8%). Hronične bolesti novih štićenika su pokazale pad od 2017. do 2021. godine za reumatske i kardiološke poremećaje, ali porast u navedenom periodu za psihijatrijske i onkološke pacijente. U 2021. imamo drastičan skok (17,2%) post-Kovid rehabilitacije kao novog fenomena kod štićenika doma, da bi socijalni razlozi ostali nepromenjeni (~15%) u poslednjih 5 godina. Iz priloženog se da videti pogoršanje zdravstvenog stanja novih štićenika u domu zbog post-Kovid komplikacija, zastoja zdravstvenog sistema i izolacije tokom pandemije.

Ključne reči: Kovid-19 pandemija, dom za stare, zdravstveno stanje, štićenici

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THE IMPACT OF THE COVID-19 PANDEMIC ON NURSING HOME RESIDENTS

The COVID-19 pandemic hit the older population the most, and therefore it impacted the organization of work in nursing homes in accordance with health surveillance, epidemiological measures and the consequences of the internal COVID-19 epidemic. The aim of the study is to examine the health, social, epidemiological and demographic characteristics of residents in a nursing home in the suburbs of Belgrade in the period before 2017-2019 and during the 2020-2022 COVID-19 pandemic, in order to see the impact of the pandemic on collective accommodation in a residential institution. When we talk about the annual number of new admissions, in the investigated nursing home, in 2017-2019 it ranged from 113-119, and then dropped to 77 in 2020, then back to 122 in 2021, and maintained a similar trend in the first half of 2022. After the first year of spent in the nursing home, the mortality of residents before the COVID-19 pandemic in 2017, 2018 and in 2019, was 19.5%, 23.5% and 22.6%, and during the pandemic in 2020 and 2021, it was 22.1% and 30.3%. Termination of home placement of residents after a certain time from admission in 2017, 2018 and 2019 amounted to 49.6%, and then during the pandemic increased to 59.7% in 2020 and decreased to 38.5% in 2021. The higher percentage of admission of female residents in 2017, 2018 and 2019 was 60.2%, 58.3% and 61.7%, and remained at the similar level during the pandemic in 2020 and 2021 amounting to 62.3% and 55.7%. In the period from 2017-2019, the largest number of new residents (66.4%) were born before 1942, and especially in the period 1932-1941 (44.3 - 49.6%). However, during the pandemic in 2020 and 2021, the number of new residents (53.2% and 44.8%) born before 1942 decreased. Regarding the geographical distribution of new residents before the pandemic (2017-2019), the majority were from Belgrade (54.6%), and after the pandemic (2020-2021) a very small majority would be from municipalities outside Belgrade (50.8%). Chronic diseases of new residents showed a decrease from 2017 to 2021 for rheumatic and cardiac disorders, but an increase in the said period for psychiatric and oncology patients. In 2021, we have a drastic jump (17.2%) of post-Covid rehabilitation as a new phenomenon among residents of the home, and social reasons remain unchanged (~15%) in the last 5 years. From the data, it can be seen that the health conditions of the new residents in the home have deteriorated due to post-Covid complications, the lagging of the system of healthcare and the isolation during the pandemic.

Key words: Covid-19 pandemic, nursing home, health status, residents

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NASILJE NAD STARIJIM OSOBAMA U PORODICI FENOMENOLOGIJA I KARAKTERISTIKE

Tabuizacija i negiranje su česti pratioci pojave nasilja nad starijima usled etičkih dilema i emotivne vezanosti među članovima porodica.

Istraživanje o nasilju nad starijima je sprovedeno sa ciljem da se ukaže na specifičnosti i odlike ovog fenomena. U kontekstu osnovnih ljudskih prava i zaštite svih socijalnih grupa, nastojali smo da sagledamo obim pojave, uzroke i aktere, kao i tretman u okviru institucija socijalne zaštite, preduzete mere i intervencije. Podaci su prikupljeni sa aktivne evidencije Centra za socijalni rad Beograd (opštine Mladenovac, Barajevo, Čukarica, Novi Beograd) a obuhvaćene su porodice u kojima su prijave podnete u toku 2020. godine. Uzorkom je obuhvaćeno 70 lica i njihovih porodica koje su prijavile nasilje bez obzira na status i strukturu porodice. U skladu sa kvalitativnom paradigmom istraživanja primenjen je metod semistratifikacije i metod kontekstualne analize. Istraživanje je imalo deskriptivni, eksplorativni i eksplanatorni cilj.

Rezultati istraživanja su pokazali da je procenat prijave za nasilje u porodici u porastu što je pomak kako u pružanju zaštite, tako i u stavu javnosti prema izučavanoj pojavi. Istraživane su sankcije izrečene po Krivičnom i Porodičnom zakonu, kao i prema Zakonu o sprečavanju nasilja u porodici. Među zlostavljanima je 77,1% žena i 22,9% muškaraca. U starosnoj grupi 65-70. godina je 39% zlostavljanih, a u grupi 71-75. godina ih je 38%. 33% zlostavljanih ima završenu osnovnu školu, 31% je završilo zanat, a 9% ima višu/visoku stručnu spremu. 83% zlostavljanih su penzioneri, 3 lica nema lične prihode, a četvoro ima neformalne. 93% zlostavljanih stanuje u sopstvenom ili porodičnom stanu. Muškarci čine 86% počinitelaca nasilja nad starijima, dok žene počinioci čine jednu sedminu. Prijave nasilja u 48% porodica su prijave među starijim partnerima, u 46% slučajeva se odnose na nasilje između roditelja i dece i 6% čine prijave za nasilje koje je izvršio drugi član porodice. U 55,7% porodica nasilje je dugogodišnja pojava i u pitanju je najčešće fizičko nasilje 74,3% porodica.

Smatramo da je zvanični broj starijih koji su zlostavljani podcenjen, te se ovim problemom treba aktivno baviti kako u oblasti normativnog određenja (meritorna zakonska akta koja se specifično odnose na zlostavljanje ove kategorije), tako i u okviru forenzike povreda, ali i opšteg stava javnosti prema starima. Aktivno i produktivno starenje, borba protiv socijalne isključenosti, izolovanosti i marginalizacije je model kome treba težiti u prevenciji diskriminacije i zanemarivanja starijih.

Ključne reči: nasilje nad starijima, marginalizacija, socijalno uključivanje, zaštita

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VIOLENCE AGAINST OLDER PERSONS IN THE FAMILY PHENOMENOLOGY AND CHARACTERISTICS

Tabooization and denial are frequent companions of violence against older persons due to ethical dilemmas and emotional attachment among family members.

Research on violence against older persons was conducted with the objective to point out the specifics and characteristics of this phenomenon. In the context of basic human rights and the protection of all social groups, we tried to look at the extent of the phenomenon, causes and actors, as well as treatment within social protection institutions, measures and interventions. The data was collected from the active records of the Centre for Social Welfare Belgrade (municipalities of Mladenovac, Barajevo, Cukarica, Novi Beograd) and includes families in which reports of violence were submitted during 2020. The sample included 70 persons and their families who reported violence, regardless of the status and structure of the family. In accordance with the qualitative research paradigm, the method of semi stratification and the method of contextual analysis were applied. The research had a descriptive, exploratory and explanatory goal.

The results of the research showed that the percentage of reports of domestic violence is on the rise, which is a shift both in the provision of protection and in the public's attitude towards the studied phenomenon. Sanctions imposed under the Criminal and Family Law, as well as under the Law on Prevention of Domestic Violence, were investigated. Among the persons targeted by abuse 77.1% are women and 22.9% men. 39% of those abused are in the age group 65-70 and 38% are aged 71-75. 33% of the abused have completed elementary school, 31% have completed education for crafts, and 9% have a college or university degree. 83% of the abused are pensioners, 3 people have no personal income, and 4 have informal income. 93% of the abused live in their own or family apartment. Men make up 86% of the perpetrators of violence against older persons, while female perpetrators make up one seventh. Reports of violence in 48% of families are reports between older partners, in 46% of cases they refer to violence between parents and children and 6% are reports of violence perpetrated by other family member. In 55.7% of families, violence is a long-standing phenomenon, and physical violence is the most common form of violence in 74.3% of families.

We believe that the official number of older persons who have been abused is underestimated, and this problem should be actively dealt with both in the area of normative acts (substantive legal acts that specifically refer to the abuse of this category), as well as in the forensics of injuries, but also in the general attitude of the public towards older persons. Active and productive aging, the fight against social exclusion, isolation and marginalization is a model to strive for in the prevention of discrimination and neglect of older persons.

Key words: violence against older persons, marginalization, social inclusion, protection

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TRI ZARAZE U DOMU ZA STARE TOKOM DVE GODINE PANDEMIJE KOVID-19

Štićenici u domovima za stare su teško pogođeni pandemijom KOVID-19. Sproveli smo retrospektivnu studiju o zaražavanju sa Kovid-19 u jednom domu za stare u predgrađu Beograda, koje su se pojedinačno javile tokom tri talasa različitih sojeva SARS-CoV-2: kineska, delta i omikron varijanta. Nakon prve epidemije u domu, 80 pogođenih osoba testirano je na IgG i IgM specifična antitela za spajk protein koronavirusa. Svi zaposleni i 95% štićenika doma vakcinisani su u februaru i martu 2021. godine, uglavnom Sinofarm vakcinom, a dve trećine je primilo i treću dozu u avgustu i septembru 2021. Kovid-19 je dijagnostikovao pozitivnim PCR i/ili antigenim testom.

Prva epidemija u domu krajem novembra 2020. je obuhvatila 64/126 (50,8%) štićenika i 45/64 (70,3%) zaposlenih, druga početkom novembra 2021. je obuhvatila 22/75 (29,3%) štićenika i 3/40 (7,5%) zaposlenih, a treća polovinom januara 2022. sa 36/110 (32,7%) štićenika i 19/56 (33,9%) zaposlenih. Klinička slika se kretala od asimptomatske do teške, štićenici su lečeni i praćeni u domu uz lekarski nadzor (kiseonik, antikoagulantna, antivirusna i antibiotska terapija, kortikosteroidi), a teški slučajevi su hitnom službom upućivani u Kovid bolnice. Smrtnih ishoda je bilo samo kod štićenika, a stopa smrtnosti zaraženih iznosila je 31,2% u prvoj, 9,1% u drugoj i 0% u trećoj epidemiji. Specifična IgG antitela su dokazana kod svih 35 ispitanih štićenika i kod 44 od 45 zaposlenih, a viši nivoi IgG detektovani su kod štićenika ($417,3 \pm 273,5$) nego kod osoblja ($201,9 \pm 192,9$, $r=0,001$) uprkos dvostrukoj razlici u godinama ($80,9 \pm 9$ naspram $40,7 \pm 11,7$). U drugoj i trećoj epidemiji su se desile četiri odnosno 23 infekcije kod vakcinisanih (tzv. probojne infekcije).

Rezultati su pokazali da su starije osobe stvorile trajan imunski odgovor kako na infekciju koronavirusom tako i na vakcinaciju, što je sprečilo značajan mortalitet i tešku kliničku sliku u narednim epidemijama, uprkos značajnom broju probojnih infekcija.

Ključne reči: Kovid-19; SARS-CoV-2; dom za stare, specifična antitela.

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THREE INFECTIONS IN NURSING HOME DURING TWO YEARS OF THE PANDEMIC COVID-19

Residents in nursing homes have been severely affected by the COVID-19 pandemic. We conducted a retrospective study on COVID-19 infection in a nursing home in the outskirts of Belgrade, which occurred individually during three waves of different strains of SARS-CoV-2: Wuhan, Delta and Omicron variants. After the first epidemic in the nursing home, 80 affected persons were tested for IgG and IgM specific antibodies to the spike protein of the coronavirus. All staff and 95% of residents of the nursing home were vaccinated in February and March 2021, mostly with the Sinopharm vaccine, and two thirds received the booster dose in August and September 2021. COVID-19 was diagnosed with a positive PCR and/or antigen test.

The first epidemic in the nursing home at the end of November 2020 included 64/126 (50.8%) residents and 45/64 (70.3%) staff, the second at the beginning of November 2021 included 22/75 (29.3%) residents and 3/40 (7.5%) staff, and the third in mid-January 2022 involved 36/110 (32.7%) residents and 19/56 (33.9%) staff. The clinical picture ranged from asymptomatic to severe, residents were treated and monitored at the nursing home with medical supervision (oxygen, anticoagulant, antiviral and antibiotic therapy, corticosteroids), and severe cases were transferred to the COVID hospital via emergency medical transport. There were deaths only among residents, and the mortality rate of those infected was 31.2% in the first, 9.1% in the second and 0% in the third epidemic. Specific IgG antibodies were demonstrably proven in all 35 examined residents and in 44 out of 45 employees, and higher levels of IgG were detected among residents (417.3 ± 273.5) than among staff (201.9 ± 192.9 , $r=0.001$) despite a double age difference (80.9 ± 9 vs. 40.7 ± 11.7). In the second and third epidemics, four and 23 infections occurred in the vaccinated (so-called breakthrough infections).

The results showed that the older persons developed a consistent immune response both to the coronavirus infection and to vaccination, which prevented significant mortality and severe clinical outcome in subsequent epidemics, despite a significant number of breakthrough infections.

Keywords: COVID-19; SARS-CoV-2; nursing home, specific antibodies

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MONITORING U USTANOVAMA ZA SMEŠTAJ ODRASLIH I STARIH LICA PRIMENOM IoT (INTERNET INTELIGENTNIH UREĐAJA)

Nedavna pandemija koja je zahvatila svet jasno pokazuje da se spremnost (funkcionalnost) domova za smeštaj starih osoba (naročito stacionarnog tipa, odeljenja demencije) ogleda u njihovoj fleksibilnosti i prilagodljivosti u teškim (unapred nepredvidljivim) okolnostima. Potencijalno neželjeni događaji koji mogu uticati na rad ovih ustanova, mogu se predupređiti u realnom vremenu automatizacijom infrastrukture za monitoring, apsorpciju i brz oporavak od krize, primenom IoT (Internet stvari - Inteligentni uređaji). Sistemi koji su najbolje pozicionirani za buduće ekstremne zahteve biće oni čije su radne operacije prilagođene da brzo i efikasno reaguju na sve prirodne pretnje ili pretnje koje je stvorio čovek. Ovo znači planiranje i rad na optimizaciji okruženja i infrastrukture za upravljanje informacijama za blagovremeno reagovanje. Automatizacija dobija na značaju kada se zna da je u uslovima skorašnje pandemije dobar broj zaposlenih bio radno onemogućen, što je dovelo do problema u radu svih službi. U raznim naučnim radovima i diskusijama, na temu optimizacije rada ustanova, ističe se da spremnost znači sposobnost predviđanja i proučavanja punog obima potencijalnih neželjenih događaja koji mogu uticati na stanje sistema ustanove. Sa današnjim, sve pametnijim sistemima za upravljanje objektima (informacijama), moguće je postići visok nivo optimizacije ustanove.

Internet of Things (IoT) - Internet stvari ili Internet inteligentnih uređaja, je pojam koji se odnosi na fizičke uređaje opremljene senzorima i softverima, koji su trenutno povezani na internet (ili lokalnu računarsku mrežu) da bi prikupljali i delili podatke. Internet inteligentnih uređaja je tehnologija koja obezbeđuje efikasno povezivanje digitalnog i fizičkog sveta, tj. povezivanje senzora iz stvarnog sveta sa internetom. Drugim rečima, to je skup međusobno povezanih uređaja, odnosno sistem mehaničkih i digitalnih uređaja i predmeta, koji omogućava da se podaci prenose preko interneta, obrade, a prilagođene informacije postaju dostupne ciljnoj grupi (zaposlenima, stručnim radnicima.).

Ključne reči: organizacija stacionara, socijalni rad, obrazovanje zaposlenih, internet, inteligentni uređaji, internet stvari

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MONITORING IN INSTITUTIONS FOR THE ACCOMMODATION OF ADULTS AND OLDER PERSONS USING IoT (INTERNET OF INTELLIGENT DEVICES)

The recent pandemic that swept the world clearly shows that the readiness (functionality) of nursing homes for accommodation of older persons (especially the inpatient type, dementia wards) is reflected in their flexibility and adaptability in difficult (unpredictable) circumstances. Potentially unwanted events that can affect the work of these institutions can be prevented in real time by automating the infrastructure for monitoring, absorption and quick recovery from a crisis, using IoT (Internet of Things - Intelligent Devices). The systems best positioned for future extreme demands will be those whose operational specifications are adapted to respond quickly and efficiently to any natural or man-made threats. This means planning and working to optimize the information management environment and infrastructure for timely response. Automation gains importance when it is known that in the conditions of the recent pandemic, a fair number of employees were unable to work, which led to problems in the implementation of all services. In various scientific papers and discussions on the topic of optimizing the work of institutions, it is emphasized that readiness means the ability to predict and study the full scope of potential unwanted events that may affect the state of the institution's system. With today's ever smarter facilities (information) management systems, it is possible to achieve a high level of facility optimization.

Internet of Things (IoT) - Internet of things or Internet of intelligent devices, is a term that refers to physical devices equipped with sensors and software, which are currently connected to the Internet (or a local computer network) to collect and share data. The Internet of intelligent devices is a technology that ensures the efficient connection of the digital and physical worlds, i.e. connecting real-world sensors to the Internet. In other words, it is a set of interconnected devices, that is, a system of mechanical and digital devices and objects, which allows data to be transmitted over the Internet, processed, and customized information becomes available to the target group (employees, professionals.).

Keywords: inpatient facility organization, social work, employee education, internet, intelligent devices, internet of things

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NORMATIVNI PRAVCI DELOVANJA U POST KOVID-19 OKOLNOSTIMA

Pandemija zarazne bolesti kovid-19 u kratkom roku je izazvala velike društvene promene u čitavom svetu i donela neizvesnot u ljudske živote.

U Republici Srbiji su od pojave zarazne bolesti primenjivane različite protivepidemijske mere, koje su imale za cilj sprečavanje pojave zaraze i širenja iste. Obaveze poštovanja istih ustanovljene su različitim pravnim aktima, o čijem donošenju, primeni, posledicama i odnosu sa drugim propisima u pravnom sistemu naše zemlje će biti reči u ovom radu, uz izlaganje zapažanja o mogućem budućem pravnom delovanju.

Donete mere nejednako su uticale na stanovništvo, u konkretnom slučaju praveći razliku između građana na osnovu životne dobi primenom ograničenja kretanja na starija lica i lica smeštena u ustanove socijalne zaštite koje pružaju uslugu domskog smeštaja za odrasla i starija lica. Cilj ovakvog postupanja bilo je očuvanje života i zdravlja starijih lica kroz prevenciju zaražavanja, a sve na osnovu, u datom trenutku, raspoloživih naučnih istraživanja i iskustava drugih država u borbi protiv ove bolesti. Pravno se može postaviti pitanje ustavnosti akata kojima je ograničenje kretanja uvedeno, kao i samog osnova za proglašenje vanrednog stanja. Sam osnov donošenja ovakve odluke pozivajući se na Ustav RS, polemisan je kao sporan od strane pravne pravne struke. Odluka o proglašenju vanrednog stanja doneta je pet dana pre nego što je proglašena pandemija bolesti COVID-19. Sporno je zašto je Narodna skupština izuzeta iz odlučivanja o proglašenju vanrednog stanja i merama koje se preduzimaju u vreme vanrednog stanja, zašto se Narodna skupština nije sastala iako nisu postojale bilo kakve prepreke za to, a Ustav izričito nalaže da se u slučaju proglašenja vanrednog stanja ona obavezno sastaje bez poziva. Predlog za proglašenje vanrednog stanja nije podneo ovlašćeni predlagrač. Odluka o proglašenju vanrednog stanja kao i Odluka o ukidanju vanrednog stanja ne sadrže nikakvo obrazloženje. Odluka o proglašenju vanrednog stanja kao ni uredbe Vlade o merama za vreme vanrednog stanja nisu podnete na ratifikaciju Narodnoj skupštini u roku od 48 časova kako je propisano Ustavom.

U pružanju usluga socijalne zaštite je dosledna primena protivepidemijskih mera suprotstavila prava korisnika već smeštenih u ustanovu socijalne zaštite na život i zdravlje i pravo lica kojima je smeštaj neophodan na ostvarivanje istog prava i blagovremeno pruženu uslugu socijalne zaštite, u ustanovi socijalne zaštite u kojoj se korisnicima pruža potrebna medicinska pomoć i nega. Stariji kao ranjiva kategorija stanovništva uživaju posebnu zaštitu u skladu sa međunarodnim konvencijama koje je naša država ratifikovala, stoga je u cilju zaštite starijih, kako u toku pandemije, koja je naročito naglasila njihovu ugroženost, tako i u redovnim okolnostima, potrebno tokom donošenja propisa naročito uvažiti njihove potrebe i rizike koju ta životna dob nosi.

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Pandemija je pokazala u kojoj meri objektivna okolnost borbe protiv nevidljivog neprijatelja kroz pozitivne propise može uticati na kvalitet života određenih kategorija stanovništva, te da je uvek aktuelno promišljanje u pogledu unapređenja ljudskih prava i sloboda radi sprečavanja narušavanja faktičke ravnopravnosti u društvu. Radi ostvarivanja navedenog, potrebno je sagledati sve činjenice i okolnosti u doba pandemije i doneti strateške dokumente za postupanje u ovakvim situacijama uz uvažavanje prava i sloboda osetljivih društvenih grupa.

Ključne reči: covid-19, socijalna zaštita, domski smeštaj, zdravstvena zaštita, odrasli i stariji, ograničenje kretanja, očuvanje ljudskih prava, ravnopravnost.

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NORMATIVE COURSES OF ACTION IN POST COVID-19 CIRCUMSTANCES

The pandemic of the infectious disease covid-19 has in a short period of time caused major social changes throughout the world and brought uncertainty to people's lives.

In the Republic of Serbia, since the outbreak of the infectious disease, various anti-epidemic measures have been applied, which were aimed at preventing the emergence of the infection and its spread. Obligations to comply with them are established by various legal acts; the adoption, application, consequences and relationship with other regulations in the legal system of our country will be discussed in this paper, along with observations on possible future legal action.

The adopted measures had uneven impact on the population, in this particular case discriminating between citizens based on age by applying movement restrictions to older persons and persons placed in residential care institutions for adults and older persons. The goal of this procedure was to preserve the life and health of older population through the prevention of infection, all based on, at the given moment, available scientific research and experiences of other countries in the fight against this disease. Legally, the question of the constitutionality of the acts that introduced the movement restriction, as well as the very basis for declaring a state of emergency, can be raised. The very basis for making such a decision, referring to the Constitution of the RS, is controversial as disputed by the legal profession. The decision to declare a state of emergency was made five days before the COVID-19 pandemic was declared. It is also disputable why the National Assembly was exempted from deciding on the declaration of a state of emergency and the measures taken during a state of emergency, why the National Assembly did

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not meet even though there were no obstacles to it, and the Constitution expressly mandates that in the event of a state of emergency being declared, it must meet without invitation.

The proposal for declaring a state of emergency was not submitted by the authorized proposer. The Decision on declaring a state of emergency as well as the Decision on lifting the state of emergency do not contain any explanation. The decision on declaring a state of emergency, as well as the Government's decree on measures during a state of emergency, were not submitted for ratification to the National Assembly within 48 hours as prescribed by the Constitution.

In the provision of social protection services, the consistent application of anti-epidemic measures contrasted the rights to life and health of beneficiaries already placed in a social protection institution and the right of persons who need accommodation to exercise the same right and timely provided social protection services, in a social protection institution where beneficiaries are provided needed medical help and care. Older persons, as a vulnerable population category, enjoy special protection in accordance with the international conventions ratified by our country, therefore, in order to protect older persons, both during the pandemic, which particularly emphasized their vulnerability, and in regular circumstances, it is necessary to especially respect their rights during the adoption of regulations the needs and risks that age carries.

The pandemic has shown to what extent the objective circumstance of the fight against an invisible enemy through positive regulations can affect the quality of life of certain categories of the population, and that it is always relevant to consider the improvement of human rights and freedoms in order to prevent the violation of factual equality in society. In order to achieve the above, it is necessary to look at all the facts and circumstances during the pandemic and adopt strategic documents for handling such situations while respecting the rights and freedoms of sensitive social groups.

Keywords: covid-19, social protection, institutional accommodation, health care, adults and older persons, movement restriction, preservation of human rights, equality.

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RAD, POTREBE I KONCEPCIJA RAZVOJA SLUŽBE „POMOĆ U KUĆI“ U SISTEMU KOVID-19

„Pomoć u kući“, kao jedan od najstarijih oblika otvorene socijalne zaštite, uživa opšte društvenu, stručnu i naučnu podršku i predstavlja najhumaniji vid pomoći koji čoveku omogućava dostojanstven život u starosti i pomaže mu da što duže ostane relativno samostalan u svom neposrednom okruženju, da izbegne ili odloži smeštaj u instituciju. Usluga se obezbeđuje licima koja usled starosti, hronične bolesti ili invaliditeta, imaju ograničene fizičke i psihičke sposobnosti da zadovolje svakodnevne osnovne, lične i životne potrebe, a nemaju članove porodice koji bi im u tome pomogli. Cilj rada je da se na osnovu analiziranih potreba građana za uslugama dnevnog zbrinjavanja, zadovolji njihove potrebe u prirodnoj sredini.

Služba „Pomoć u kući“ formirana je još 1986. godine u okviru Radne jedinice „Dnevni centri i klubovi“, pri Ustanovi Gerontološki centar Beograd. Od osnivanja do danas, preko deset hiljada korisnika, koristilo je ovaj humani vid zaštite.

Vanredno stanje izazvano pandemijom virusa Kovid-19, kako u svetu, tako i kod nas podrazumevalo je promenu uobičajenog načina rada mnogih institucija u službi građana. Ove promene su uticale na opšti kvalitet života pojedinaca, među kojima su i populacije starijih lica i osoba sa invaliditetom.

Usluge Službe „Pomoć u kući“ nastavile su da se pružaju, ali u nešto izmenjenoj formi. U radu su korišćene kvalitativne metode, koje su podrazumevale anketiranje korisnika. Na osnovu usmenih informacija, dobijenih telefonskim putem, ustanovljeno je koje su sve usluge neophodne korisnicima tokom pandemije, da bi nastavili život u neposrednom okruženju.

Ključne reči: pomoć u kući, korisnici, Kovid-19, pružanje usluge

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WORK, NEEDS AND CONCEPTION OF THE DEVELOPMENT OF THE “HOME CARE” SERVICE IN THE COVID-19 SYSTEM

“Home Care”, as one of the oldest forms of open social protection, enjoys general social, professional and scientific support and represents the most humane form of assistance that enables a person to live a dignified life in old age and helps them remain relatively independent as long as possible in their preferred environment, to avoid or delay moving in institutional accommodation. The service is provided to persons who, due to older age, chronic illness or disability, have limited physical and mental abilities to meet daily basic, personal and life needs, and do not have family members to help them in this. The aim of this activity is to meet the needs of citizens in their natural environment based on the analyzed needs of citizens for day care services.

The service “Home Care”, was formed in 1986 as part of the Working Unit “Day Centers and Clubs”, at the Gerontological Centre Belgrade. From its foundation until today, over ten thousand users have used this humane form of protection.

The state of emergency caused by the COVID-19 pandemic, both in the world and in our country, brought with it changes in the usual way of working of many institutions in the service of citizens. These changes have affected the general quality of life of individuals, including the population of older persons and persons with disabilities.

The “Home Care” services continued to be provided, but in a somewhat modified form. Qualitative methods were used in the work, which included beneficiary surveys. Basing on oral information obtained via telephone, it was established which services are necessary for beneficiaries during the pandemic, in order to continue life in their preferred environment.

Keywords: home care, beneficiaries, COVID-19, service provision

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UTICAJ EPIDEMIOLOŠKIH MERA TOKOM TRAJANJA VIRUSA COVID-19 NA SPIHO-SOCIJALNI ŽIVOT KORINIKU U USTANOVAMA SOCIJALNE ZAŠTITE

Krajem 2019. godine i tokom narednih godina, svet se suočio sa pandemijom širokih razmera izazvanim virusom COVID-19. Svetska zdravstvena organizacija je dana 11.03.2020. godine proglasila pandemiju koronavirusa u svetu. Vanredno stanje u našoj zemlji uvedeno je 15. marta 2020. godine u cilju sprečavanja širenja virusa. Uvođenje vanrednog stanja pratilo je i niz različitih mera što je podrazumevalo nošenje zaštitne maske i rukavica, ograničavanje kretanja, a u ustanovama socijalne zaštite i zabranu poseta, mere karantina za obolele, izolacione blokove, itd. Napred navedeno, dovelo je do opšteg nezadovoljstva korisnika, straha za svoj i život najbližih, usamljenosti, depresije i anksioznosti. Uvedene epidemiološke mere su uticale na opšti kvalitet života korisnika. Korisnici Doma smatraju da je ograničavanje kretanja dovelo do smanjene pokretljivosti, povećanja telesne težine i nedostatka kondicije, a takođe smatraju da je svakodnevno širenje panike i straha izazvalo pasivnost i osećaj zavisnosti od drugih. U cilju ublažavanja stresa izazvanog pandemijom, stručni radnici i saradnici pružali su neophodnu podršku i pomoć korisnicima u skladu sa epidemiološkim merama, a što se ogledalo u čestim kontaktima putem individualnih razgovora, pružanje psiho-socijalne podrške kako korisnicima, tako i srodnicima, pa i neposrednim negovateljima, zatim posredovanja u ostvarivanju određenih prava socijalne i zdravstvene zaštite, saradnja sa bankama radi plaćanja troškova smeštaja, nabavka lekova, željenih namirnica i drugih potrepština. U okviru aktivnosti radno-okupacione terapije, koje su organizovane u skladu sa aktuelnom epidemiološkom situacijom u Domu u manjim grupama, nastojalo se redukovati nezadovoljstvo korisnika nametnutim ograničenostima, a u cilju očuvanja kvaliteta života. Korisnici su podsticani na međusobnu solidarnost i odgovornost jednih za druge.

Mere, preporuke i instrukcije resornog ministarstva koje su tokom trajanja pandemije koronavirusa bile na snazi u domovima za stare upravo su imale za cilj zaštitu zdravlja korisnika, te su korisnici bili prinuđeni da promene svakodnevne aktivnosti kojim su se godinama bavili i prilagode se merama koje diktira pandemija. Koronavirus je „zahtevao“ smanjene fizičke međusobne kontakte i sa porodicom i prijateljima, a što su najteže prihvatili. Kako bi odgovorili na izazove koronavirusa i smanjene fizičke kontakte sa porodicom i prijateljima, Ustanova je određenom broju korisnika omogućila virtuelne kontakte putem video poziva.

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Pandemija globalnih razmera nesporno je dovela do mnogih promena u društvu i, kako se kaže, „nikada više neće biti kao pre“. Promene su posebno bile izražene u sferi socijalnih odnosa i opšteg kvaliteta života korisnika.

Ključne reči: koronavirus, epidemiološke mere, korisnici, ustanove socijalne zaštite, kvalitet života, ograničenja, mere podrške

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THE IMPACT OF EPIDEMIOLOGICAL MEASURES DURING THE DURATION OF THE COVID-19 VIRUS ON THE PSYCHO-SOCIAL LIFE OF USERS IN SOCIAL CARE INSTITUTIONS

At the end of 2019 and throughout the following years, the world faced a wide-scale COVID-19 pandemic. The World Health Organization on 11/03/2020 declared the coronavirus pandemic in the world. The state of emergency in our country was introduced on March 15, 2020, in order to prevent the spread of the virus. The introduction of the state of emergency was accompanied by a number of different measures, which included the wearing of protective masks and gloves, restriction of movement, and the prohibition of visits in social protection institutions, quarantine measures for the sick, isolation blocks, etc. The aforementioned led to general beneficiary dissatisfaction, fear for their lives and those of their loved ones, loneliness, depression and anxiety. The introduced epidemiological measures affected the general quality of life of the beneficiaries. Beneficiaries of the nursing home believe that the restriction of movement has led to reduced mobility, weight gain and lack of fitness, and they also believe that the daily spread of panic and fear has caused passivity and a sense of dependence on others. In order to alleviate the stress caused by the pandemic, professional workers and associates provided the necessary support and assistance to beneficiaries in accordance with epidemiological measures, which was reflected in frequent contacts through individual conversations, providing psycho-social support to both beneficiaries and relatives, and also immediate caregivers, then mediation in the exercise of certain social and health care rights, cooperation with banks for the payment of accommodation costs, procurement of medicines, desired foodstuffs and other necessities. As part of the work-occupational therapy activities, which were organized in accordance with the current

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epidemiological situation in the nursing home in smaller groups, an effort was made to reduce beneficiary dissatisfaction with the imposed restrictions, with the aim of preserving the quality of life. Beneficiaries were encouraged to show mutual solidarity and responsibility for each other.

The measures, recommendations and instructions of the relevant ministry that were in force in nursing homes during the coronavirus pandemic were precisely aimed at protecting the health of the beneficiaries, and the beneficiaries were forced to change the daily activities they had been engaged in for years and adapt to the measures dictated by the pandemic. The coronavirus “required” reduced physical contact with family and friends, which was the hardest thing for them to accept. In order to respond to the challenges of the coronavirus and reduced physical contact with family and friends, the Institution has enabled a certain number of beneficiaries to have virtual contacts through video calls.

The global pandemic has undoubtedly led to many changes in society and, as they say, “it will never be the same again.” The changes were particularly pronounced in the sphere of social relations and the general quality of life of beneficiaries.

Keywords: coronavirus, epidemiological measures, beneficiaries, social protection institutions, quality of life, restrictions, support measures

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UTICAJ PANDEMIJE KORONA VIRUSA NA AKTIVNOSTI RADNO-OKUPACIONE TERAPIJE U OKVIRU USTANOVE ZA SMEŠTAJ ODRASLIH I STARIH LICA

Trenutna pandemija uzrokovana korona virusom ima značajan uticaj na funkcionisanje ustanova za smeštaj širom sveta, a Republika Srbija nije izuzetak. Svetska zdravstvena organizacija je u martu 2020. godine, proglasila novi korona virus globalnom pandemijom i pozvala vlade da preduzmu hitne i energične mere, kako bi se umanjile posledice širenja ovog vrlo zaraznog virusa. Stoga, cilj ovog rada je da se ispita uticaj pandemije korona virusa na aktivnosti radno-okupacione terapije u okviru Ustanove Gerontološki centar Beograd, RJ Dom „Bežanijska kosa“. Uticaj pandemije je analiziran kroz nestandardizovan upitnik, neposredan razgovor sa korisnicima usluga domskog smeštaja, proživljena iskustva, kao i kroz komparativni prikaz aktivnosti radnih terapeuta pre i tokom pandemije korona virusa. Analiza upitnika se sprovela

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grupisanjem pitanja u tri celine koje obuhvataju biografske podatke i dužinu boravka u domu, aktivnosti radno-okupacione terapije pre pandemije korona virusa, kao i pitanja koja su usmerena na dalje unapređenje aktivnosti radno-okupacione terapije. Aktivnosti radnih terapeuta pre i tokom pandemije prikazane su kroz analizu realizovanih aktivnosti na osnovu podataka dobijenih iz godišnjih izveštaja u periodu od 2019. do 2021. godine. Rezultati napred navedenih analiza su pokazali da je pandemija korona virusa značajno uticala na aktivnosti radno-okupacione terapije, što se ogledalo u dinamičnom angažovanju radnih terapeuta i na poslovima koji nisu bili zastupljeni pre pandemije, kao i da se pojavila potreba za inovativnim pristupima u zadovoljavanju potreba korisnika usluga domskog smeštaja. Ovim radom je pokazano da radno-okupaciona terapija predstavlja bitan segment svakodnevnih aktivnosti korisnika domskog smeštaja i da su se aktivnosti radno-okupacione terapije podigle na viši nivo usled fleksibilnog prilaza zadovoljavanju potreba korisnika domskog smeštaja za vreme pandemije korona virusa.

Ključne reči: pandemija, korona virus, radno-okupaciona terapija, korisnici, gerontologija

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THE IMPACT OF THE CORONA VIRUS PANDEMIC ON WORK-OCCUPATIONAL THERAPY ACTIVITIES WITHIN AN INSTITUTION FOR THE ACCOMMODATION OF ADULTS AND OLDER PERSONS

The current pandemic caused by the corona virus has a significant impact on the functioning of accommodation facilities around the world, and the Republic of Serbia is no exception. In March 2020, the World Health Organization declared the new corona virus a global pandemic and called on governments to take urgent and vigorous measures to reduce the consequences of the spread of this highly contagious virus. Therefore, the aim of this paper is to examine the impact of the corona virus pandemic on occupational therapy activities within the Gerontological Centre Belgrade, WU Dom “Bežanijska kosa”. The impact of the pandemic was analyzed through a non-standardized questionnaire, a direct conversation with the beneficiaries of nursing home accommodation services, lived experiences, as well as through a comparative presentation of the activities of occupational therapists before and during the corona virus pandemic. The analysis of the questionnaire was carried out by grouping the questions into three parts that include biographical data and length of stay in the home, occupational therapy activities before the corona virus pandemic, as well as questions aimed at further improvement of

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occupational therapy activities. The activities of occupational therapists before and during the pandemic are shown through the analysis of implemented activities based on data obtained from annual reports in the period from 2019 to 2021. The results of the aforementioned analyzes showed that the corona virus pandemic had a significant impact on the activities of occupational therapy, which was reflected in the dynamic engagement of occupational therapists including on tasks jobs that they were not engaged in before the pandemic, as well as the need for innovative approaches in meeting the needs of the beneficiaries of nursing home accommodation services. This work has shown that occupational therapy represents an important segment of the daily activities of beneficiaries of the nursing home and that the activities of occupational therapy have risen to a higher level due to a flexible approach to meeting the needs of the beneficiaries during the corona virus pandemic.

Key words: pandemic, corona virus, work-occupational therapy, beneficiaries, gerontology

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POTREBE I NAVIKE KORISNIKA USLUGE DOMSKOG SMEŠTAJA U RJ DOM “KARABURMA” PRE I POSLE PANDEMIJE KORONA VIRUSA – PSIHOSOCIJALNA PODRŠKA

Najpoznatija i opšte priznata definicija čoveka kao bio-psiho-socijalnog bića može se usko svesti na korisnike usluga domskog smeštaja koji imaju univerzalne potrebe, kao što su: egzistencijalne, potrebe za sigurnošću, društvene potrebe, kao i potrebu za kontinuitetom očuvanja svojih životnih navika. Pored univerzalnih potreba, možemo govoriti i o specifičnim potrebama korisnika usluga domskog smeštaja, koje nastaju usled promena koje starost i bolest neminovno nosi ali i okruženja tačnije uslova kolektivnog smeštaja u kojem se ne/ostvaruje zadovoljavanje

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istih. Društvene odnosno socijalne potrebe su potreba za sigurnošću, kontaktom – odnosno potreba za drugim ljudima, obrazovanjem – potreba za priznanjem i ličnim integritetom.

Socijalne potrebe kao pojam podrazumevaju bazične potrebe koje pojedinac može zadovoljiti samo u socijalnoj zajednici i međusobnoj interakciji. Kao poseban vid potreba pojedinaca, porodica i društvenih grupa, one su zajedničke za sve ljude. Postoji još niz potreba kao što su potreba za poverenjem, radnom aktivnošću, kulturno-zabavne potrebe, religiozne potrebe, potreba za poštovanjem, potreba za bliskošću, podrškom, razvojem, ravnopravnošću.

Potrebe odraslih i starijih osoba kako u prirodnoj sredini, tako i u uslovima domskog smeštaja, posmatramo iz perspektive ostvarivanja životnih navika, jer potrebe i nastaju usled njihovog osujećivanja. Uslovi domskog smeštaja sami po sebi predstavljaju u određenim segmentima faktor ograničavanja i menjanja izvesnih stečenih navika kod korisnika usluga, a naročito kada su isti, dodatno ograničavajući u uslovima proglašene pandemije. Proglašena pandemija na globalnom nivou nužno je uticala i nametnula menjanje potreba i navika čitavog čovečanstva pa samim tim i korisnika usluga domskog smeštaja, koji su često bili vulnerabilni, pojačano osetljivi i ranjivi tokom perioda koji je zahtevao pojačanu disciplinu, pozornost i nametnuo dodatna ograničenja koja su izazov za njihovo stabilno psihofizičko funkcionisanje.

Imajući u vidu da su mere socijalnog distanciranja suštinske u sprečavanju širenja pandemije postavljalo se pitanje kako će korisnici reagovati na pomenuto i kako da poštujući mere zaštite ostanu u što boljem psiho-fizičkom stanju. Ovo tim pre što se zna da je samoizolacija povezana sa osećanjem usamljenosti, anksioznosti, depresije ali i kognitivnih problema kod starih. Tokom protekle dve godine, u RJ Dom „Karaburma“ je kroz pružene, zakonom zagarantovane usluge i primenu instrukcija i preporuka relevantnih institucija usled proglašene pandemije virusom COVID -19, permanentno rađeno i na osećaju sigurnosti i bezbednosti korisnika, zadovoljenju individualnih potreba i razvoju ličnih potencijala.

Za kvalitetno funkcionisanje korisnika usluga domskog smeštaja u RJ Dom „Karaburma“ tokom trajanja pandemije izazvane virusom COVID -19, multidisciplinarni pristup i sveobuhvatna saradnja između različitih službi, kontinuirano je doprinosila poboljšanju zadovoljstva i kvalitetu života korisnika.

Ključne reči: navike, potrebe, korisnici usluga domskog smeštaja, pandemija, psihosocijalna podrška

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THE NEEDS AND HABITS OF THE USERS OF THE HOME ACCOMMODATION SERVICE IN RF DOM “KARABURMA” BEFORE AND AFTER CORONA VIRUS PANDEMIC – PSYCHOSOCIAL SUPPORT

The most well-known and generally recognized definition of a human being as a bio-psycho-social being can be narrowly reduced to users of accommodation services who have universal needs, such as: existential, security needs, social needs, as well as the need for the continuity of preserving their life habits. In addition to universal needs, we can also talk about the specific needs of users of accommodation services, which arise as a result of the changes that age and illness inevitably bring, but also the environment, more precisely, the conditions of collective accommodation in which they are not met. Social needs are the need for safety, contact – that is, the need for other people, education – the need for recognition and personal integrity.

Social needs as a term imply basic needs that an individual can satisfy only in a social community and through mutual interaction. As a special type of needs of individuals, families and social groups, they are common to everyone. There are a number of other needs such as the need for trust, work activity, cultural and entertainment needs, religious needs, the need for respect, the need for closeness, support, development, equality.

We look at the needs of adults and older persons, both in the natural environment and in the conditions of nursing home accommodation, from the perspective of achieving life habits, because needs arise as a result of not being able to follow those habits. The conditions of nursing home accommodation in themselves represent, in certain segments, a limiting factor and influence changes of certain acquired habits of service users, and they are additionally limiting in the pandemic conditions. The declared pandemic at the global level necessarily affected and imposed a change in the needs and habits of the whole of humanity, and therefore also the users of nursing home accommodation services, who were often increasingly sensitive and vulnerable during a period that required increased discipline, attention and imposed restrictions that represented a challenge for their stable psychophysical additional functioning.

Bearing in mind that social distancing measures are essential in preventing the spread of the pandemic, the question arose as to how the users will react to the measures and how to keep

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them in the best possible psycho-physical condition while respecting the protective measures. This is all the more so since it is known that self-isolation is associated with feelings of loneliness, anxiety, depression and cognitive problems in older persons. Over the past two years, in WU Dom “Karaburma” through the provided, legally guaranteed services and the application of instructions and recommendations of relevant institutions due to the declared pandemic of the COVID-19 virus, permanent work has also been done on preserving the feeling of safety and security of the users, the satisfaction of individual needs and the development of personal potential .

For the quality functioning of the users of home accommodation services in WU Dom “Karaburma” during the COVID-19 pandemic, a multidisciplinary approach and comprehensive cooperation between different services, continuously contributed to improving the satisfaction and quality of life of the beneficiaries.

Key words: habits, needs, beneficiaries of nursing home accommodation services, pandemic, psychosocial support

Jagoda Vještica²⁸⁰

PILOT ISTRAŽIVANJE O NASILJU NAD STARIJIM OSOBAMA U USTANOVAMA SOCIJALNE ZAŠTITE ČIJI JE OSNIVAČ APV

Pokrajinski zaštitnik građana – ombudsman posebnu pažnju poklanja položaju, zaštiti i unapređenju ljudskih prava starijih osoba, posebno unapređenju zaštite od nasilja nad starijim osobama. Imajući u vidu: broj starijih osoba koje su smeštene u ustanove socijalne zaštite čiji je osnivač Autonomna Pokrajina Vojvodina; pandemiju izazvanu korona virusom kovid 19 tokom 2020. i 2021. godine; ograničenim kretanjem u prostoru i komunikaciji sa osobljem u ustanovi, porodicom i prijateljima koja je trajala tokom 2020. i 2021. godine; narastajućim nasiljem u društvu koje se reflektuje i na starije osobe; brojem starijih osoba u opštoj populaciji; smatrali smo važnim da se pitanje nasilja nad starijim osobama ispita.

Cilj ovog pilot istraživanja je da se dobiju informacije: koliko su starije osobe smeštene u Gerontološkim centrima/ Domovima za stare upoznate sa pojmom i oblicima nasilja nad starijim osobama; da li je starijim osobama poznato kako da pravilno postupe u situacijama kada dožive nasilje; da li znaju kome i kada treba da se obrate za pomoć; šta je starijim osobama potrebno da bu izašle iz kruga nasilja koje im se dešava.

Ključne reči: starije osobe, nasilje, ustanova socijalne zaštite, istraživanje

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**PILOT RESEARCH ON ELDER ABUSE IN SOCIAL PROTECTION INSTITUTIONS
FOUNDED BY AUTONOMOUS PROVINCE OF VOJVODINA**

The provincial protector of citizens - the ombudsman pays special attention to the position, protection and improvement of the human rights of older persons, especially the improvement of protection from violence against older persons. Bearing in mind: the number of older persons who are placed in social protection institutions founded by the Autonomous Province of Vojvodina; the COVID-19 pandemic caused by the corona virus during 2020 and 2021; limited movement and communication with the staff at the institution, family and friends that lasted throughout 2020 and 2021; increasing violence in the society, which also affects older persons; the number of older persons in the general population; we considered it important to examine the issue of violence against older persons.

The objective of this pilot study is to obtain information on: how many older persons housed in Gerontological Centers/ Nursing Homes for older persons are familiar with the term and forms of violence against older persons; do older persons know how to act properly in situations where they experience violence; do they know who and when to turn to for help; what do older persons need to get out of the circle of violence that happens to them.

Key words: older persons, violence, social security institution, research

*The research was created as a result of the activities of the Provincial Ombudsman during visits to social welfare institutions founded by APV

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