Elders programs

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Introduction

When one thinks of a path out of poverty through sponsorship, the images that often come to mind are those of a child with the opportunity to go to school, a youth setting goals to graduate or even a mother saving and taking loans to build a livelihood and support her family. But what about our program goals with elders?

The path out of poverty is different for elders than it is for sponsored children and youth. With the invitation to join at 60 years of age, the average length of a sponsorship for elders is 9.27 years, similar to the average length for the sponsorship of a child. A majority (65 percent) of sponsored elders will participate in the Unbound program for the remainder of their lives. This means the program for elders is orientated toward dignified living conditions in the present, instead of a long-term orientation toward economic self-sufficiency outside of the program (ES 2.1 Unbound sponsored persons and their families live with dignity). The desired outcome with Unbound’s program with elders is to allow for a dignified remainder of their life.

Where are our elders?

Sponsored elders make up 10 percent of the sponsorships, but they are not equally distributed throughout the world. Projects in India and Africa have struggled with how to adapt the program characteristics to serve elders. The program description was not written with elders specifically in
mind, and the concepts of the program characteristics Economic Self-Sufficiency, Sustainability, Empowerment and Capacity Building are not clearly understood when applied to the unique challenges elders in our program face.

A colleague in Dar es Salaam, Tanzania, explained it like this, “We are still struggling on how to make the elder program not to be a handout program because given their age and health, it is often not possible to involve the elders more. However, the elders are very appreciative of the benefits they receive in Unbound.”

**Programs for elders are unique**

To learn about what challenges our elders face and the program developed to serve them, we surveyed 17 projects around the world. From this survey, we learned how Unbound elders face challenges similar, yet unique, to other populations we serve.

The most frequently mentioned challenge is that of health and medical needs. With the decline of health as part of the natural aging process, this need is continuous throughout the length of an elder’s sponsorship. Deterioration of health and increasing dependency impact morale. One project staff member said, “One of the biggest challenges older people experience is ... the lack of good health that is increasingly deteriorating due to their advanced age. It also makes them a little sad their absence of strength to be able to move from one place to another.”

Isolation and neglect immediately follow in frequency of mentions. With children frequently moving away for work and close family and friends dying, elders become increasingly isolated with age, making loneliness and depression a severe mental health threat.

Financial needs, abuse and home repair needs were also commonly mentioned. Due to limited (if any) financial resources and declining physical abilities, the living and economic situations that sponsored elders face are some of the worst in the program.

“Theyir very existence solely depends on Unbound Sponsorship,” staff members in the Bhagalpur program in India shared. “We mostly sponsor the widow or widowed or destitute, so it has tremendous impact in their life situations. We mostly select the aging persons above 60 years who have no income sources whatsoever and are mostly abandoned by their children. They live in their own home. The social workers are very supportive of them.”
Program meets the needs of elders

A personalized program means that the elders are able to choose benefits to meet their unique needs. As with our programs for children and youth around the world, many elders have begun receiving benefits through bank accounts; however, for many elders, bank accounts are not a good fit. Some elders cannot access needed documentation to open bank accounts. Other elders prefer not to have bank accounts due to physical mobility requirements when accessing a bank or ATM. Vouchers and project-purchased benefits allow for elders to have personalized benefits when bank accounts are not preferred or not available.

"Some older adults have bank accounts; most prefer that the project buy what they need. They are aware that they can save for any requirement that is more investment than the monthly benefit. They are the most responsible in attending the different activities."

Many elders set goals in the Unbound program (RI 7 Goal Orientation). Many of their goals are similar to the challenges they face around their basic needs for health care, medicine and home repairs. These goals also highlight their desires for socialization and connection to family. There are goals to generate income to meet their financial needs of those of their families.
Maslow’s Hierarchy of Needs

Developed by Abraham Maslow in the 1940s, Maslow’s Hierarchy of Needs is a theory that seeks to explain human motivation in a ranked order. Frequently illustrated as a pyramid, Maslow’s theory suggest that in order to move from one motivation to another, all lower ranked needs must first be met.

When looking through the lens of Maslow’s hierarchy of needs, we can see how the personalization of the Unbound program provides the flexibility needed to choose benefits that meet the unique challenges elders face and achieve their goals in a holistic manner. Basic medical care, health needs and home repair safety needs are met through personalized benefits and accessing additional available funds. Connecting to additional social services helps close the gap between Unbound’s program and additional needs of the elders. In the Philippines, one of the first activities the social worker conducts with elders upon sponsorship is to connect those who are uninsured with government health insurance.

Socialization and belonging needs are addressed through programmatic social and spiritual activities. To meet these needs, elders interact at birthday celebrations and are visited by Unbound
staff and others in the Unbound sponsored community. Several projects have organized elders groups, where elders regularly meet for social activities. These group meetings are diverse across the Unbound world. Some elders meet for regular exercise and dancing while others participate in activities that contribute to their community through projects like cleaning. Elders look forward to these activities. Carla, a social promotor from Santa Cruz, Bolivia, commented, "You can always count on elders to not only attend meetings, but to actually arrive early, an atypical practice for meetings in Santa Cruz." When elders are homebound, home visits by project staff, mothers and other elders in the program help meet social needs and serve as a point of assessment to meet health needs.

Sponsored elders engage in activities that allow them to progress up through the higher levels of Maslow's hierarchy, achieving their potential through having new experiences and engaging in creative activities. Elders in Quezon, Philippines, have achieved their goal of building and maintaining a community garden. Elders in the landlocked Antioquia project in Colombia were able to achieve a life goal to travel to a coastal city and experience the ocean for the first time.

Perhaps what is most exciting are the goals and activities that go beyond Maslow's highest level. Psychologist Viktor Frankl added the additional stage of self-transcendence to Maslow's hierarchy. Self-transcendence comes from spirituality, connection to the universe and helping others. Elders are setting goals for spiritual development and gathering for Bible studies. They are setting goals to assist others and give back to their families and communities. Sponsored elders are sharing the wisdom of their life experiences with their family members through intergenerational activities, such as retreats with their grandchildren in Manila, Philippines. Another project staff member said, "Sponsored elders sometimes are tapped to talk about values and history at younger children's activities. They are also encouraged to share their wisdom and skills to interested parents of sponsored children and youth, like farming, cooking or needle craft, to name a few."

While we have heard about the Unbound elders program from project staff, we have also learned about it first hand from the elders' voices in stories from our marketing and communications department and even traveling to meet elders.
On one of these visits, we had the opportunity to meet Noelina (RI 4). A sponsored elder in Uganda, Noelina is a prime example of how the Unbound program is meeting the needs resulting from the unique challenges elders face. She lives in a self-built adobe home in rural Uganda that is frequently in need of repair due to rain damage. She has been buying materials with her benefits in order to build a more stable and secure home of baked bricks. Living with only her brother, Noelina has also faced increasing isolation as she has aged. She loves socializing and shares the limited food she has with the young daughter of a neighbor to encourage her daily visits. Since joining Unbound, she has enjoyed meeting with other elders in the Unbound program (RI 5). The Unbound elders group in her community has a strong group identity and decided to get group shirts with the Unbound logo as a benefit. Noelina is proud of the level of ownership she has over the program benefits. She said when the shirts arrived, the elders informed the staff that the shirts would not work. They were a modern T-shirt style, but the elders wanted traditional Ugandan-style shirts. Noelina was proud that the group’s voice was heard and that Unbound staff quickly worked to accommodate their wants. Noelina also loves the companionship she has found in sponsorship and proudly talked about her sponsors’ grandchildren and the snow in Minnesota.
Elders study

While project accounts and personal anecdotes provide insight into the background and experiences of elders in the program, evaluation provides a deeper understanding of the program outcomes elders experience. It answers the question, “Is participation in Unbound programs contributing to better life outcomes for our elders?” In May 2018, we sought to answer this question in regard to the most commonly mentioned challenges of loneliness, isolation, nutrition, and access to health care and medicine.

The results were overwhelmingly positive. Unbound elders had overall favorable outcomes, despite dealing with the previously mentioned common challenges. Sponsored elders experience a lower sense of emptiness, encountered less frequent feelings of rejection, and underwent fewer moments of missing people around them than the elderly population who live in similar circumstances but are not part of the Unbound sponsorship program. Additionally, sponsored elders feel they can rely on other individuals when they have problems, believe they can trust others in their life, and consider themselves close to others in contrast to those elders who were waiting to participate in the Unbound sponsorship program. Sponsored elders saw or heard from more friends at least once a month, they felt at ease when talking with more people about their private matters, and they have more close friends to call on for help compared to non-sponsored elders. Sponsored elders did not worry as frequently about insufficient food intake, did not have to limit their variety of food, and they did not go as hungry compared to the elders outside of the program who more frequently experienced these situations. Lastly, the study revealed that sponsored elders had greater access to medicine and medical care than those elders who were waiting to be sponsored by Unbound.

Now we will discuss in more detail the difference between loneliness and social isolation.

Loneliness and social isolation

What are loneliness and social isolation? While the terms loneliness and social isolation are often used interchangeably, they are distinct in experiences and concepts.

While there is no agreed-upon definition of loneliness, one explanation of loneliness is that it is an unwelcome, unpleasant and painful feeling that occurs when there is a gap or a mismatch between the number and quality of relationships and connections that we have and those we would like to have (Perlman 1981). Additional research suggests that there are two dimensions to loneliness: social and emotional. Social loneliness occurs when someone is missing a wider social network, and emotional loneliness is caused when a person misses an “intimate relationship” (de Jong Gierveld 2006).

**Loneliness:** an unpleasant, painful feeling when there is a gap between number and quality of relationships we have and that we would like to have

**Social network:** quantifiable and objective measures of relationships

**Social isolation:** state of complete or near-complete lack of contact between an individual and society.
To understand social isolation, we need to understand the concept of social network first. Social network is the objective and quantifiable measures of one's social relationships or connections — for instance, the number of contacts we have, size of our social connections, and the homogeneity or the diversity of one's social relationships. Social networks lead the individual to believe that he/she is cared for, loved, esteemed or valued and that he/she belongs to a network of communication and mutual obligation. When there is limited or reduced social network, people will begin to experience social isolation. Therefore, whenever the social network of a person, or in our case, an elder, is not able to meet the needs of that person, then there is breakdown between the need and the reality. That negative end result is social isolation.

As we explained above, while loneliness and social isolation are distinct, they are still closely related. Loneliness is a subjective feeling about adequacy and quality of social relationships, while social isolation is a more objective measure of limited availability and involvement in social contacts. People can be socially isolated, yet not feel lonely. On the other hand, people can be surrounded by other people yet still feel lonely. When people begin to feel socially isolated, they may overcome this isolation by increasing the number of people they choose to surround themselves with. Conversely, loneliness is a subjective feeling about the gap between a person’s desired levels of social contact and their actual level of social contact. People never desire loneliness, and lessening these feelings of loneliness can take a long time.

Both loneliness and social isolation impact many areas of a human being’s life. They are associated with increasing the likelihood that people experience volatile situations, such as deteriorating health and sensory and mobility impairments. People with fewer social network ties have an elevated risk of mortality and morbidity, suicidality, several diseases or even prolonged postsurgical recovery (Berkman et al. 2000; Cohen 2004). People experience different levels of loneliness and social isolation over their lifetime, and as they experience changes in personal circumstances, loneliness and social isolation can greatly impact their ability to cope with their feelings in a healthy manner. Social isolation can lead to loneliness or loneliness can lead to social isolation, or both can occur at the same time.

Understanding loneliness and social isolation ensures solutions are not only focused on increasing opportunities for people to meet, but also focused on building, maintaining and re-establishing meaningful relationships to combat social these challenges. In Unbound, with our prophetic community of compassion of personal relationships that go beyond national, cultural and economic divides, one of the things we are stating is that you will experience an increased social network. And when we state that sponsored and sponsors experience a sense of belonging to a local and worldwide Unbound community, we are calling for a decrease in loneliness.

Methodology

Sample
To understand how Unbound’s program contributes to desired changes in elders’ lives, we designed the evaluation with a comparative group. There are many types of comparative group design. In this case, a simple comparative design with a randomly selected sample. The first step was to
determine the optimal size of the elder respondents for this evaluation that could feasibly yet accurately show us the reality of our program's impact. Sample size calculator was used to determine the appropriate sample size with a 90% confidence level and a confidence interval of 5. Based on this, 300 elders each from the participating as well as the wait-list group were randomly selected using Excel.

**Methods**

We employed a quantitative data method to measure the selected outcomes for this evaluation. A combination of previously created and validated tools were used to look into the four selected outcomes that align with what Unbound hopes to achieve with programs for elders.

**De Jong Giervald Loneliness Scale**

De Jong Giervald looks at the **perceived adequacy of and feelings toward social relationships** to measure loneliness. The De Jong Giervald loneliness scale allowed us to measure emotional loneliness, or the feeling of missing an intimate relationship, and social loneliness, or missing a wider social network.

The 6-item De Jong Giervald Loneliness Scale is a reliable and valid measurement instrument for overall emotional and social loneliness. They define social isolation as an objective measure of contacts with other people, while emotional loneliness is the subjective expression of dissatisfaction with the level of social contact. The De Jong Giervald Loneliness Scale was developed at the beginning of the 1980s and has been utilized in numerous studies to examine and measure loneliness. Moreover, international comparative research has shown that neither the content of the loneliness items nor the results of statistical analysis suggest that there is cultural variation of these items, underlining the suitability of the scale for use in different locations and countries (Van Tilburg, Havens, and De Jong Gierveld, 2004).

**Lubben Social Network Scale**

Lubben's Social Network scale looks at the **involvement and perceived availability of social relationships** to measure social isolation. The Lubben Social Network scale allowed us to assess social isolation by measuring social networks. Lubben Social Network scale was developed to fulfill the need for valid and reliable short scales that can be used to assess social networks and social supports and to screen for social isolation in older persons. Developed in 1988, the scale measures the size, closeness and frequency of contacts of a respondent’s social network with reference to the level of perceived support they receive from family and friends.

**Household Food Insecurity Access Scale**

To measure nutrition, three questions on nutrition were adapted from the Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access. This allowed us insight into whether the household is experiencing food insecurity at a mild, moderate or severe level. Households are categorized as increasingly food insecure as they respond affirmatively to more severe conditions and/or experience those conditions more frequently.

The three questions that was asked on Nutrition were adapted from the Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access. It is an adaptation of the approach used to
estimate the prevalence of food insecurity. The method is based on the idea that the experience of food insecurity (access) causes predictable reactions and responses that can be captured and quantified through a survey and summarized in a scale.

**Internally designed tool for access to medical care and medicines**
In addition, two questions were internally developed to measure the elders’ access to needed medical care and medicines.

**Analysis plan**
For the De Jong Gierveld Loneliness scale, Luben Social Network Scale, and Household Food Insecurity Access Scale, the guidelines suggested by the developers of these tools were followed. The authors have instructions on not just how the questions can be framed and asked, but also how the answers can be coded, analyzed, and interpreted. By following these instructions, we ensure that the reliability, validity, and accuracy of these tools are maintained. For the final piece of this evaluation, the questions were self-created. The subsequent steps of coding and analyzing the responses took into consideration the guidelines suggested for the other three tools. By doing so, we were able to ensure that there was consistency in how the information is processed and analyzed.

**Results**

**Loneliness**
Of the six measurements of loneliness, all were in favor of Unbound elders, and a significant difference was found in four. This means that the Unbound elders who participated in the evaluation are less lonely than elders not yet in the program, and with the significant measures we can say with a level of strength\(^1\) that the difference in the results between the two groups is not a chance occurrence and that it represents the reality of other elders in our program. These four significant measures were found to have a small effect size\(^2\) meaning the difference measured between the two groups was small. The other two measures had a very small effect size. Within these questions, three were designed to specifically measure emotional loneliness. With the measurements of emotional loneliness, there was significant difference between the reported level of sense of emptiness between Unbound elders and elders outside of our program and between how frequently Unbound elders having feelings of rejections versus the same reported by elders on our waitlist. While Unbound elders expressed that they missed having people around them at a smaller degree than elders who are on the waitlist, this was not significant.

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1. We used a p value of 5 percent, meaning the probability of the results being random is less than 1 in 20.
2. Effect size was determined by Cohen’s d where a very small effect size is 0.1, a small effect is 0.2 and a medium effect is 0.5.
The remaining three questions measure social loneliness. We found a significant difference between the two groups of elders in the feeling that they can rely on people when they have problems and reported levels of feeling of having people they can trust completely in their life. There was a difference in the response of Unbound elders when asked if they felt they had enough people they felt close to, however, the difference was not significant.
Social isolation
Of the three questions measuring social network that might lead to social isolation, all were in favor of Unbound elders, but we only found there to be a significant difference between the two groups in the amount of friends elders see and hear from at least once a month. All measures of social isolation had a very small effect size. While in favor of Unbound, the questions regarding number of friends to discuss private matters with and the number of friends to ask for help did not reveal a significant difference.

Hunger
There was a significant difference between Unbound elders and those in the comparison group for all measurements of food access, from the most severe to mild levels of food conditions and experiences and from the severely food insecure measurement to the mildly food insecure measurement. Fewer Unbound elders worry that there will not be enough food to eat, had to limit their variety of food and have gone hungry than in the comparison group. There was a medium effect between the groups in the measurement of hunger and a small effect in the worry about food. The difference in the variety of feed had slightly below a medium effect.

Access to health and medical needs
While, due to the nature of the question, significance was not tested, all questions regarding access to health and medical needs were found in favor of Unbound. More Unbound sponsored elders have received all needed medical care and medicine. Fewer Unbound sponsored members have sought alternatives, delayed the purchase, or gone without needed medical care and medicines.
**Unbound sponsored elders have greater access to medical care than elders not in Unbound**

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<th>Category</th>
<th>Unbound</th>
<th>Not in Unbound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received all needed medical care</td>
<td>40%</td>
<td>66%</td>
</tr>
<tr>
<td>Sought alternative medical care</td>
<td>25%</td>
<td>36%</td>
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<tr>
<td>Delayed the purchase of needed medical care</td>
<td>20%</td>
<td>35%</td>
</tr>
<tr>
<td>Not purchased needed medical care</td>
<td>14%</td>
<td>19%</td>
</tr>
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**Unbound sponsored elders have greater access to needed medicine than elders not in Unbound**

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<tr>
<th>Category</th>
<th>Unbound</th>
<th>Not in Unbound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received all needed medicine</td>
<td>32%</td>
<td>59%</td>
</tr>
<tr>
<td>Sought alternative medicine</td>
<td>30%</td>
<td>42%</td>
</tr>
<tr>
<td>Delayed the purchase of needed medicine</td>
<td>29%</td>
<td>37%</td>
</tr>
<tr>
<td>Not purchased needed medicine</td>
<td>14%</td>
<td>24%</td>
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What does this mean?

Photo 2: Boso-Boso Church in Antipolo City, Rizal, Philippines.

Boso-Boso Church is a beautiful church built in the Philippines by the Franciscan missionaries sometime in the late 16th to early 17th century. Its beauty and historical significance have been widely recognized in the Philippines, as it has been featured in Filipino popular culture in telenovela weddings and in a movie. When visiting this church, the first smiling face that will likely greet you is that of Morito. Morito is a sponsored elder in the Manila project who uses his sponsorship to help him pay for the medicine and medical care he needs.
Having basic needs, nutritional and medical, met means the elders can be free to continue to engage in activities that provide them with a sense of fulfillment and allow them to give back to their communities. For Morito, having his health needs taken care of means he can continue sharing his passion for the historical and spiritual significance of the Boso-Boso Church. He maintains the church grounds and sharing his intense passion for the historical and spiritual significance of the church with visitors.

Remember Noelina from rural Uganda? Through participation in her local Unbound community, she has gained a new network of people with whom she can emotionally connect, share wisdom, gain support and provide support. The emotional connections she has formed with the Unbound community and her sponsor mean that her strong relationships are no longer limited to those with her brother and her young neighbor. As seen in research, these emotional outcomes mean she is at lower risk for physical and mental health issues. In the Unbound program she has a voice and she has pride. As our visit concluded, we asked her for permission to take a picture to share on social media. Noelia replied excitedly, “Yes. I want everyone in Kenya and America to see how proudly I represent Uganda.”

Living with dignity goes beyond simply meeting the basic physical needs of a human. It means also addressing the psycho-social needs and providing the opportunities to engage in creative and personally fulfilling activities (ES 2.1 Unbound sponsored persons and their families live with dignity). From the results of the evaluation, we can see that not only are Unbound elders
meeting their basic needs of nutrition, health and security, but they are also able to live in a dignified way during their final years. They are emotionally connecting with others, achieving dreams, giving back to their communities, and continuing to share their talents, gifts and wisdom with the world.

References


