The final obstacle to the implementation of the Older Persons' Act (Act 13 of 2006), was removed when the Regulations were signed into law by the President and published in the Government Gazette on the 1st of April, thus signifying the commencement of the Act. The SAOPF lobbied, negotiated and fought hard for the finalization of the regulations.

The Act replaces the Aged Persons' Act of 1967 - long since redundant given the birth of democratic South Africa. The main objective of the new Act is to deal with the plight of older persons by establishing a framework for their empowerment and protection and for the promotion and maintenance of their status, rights, well-being, safety and security. It also aims to promote the integration of older persons’ in the community by creating an environment in which people of all ages and cultures participate. The effective implementation of the Act will ensure that the skills and wisdom of older persons are recognized by Government and by the general public.

The Act is a comprehensive and groundbreaking piece of legislation but as with much other new legislation, implementation is the greatest challenge.

The SAOPF recently met with a delegation from the Department of Social Development to discuss issues surrounding the implementation of the Act. The DoSD informed the SAOPF that in spite of the long delay a lot of preparation preceded the promulgation of the Act. Of particular concern to the SAOPF, is what plans and measures the DoSD have in place for the extension of services to older persons and how it will ensure that the rights and dignity of vulnerable older persons are protected. The DoSD informed SAOPF that delegation letters to MECs and provincial Head’s of Departments had been drafted, the department had visited three provinces to prepare them for registration of services, identification of gaps, compliance and monitoring.

For the implementation of any Act and regulations, provinces need to set aside budgets to ensure compliance. The SAOPF and its provincial forums will be keeping a close eye on the plans made and measures taken by provinces to ensure compliance. Regardless of the doubts many in the aged sector have regarding preparations by provinces for implementation, the Act is still very good news for older persons who for so have been vulnerable and sidelined. Please visit the SAOPF website for a copy of the Regulations to Act 13 of 2006 (www.saopf.org.za) - FN
Maltreatment of older persons or elder abuse as it is more commonly known, is not a new phenomenon but a social issue that has been prevalent for some time, not only in South Africa, but globally. As awareness around the issue grows, more people are learning to recognize it and most importantly are realizing that they can no longer look away, but must do something about it.

What is elder abuse or the maltreatment of older persons? The definition in the Older Persons’ Act states: “Any conduct or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress or is likely to cause harm or distress to an older person, constitutes abuse of an older person”.

This is a very far-reaching definition and encompasses a number of very important aspects. The words “occurring within a relationship where there is an expectation of trust” is what sets elder abuse apart from any random crime or act of violence: “is likely to cause harm or distress” means that where an older person is at risk or under threat, prevention or protection measures can be put in place.

In assessing the impact that abuse has on an older person, cultural and religious values must be taken into account. These values also influence whether the older person will speak out about the abuse and to whom e.g. to a religious or community leader, the police. Given our country’s history, many older persons have an inherent fear of the Police Force and will not report crimes, believing that they will be ignored or fearing further traumatization were they to do so.

There are a number of factors that place an older person at risk of being abused. Older persons today grew up and raised their families in a society where crime was not as rampant as it is today, people could be trusted, a person’s word was binding and there was concern and respect for one another. Amongst the most vulnerable older persons are those who live alone or who are mentally or physically frail and dependent on others for care, accommodation and/or financial support. Increased dependency leads to increased vulnerability. Caregiver stress is one of the highest risk factors in community as well as in facilities. While there is a perception that only older persons living in care facilities or who are frail, are abused, the reality is that the majority of older persons live in communities, not in care facilities where abuse is much more difficult to expose. Active, healthy older persons too may become victims of elder abuse.

Elder abuse respects no boundaries – it occurs globally, in all communities regardless of financial or social status.

Elder abuse comes in many different forms. Of course, when abuse comes to mind, the first thought is often that of a person showing signs of physical abuse such as bruises, swellings or scratches. These signs may be fairly easily spotted, but far more difficult to see are the scars of psychological or emotional abuse as these are internal and the symptoms more subtle. Financial abuse can manifest itself in a number of ways, the most obvious being shortage of money, food or basic necessities (neglect), missing possessions, unusual activity on bank accounts, standard of living not in keeping with financial status and could also, in some cases, even lead to an older person being denied care or finding themselves homeless. Older persons are often targeted by those addicted to drugs or alcohol, their pension monies or possessions taken from them to pay for the substances and when the perpetrator is under the influence, become the targets of aggression and sometimes violence as well.

Neglect of an older person can be divided into three categories – active, passive or self-neglect. Active neglect is when a perpetrator intentionally deprives an older person of basic necessities and passive is when the deprivation is unintentional e.g. due to ignorance a family member caring for an older person might not realize that the patient should be encouraged to drink fluids and the patient might become dehydrated as a result. Self-neglect is the behaviour of an older person that threatens his/her own health or safety and excludes the right of a mentally competent older person who fully understands the consequences of his/her decision e.g. to refuse medical treatment.

Older persons are also victims of sexual abuse and are often too ashamed or embarrassed to report this, especially as in some instances the perpetrators are family members e.g. grandsons. Human Rights violations are also considered to be a form of elder abuse and includes the denial of fundamental rights such as respect, dignity, privacy, freedom of speech, movement etc.

Systemic abuse is when an older person’s rights are violated by any action or lack of appropriate action by the state or any other statutory, body or organization, e.g. grants stopped without any warning, essential medication not available at state clinics/hospitals, medical aids discarding older members.

It must be borne in mind that seldom, if ever, does a victim suffer only one type of abuse. For example, if a perpetrator wants the victim to part with some money, they will use psychological (including verbal) or emotional abuse such as “if you do not give me the money, I will not allow you to see your grandchildren” and this could escalate to physical abuse as a last resort.

Who are the perpetrators? Unfortunately, statistics show that perpetrators are often family members or caregivers, the very people that older persons would expect to be able to trust. It must be said however, that perpetrators are not necessarily bad people nor do they always set out with the intention of abusing an older person. Having said that, it must also be said that while it might be possible to understand why the abuse happened, abuse should never be condoned.

The Older Persons’ Act no. 13 of 2006 and the Regulations to the Act, gazetted on 1st April 2010, clearly demonstrate Government’s intention to protect older persons as far as possible. It is now possible to remove the perpetrator rather than victim from an abuse situation; if a person commits a crime of any kind where the victim is an older person, this will be considered as an aggravating circumstance for sentencing purposes. These are but two examples of ways in which the Act aims to protect older persons.

The Act also states that anyone who suspects that an older person has been abused or suffers from an abuse-related injury, must report this; anyone who fails to do this is guilty of an offence. Nobody will be held liable for any notification given in good faith, should it be found that no abuse had taken place.

It must be noted that the Older Persons’ Act is not a “one stop” piece of legislation for protecting older persons; all SA legislation applies to its older citizens as well. As an example, the Prevention of Illegal Eviction Act (PIE) aims to protect older persons from being unfairly evicted.

If you suspect or know that an older person is being abused, you can report this to your nearest Department of Social Development office, the South African Police or, If you prefer, to HEAL (Halt Elder Abuse Line). HEAL is a national, tollfree, 24 hour helpline and callers can be assured of confidentiality. As the line is tollfree if you call from your Telkom phone the call is free, if you use a cellphone it will cost you airtime. The HEAL number to call is 0800 00 30 81.

Older persons have rights but with rights come responsibilities. The time has come for older persons to stand up for their rights, to demand that they be treated with the respect and dignity that they so richly deserve. Easier said than done, maybe, but one small step such as refusing to allow a child or grandchild to speak to a grandparent with disrespect, might be a small step in the right direction.

PAT LINDGREN
ACTION ON ELDER ABUSE SA
The Minister of Social Development, Edna Molewa, has rejected an attempt by Fezile Makiwane, the Chief Executive Officer of the South African Social Security Agency (SASSA), to resign following a probe into alleged irregular procurement practices. SASSA is the Agency responsible for the administration and disbursement of Social Grants.

According to the Sunday Independent Newspaper, Minister Edna Molewa was "very angry" when receiving his resignation letter as she apparently viewed this as an attempt by Makiwane to evade the charges against him. The official basis for the rejection of his resignation, however, is that according to his employment contract, the CEO is required to serve a notice period of three months.

The allegations against Makiwane are related to the contravention of the rules of the Public Finance Management Act in relation to irregular procurement practices involving 11 transactions, amounting to R10m.

In 2009 it was alleged in a report in the Sunday Times newspaper that Makiwane was implicated in the transfer of R4.3m from the agency to fund parties for the Jacob Zuma Education Trust and to thank the community for their support when he was facing corruption charges. SASSA claims that these are not a part of the allegations against Makiwane. In response to these allegations the Jacob G Zuma RDP Education Trust stated that it has never benefited from any funding from SASSA, both in its core business of providing bursaries to vulnerable youth in society and in its outreach programmes. The trust is dependent mainly on donations and sponsorship, which come mainly from the private sector.

Makiwane told the media that his suspension from work or even placement on special leave for extended periods was extremely unsavoury.

"If I had intended to flee from SASSA I would not, out of my own volition, have requested to be placed on special leave. My decision was made in the full knowledge that I had done no wrong."

"I want to categorically state that I am no fugitive from justice, neither has it been my resolve to avoid disciplinary charges," he said.

Makiwane said that under his leadership, SASSA had made great strides in turning around the administration of grants. Since his appointment, Makiwane claims, SASSA was reaching more people than before and was rooting out theft and corruption. "My suspicion, therefore, is that I am deliberately being side-lined in order to ensure the agency, or rather the administration of grants, reverts to the rotten state it was in when I inherited the mess."

Makiwane had since registered a dispute with the Commission for Conciliation, Mediation and Arbitration (CCMA). Makiwane said that it is his wish that the dispute, with major political implications, be resolved in a fair, open, honest and dignified manner. "My aim with the referral of my dispute is to be reinstated and for me to take my rightful place at the helm of the South African Social Security Agency.

Poverty and unemployment cause many families to rely on government grants for their survival. This happens especially in households where grants are the only source of income. More than one million people faced poverty and hardship because they did not qualify for social grants in the past. For the first time men now enjoy equal rights with women in access to state pensions. Legislation lowering the qualifying age for males to 60 came into force in April.

In the past, men could only get their old age pension at the age of 65, while women qualified at the age of 60. Because this was seen as being unfair to men, government changed the law.

The change will bring much-needed relief to tens of thousands of senior citizens. It is estimated that over 450 000 men, aged between 60 and 64, will now qualify for social assistance.

The Social Assistance Amendment Bill marks a milestone in achieving the Constitutional obligation of non-discrimination, as well as facilitate access to social security.

Elderly men can apply for the grant by filling in an application form at their nearest SA Social Security Agency office; no fees are payable to submit an application.
Human Rights and Older South Africans

by Jill Adkins*

Around the world, the numbers of older persons (age 60 and older) are exploding. With advances in health care, people are living longer lives. Despite the loss of life due to HIV/AIDS, South Africa will see a 47 per cent increase in its older population by the year 2040.

The rights of older persons have lagged behind the rights of other groups. The United Nations has treaties which protect the rights of groups such as women and children, but no such protection exists for older persons who deserve the same rights as everyone else.

South Africa has a Constitution filled with human rights promises which apply to all persons. What are the human rights of special concern to older persons? Four of these rights are equality, housing, health care and social security.

Equality. All persons are entitled to be treated equally and not be discriminated against unfairly because of their age. The catch to this right is the word ‘unfair’. If you are treated differently because of your age, it might be regarded as fair treatment. Is it fair to be forced from your job because your employer has a mandatory retirement age? This important issue has not yet been brought to the Constitutional Court.

Housing. The Constitution says everyone has the right of access to adequate housing. This right is not instant, however. The government is required only to take reasonable steps "within its available resources" to provide housing. What is adequate housing for older persons? Some older persons are completely independent, while others need various forms of assistance. For older persons, the right to housing should cover a range of housing options from independent living to frail residential care.

Health care and social security (including social assistance, if you are unable to support yourself and your dependents). Health care and social security (including old age pensions) are vital concerns of older persons. Like housing, however, the Constitution requires the government to take reasonable steps, within its available resources, to provide these rights. Older persons in South Africa still without medical aid struggle with poor health care. The old age grant is certainly a step in the right direction but fails to keep pace with inflation.

Human rights are about improving the lives of people. South Africa's Constitution cannot create better lives for older persons by itself. The government must enact laws, such as the 2006 Older Persons Act, to create change. And organizations such as the South African Older Persons Forum are needed to act as watchdogs for human rights. Older persons (and their families) must become aware of their rights and insist on them.

We are all aging, with each passing day. If you are not an older person now, you will be someday. The human rights of older persons is a topic which people of all ages should care about.

*Jill Adkins was an elder law attorney in the United States for 20 years and recently obtained an LLM degree in human rights law at the University of Cape Town. She resides in Cape Town where she has established a human rights law consulting business, Age Rights International, which focuses on older persons. www.agerightsinternational.com
An older person wishing to buy property in a retirement village is advised to do so with caution as there are many pitfalls in this industry. Developers might set out with the best intentions, but when the financial realities start to bite, as in most industries, some might, for example, take short cuts to contain their costs.

The Housing Schemes for Retired Persons Act no.65 of 1988 which defines a retired person as anyone 50 years and over provides a certain amount of protection for buyers and lays down requirements for the developers, but there are a number of “grey” areas in this industry. Retired persons who have bought into retirement villages are often aware of these, but prefer to do nothing about it for various reasons. Some are content in their units and do not want to rock the boat and others believe that they do not have the energy or financial resources to enter into a legal wrangle. In schemes where units are sold under sectional title, the Sectional Title Act is applicable.

Housing scheme options are:

- Ownership of individual units;
- Section title;
- Liferights or occupational rights;
- A combination of the above.

The Act requires that when a developer sells a unit for the first time, specific information must be divulged to the buyer. However when the unit is resold, this does not apply, and some developers structure the sale documents in such a way that ownership of the unit reverts to them when the first buyer sells. According to the Act, Owners of units in retirement villages are automatically members of the Owners Association and thus the developer retains absolute control over the management and administration of the scheme.

There is a strong feeling in the older persons sector that Government needs to take a serious look at legislation governing this industry and the SAOPF would like to hear from anyone who knows of or who is experiencing problems in regard to housing schemes as well as from developers, owners and managers with a view to forming a discussion/action group.

Feeling Sharp in Sharpeville

Monday mornings see numbers of seventy year olds running in Sharpeville and a slower group circling the Care of the Aged centre, with their sticks to help them. Walking with them is Wilna Oldewage Theron who says: “The Sharpeville integrated nutrition programme for the elderly is my passion.” She is a professor at the Vaal University of Technology and director of the Institute of Sustainable Livelihoods.

Oldewage Theron, Abdulkadir Egal and Jacqueling Dube have seen significant gains in the programme since it started in 2004. Back then a study showed 73% of the centre’s 400 weekly visitors had zinc deficiencies. 46% had an iron shortage, 64% had high blood pressure and 86% were obese. Interventions such as the weekly walk and a food supplementation have dramatically changed the picture.
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The town of Atlantis was officially opened in January 1977 as a settlement for coloured people. It is 60 kilometers from Cape Town. It was planned for 500,000 people but today has only 140,000 residents. Initially 12 factories were in operation and others were planned with government paying subsidies and other inducements for factories to relocate there. However, after providing a railway line to attract more residents, the government backed down from its industrial strategy for the area.

The withdrawal of subsidies to factories meant that many found themselves having to foot bills not formerly anticipated, including high transportation costs. This led to the migration of businesses closer to Cape Town CBD. Currently, only about 3% of the original companies still have a business in Atlantis.

Poverty, drug abuse, violence and gangsterism plague Atlantis today as its residents grapple with an unemployment rate of 75%. Many people are struggling to obtain social grants because the SASSA office is located in the industrial area and only helps people on certain days. Short of taxi fares to the offices, people sometimes have to sleep over to be in the line. (Aziz Hartley in Cape Times 15/3/10)

Grow Your Own Food Campaign in KZN

Aimed at addressing poverty, the KwaZulu-Natal governments campaign of one home, one garden is reaching families headed by orphans and elderly people.

Pioneering the campaign are the KZN department of agriculture, environmental affairs and rural development spent their Saturday on the 27th of February at Nseleni township on the North Coast assisting poor families.

Accompanied by Agriculture Portfolio Committee members Lydia Johnson, the group got their hands dirty launching community gardens.

They planted vegetables at four homesteads that had uncultivated garden patches, which quickly turned to green with a variety of vegetable seedlings.

The Department of Social Development donated food parcels at one homestead belonging to a sick couple with a one-week-old baby.

Community members received seed packs and indigenous fruit trees for their home gardens.

Addressing the community at Mangosuthu Stadium, Johnson made an impassioned plea to the homeowners to take good care of their gardens until the plants were ready for harvesting.

She urged people to work closely with the government in alleviating poverty at a household level by embracing the One Home, One Garden Campaign.

"Let us all be responsible for our lives and what we consume by responding to the initiative, which will save our disposable incomes because we can no longer spend our money on things we can easily produce ourselves."

Premier Zweli Mkhize, added his support to the campaign on the 18th of July. Speaking at in Qhudeni, in Nkandla, he said: “The programme is about everything that Mandela taught us to value as a nation, namely doing something good to help others, caring for the poor and hungry and sickly, and having compassion for those less fortunate than us.”

Government aims to stimulate increased investment in the agricultural sector, increasing its contribution to the Gross Domestic Product from the current level of 4.7% to double digits. An interdepartmental task team on food security has been assembled to collect data on the levels of deprivation at ward level. “The data will be used to target the orphans, child-headed households and those headed by the elderly, widows, the disabled, the sickly and those in distress,” said Premier Mkhize.

The impact of the One Home, One Garden programme will be monitored and measured – and it is envisaged that the campaign will later be extended to become One Home, One Garden, One Tree, incorporating environmental awareness. FN
The only way for anyone to really understand the hardships and problems of our older people is by actually entering into dialogue with them. For this reason the workshop/dialogue sessions conducted by the SAOPF around the country has proven to be extremely valuable in really understanding the problems of older persons in their respective communities. One such workshop/dialogue conducted in East London in the Eastern Cape in January, was an eye opener for officials from the SAOPF, SAHRC and others. The problems that many older folk in the province experience, especially those living in rural areas, prompted the guest speaker Adv Lawrence Mushwana (Chairperson of the SAHRC) to launch an investigation into some troubling issues voiced by older persons at the meeting.

- Despite the department of Social Development’s efforts to try and address the problem of elder abuse in the province, older persons still felt that the police and also government was not responding seriously enough to reported cases of abuse;

- In rural areas of the province some older persons are overlooked and have no access to social assistance and health care;

- Older persons told the SAOPF about the extreme difficulty the aged experience at state health care facilities in the province. The attitude of some doctors and nurses towards older persons in the province borders on the violation of basic Human Rights;

- Many felt government was all talk and that no real action ever really takes place;

- Some rural areas are still without water and electricity and despite government’s claims that the bucket system has been eradicated residents of Ward 6 in the Slovo township still have no choice but to use this degrading system.

What was most worrying however was the reports of a woman as she was believed to be a witch. Older persons who had known this woman gave first-hand reports of the experience. This problem seems to be worse in rural areas.

It is very clear that for many older persons’ living in the Eastern Cape not much has changed since 1994, they still live in extreme poverty and are vulnerable to abuse. Officials from local municipalities and the provincial Portfolio Committee on Social Development also promised to investigate many of the issues, the SAOPF will follow this up with the SAHRC and provincial government. - FN

Dot Cleminshaw Honoured

Dot Cleminshaw thought it was a joke when a phone call from Pretoria told her she was to receive the Order of Luthuli in Silver for her role in the anti-apartheid struggle. Now aged 87, Dot Cleminshaw says she does not feel she did anything outstanding to deserve the award. But the record of her work in the Black Sash, the Liberal Party, the Christian Institute, the End Conscription Campaign and the Civil Rights League speaks differently. She was arrested and charged under repressive laws many times and spent a short time in Pollsmoor Prison. She remains interested in politics and often writes letters to the newspapers. "We need to deal with corruption from the top down. The government needs to stop wasting money and focus on education, deal with poverty and women’s rights issues", she says. Dot's son Martin will accept the Order of Luthuli on her behalf on Freedom Day, April 27. ( Sunday Argus 4 April 2010)
Dementia due to HIV infection causes AIDS dementia complex (ADC) is caused by the HIV virus itself, not by the opportunistic infections that occur commonly in the course of the disease. We do not know exactly how the virus damages brain cells. HIV may affect the brain through several mechanisms. Viral proteins may damage nerve cells directly or by infecting inflammatory cells in the brain and spinal cord. HIV may then induce these cells to damage and disable nerve cells.

Dementia due to HIV Infection Symptoms: AIDS dementia complex affects behavior, memory and movement. At first symptoms are subtle and may be overlooked, but they gradually become troublesome. The symptoms vary widely from person to person and are particularly evident in the later stages of their illness. AIDS dementia complex typically occurs as CD4+ count falls to less 200 cells/micrometer.

The decline in mental process is a common complication of HIV infection (and many other conditions):

- Although the specific symptoms vary from person to person, they may be part of a single disorder known as AIDS dementia complex, ADC. Other names for ADC are HIV-associated dementia and HIV/AIDS encephalopathy.
- Common symptoms include decline in thinking, or “cognitive”, functions such as memory, reasoning, judgment, concentration, and problem solving.
- Other common symptoms are changes in personality and behavior, speech problems, and motor (movement) problems such as clumsiness and poor balance.
- When these symptoms are severe enough to interfere with everyday activity, a diagnosis of dementia may be warranted.

It is important to recognize and seek help when the first symptoms of early dementia start manifesting, these include the following:

- reduced productivity at work
- poor concentration and difficulty performing familiar tasks
- problems with language
- disorientation of time and place
- poor or decreased judgement
- problems with reasoning and abstract thinking (planning tasks)
- misplacing things
- changes in mood or behaviour
- changes in personality
- withdrawal from hobbies or social activities and loss of initiative

The symptoms of worsening dementia include:

- Speech problems
- Balance problems
- Clumsiness
- Muscle weakness
- Vision problems
- Loss of bladder control (and occasionally bowel control)

Other rarer symptoms included the following:

- Sleep disturbances
- Psychosis – Severe mental and behavioral disorder, with features such as extreme agitation, loss of contact with reality, inability to respond appropriately to the environment, hallucinations and delusions
- Mania – Extreme restlessness, hyperactivity, very rapid speech and poor judgment.
- Seizures

Diagnosis and medical testing

In a person known to have HIV infection, the appearance of cognitive, behavioral or motor symptoms suggests that the person may have AIDS dementia complex. It is important to consider, however, other possible causes of these symptoms, such as metabolic disorders, infections, degenerative brain diseases, stroke, tumor and many others. Local health care provider, local hospital or doctor will carry out an evaluation to determine the cause of the symptoms.

Regular and frequent visits to a doctor can allow repeat testing to monitor the condition, review of symptoms and adjustments to treatment if needed. These visits also permit the doctor to assess whether the care is appropriate. If a diagnosis of AIDS dementia complex is made, it is essential that the person remain physically, mentally and socially active for as possible and for as long they are able.

- Stay active - daily physical exercise helps maximize body and mental functions and maintains a healthy weight. This can be as simple as a daily walk.
- Engage in as much mental activity as they are able to handle. Keeping the mind working may help keep cognitive problems to a minimum. Puzzles, games, reading, and safe hobbies and crafts are good choices.
- Remain socially active – continue visiting friends and relatives. A good social life is not only enjoyable but keeps the mind active and the emotions in balance.
- A balanced and nutritious diet that includes plenty of fruits and vegetables helps maintain a healthy weight and prevent malnutrition and constipation. It is suggested – no smoking for both health and safety reasons.

AIDS dementia complex can be one of the most difficult of all HIV/AIDS complications for both the person with ADC as well as spouses, partners, family and community members. It affects work, financial status, social life and physical and mental health. It may lead to the person and the family feeling overwhelmed, depressed, frustrated, angry or resentful.
Sex has a way of making relationships difficult when we are younger. Many young people struggle with the issue of when it is the right time for them to start having sex. They may feel they have found the right person and then down the road wish they had waited for someone else to share that experience with.

Many people will tell you that having sex at a young age can certainly lead to some difficulties with relationships. One party may want it to be very casual while the other has fallen in love. There are hurt feelings and even unwanted pregnancies that have to be dealt with. Some may say that they don't want to think about sex and being older, but those over 60 will tell you it is different - and they love it.

They don't have to deal with all the same struggles as they once did. Most women over 60 will tell you that they don't have to worry about looks. They know that the partner they are with wants to be with them for more than just the hot body they have. They have accepted that their body has changed with time and they still enjoy having sex.

Men over the age of 60 will also tell you that the burden is off them to have the big muscles. They also don't have to try to perform all night long like they did in their younger years. With all of the stress off the issue of having sex, the couple can focus on making each other feel good. It is a completely different feeling than what they experienced before.

Both sexes will agree that sex at this age is about much more than just the physical side of things. It is a way to connect with someone they love, respect, and desire on a deeper level. Sex doesn't have to be the central theme of the relationship so there isn't any pressure for it to start taking place. They can take their time to get to know each other before they move on to that level.

For couples who have been together for a very long time, they often find as they move into their 60's that they have more time to spend with each other. This allows them to rekindle their love for each other that may have been pushed aside for many of the past years in their relationship.

You will definitely find these types of relationships to be built on great communication. The two people will really enjoy being around each other. They love to talk and to spend time together. Having sex is just an added benefit of them spending that time with each other. They can bring that level of communication that they value into the sexual relationship as well.

For those over 60, still having sex means that someone finds you to be desirable. This is very important to both men and women. It allows them to feel loved and cared for. It also allows them to have a level of intimacy that goes beyond just sitting close or holding hands with someone. That can help them to feel young and revitalized.

You will also find that as people get older they value their relationships more. Even though young couples may be in love, they may not fully realize the importance of their choices. Older individuals are able to see the connection of a good relationship both outside of the bedroom and inside of it. That is what keeps their passion for each other alive.

If you fit into the category of individuals who think it isn't going to be much fun having sex once you are 60, think again. Re-evaluate your attitude about it once you have read the material online for those who are in that age group and loving their sex life. Things are going to change but having sex in your 60's and beyond can be a completely new experience. It can be more rewarding in many ways then what you experienced at earlier times in your life. (ezinearticles.com)

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On the 30th of March, Mohr Keet, a 96-year-old pensioner from George in the Southern Cape became the oldest man in the world to bungee jump. He enjoyed it so much he wished it had lasted longer.

After the jump off the 216-metre Bloukrans Bridge in the Eastern Cape he had this to say “it was too short”.

Joining him in his jump was his daughter and grand-niece. A chartered accountant and registered auditor were present for the jump, making it a legitimate world record attempt. It was the fifth jump for Keet who is no stranger to adrenaline activities; in his 80s he went water rafting and parachuting.

Keet told members of the media he still plans a tandem sky dive in Mossel Bay for his next adventure.
Bad Weather Hits British Elderly

The UK has been hit by the worst winter for 30 years. Freezing temperatures and heavy snow falls have forced pensioners to stay at home. The need for energy like electricity or gas to heat their homes has financially crippled UK pensioners, already hit as they get no interest on their savings. Energy price hikes of around 25% in South Africa are bad enough but over the past 3 years the rate of increase in UK energy costs has been closer to 60%. This comes at a time when many UK energy suppliers are owned by overseas companies, the British government having long ago sold off its national assets. For example, the French energy company EDF which supplies parts of Britain charges UK consumers much more than French consumers. Many cases of hardship are being reported. (Peter Bills in Cape Argus March 2010)

Older Zambians the Focus of New Five Year Plan

The Retirees’ Welfare Bureau of Zambia (RWBZ), long a champion of dignity and human development for older persons in Zambia, is now pursuing practical interventions to minimize the hardship of retirement and old age. The RWBZ strategic plan identifies several thematic programs: Advocacy, Policy Formulation, Health/HIV/AIDS, Research, Training, and Institutional Capacity Building.

The RWBZ will use the Strategic Plan as a platform for seeking resources from Government and other social partners, with the goal of raising approximately six million dollars over five years for the programs it has identified as crucial to support the needs of older people.

Monitoring of Homes in New Zealand

The Auditor General of New Zealand has criticized the Ministry of Health there for poor monitoring of the country’s 715 rest homes where 34,000 vulnerable older persons live. Since the Ministry became responsible for auditing and certifying rest homes in 2002 there has not been “adequate assurance” that homes have met the required standards. The report comes after several complaints including one where a home was shut down after an inspection team found a 103 year old woman tied to her bed with a sheet. Auditing or monitoring of homes is carried out by 8 designated agencies but their work has been inconsistent and sometimes of a poor quality with the Ministry giving them little feedback.

The Health Minister accepted the AGs findings and is to introduce spot audits, to publish audit results online and to improve the way rest homes are audited. Labour’s spokeswoman for aged care said the AGs report was a “wake up call for those who deny there are problems in the aged care sector” (New Zealand Herald 17/12/09)

Volunteering Helps you to Stay Independent

Experience Corps is a United States programme which teams people over 55 with primary school students. Running for 15 years it now includes 2000 older tutors in 22 cities who are teaching 20,000 students.

Participating is no small commitment. The seniors go through a 40 hour training that includes brushing up on maths skills, learning to choose age-appropriate books and learning to use the library’s system. They may receive a stipend of $100 to $200 a month to cover transportation costs. They spend at least 15 hours a week tutoring children one to one or in groups.

A 2009 study found that children who received Experience Corps tutoring had much greater reading comprehension than children who were not tutored. But not only the children benefit. A recent study found that seniors tutoring might help delay or even reverse some of the signs of ageing in the brain. Corps volunteers showed improvements in regions of the brain involved in thinking and the ability to organize multiple tasks. Called “executive function”, it’s a skill that’s crucial to maintaining independence in old age, says study author Michelle Carlson. (Business Day Health News 17 March 2010)