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Høgskulen
på Vestlandet

MASTER'S THESIS

OLDER ADULTS DURING THE COVID-19
PANDEMIC IN SOUTHEAST ASIA: AN
INTEGRATIVE REVIEW

Candidate number: 416

Master in Healthy Ageing and Rehabilitation

Faculty of Health and Social Sciences (FHS)

Supervisor: Graziella Van den Bergh

Submission Date: 16th May 2022

I confirm that the work is self-prepared and that references/source references to all sources used in the work are provided, cf. Regulation relating to academic studies and examinations at the Western Norway University of Applied Sciences (HVL), § 12-1.

ABSTRACT

Background: COVID-19 has had direct and indirect negative impact on the elderly population in Southeast Asia. The effects of public health measures such as quarantine, lockdowns and social distancing due to COVID-19 may challenge mental and social well-being, especially among the geriatric population. It has changed the way older people live, receive care and support, as well as cope with everyday challenges.

Objectives: The objective of this integrative review is to identify the challenges faced by older adults, including those living alone, and their coping strategies in the region of Southeast Asia, due to the impact of public health measures during the pandemic.

Methodology: We searched for both qualitative and quantitative studies in MEDLINE Ovid, PubMed, JSTOR, and CINAHL databases. The MeSH terms “COVID-19”, “Older adults”, “living alone”, “Southeast Asia” were used in the searching process. The searches were limited to articles in English language discussing about the subject in Southeast Asian countries. 598 relevant published articles between years 2019 to 2022 were retrieved. Article titles as well as abstracts were screened and duplicates were removed using EndNote® and DistillerSR® software, leaving with 452 articles. After full-text screening for eligibility, a descriptive analysis was used to interpret data and findings from 22 articles.

Results: The common challenges faced by older adults include disrupted healthcare delivery and accessibility, poorer psychological and spiritual wellbeing, social isolation, disconnection and feelings of loneliness, and economic anxiety. Several initiatives and support were introduced at the national and community level to help older adults during the pandemic. Coping mechanisms such as exercise, physical activity, and religious practices were applied by older adults to mitigate negative feelings of social disconnection and loneliness. There is a nuance in older adults living alone and feelings of loneliness especially in a culture where filial piety and family ties are strong.

Conclusion: The challenges and coping mechanisms adopted by the older adults in Southeast Asia differ across countries and contexts, depending on older people socioeconomic status, level of support by the government and community organizations, religious practices, and ability to communicate via technology and social media. However, for a majority of older adults, the family and kins seemingly contributed a lot to alleviate the challenges encountered by older people during the pandemic.

Keywords: Older adults, elderly, COVID-19 pandemic, social isolation, loneliness, coping strategies

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CHAPTER 1: INTRODUCTION

With the COVID-19 pandemic dominating over countries around the globe, the elderly population were discovered to be vulnerable to infection from early on. As a consequence, in many regions, Southeast Asia included, they were subjected to public health measures meant to protect them. However, this has resulted in older adults around the world being faced with a greater risk of social isolation and loneliness due to the impact of measures taken to mitigate the spread of the virus such as social distancing, lockdowns, visiting and travelling limits, and temporary cessation of public transportation, social gatherings and religious events and activities.

Because of this negative impact that I could observe in my own clinical work, in particular when meeting older patients living alone, I became interested in learning more about the subject. Therefore, I decided to perform a literature study to review the obstacles faced by older adults and their coping mechanisms during the pandemic in Southeast Asia.

The focus on the effects of the COVID-19 pandemic on older people in Southeast Asia is relatively new in the field of research, but it has become an emerging topic in several countries around the globe. During the peak of the pandemic, community-dwelling older adults have been encouraged to practice social distancing and self-quarantine, while older people living in nursing homes were faced with stricter social isolation rules (Maxfield & Pituch, 2021). It is presumed that the effects of quarantine and self-isolations due to COVID-19 may worsen physical, psychological and mental problems, perhaps due to limited accessibility and mobility for the elderly who are frail and functionally dependent on other people. Furthermore, there are reports of societal rejection, discrimination, and stigmatization, as well as other negative psychological distresses among COVID-19 positive patients (Courtet et al., 2020). Albeit the measures installed were meant as general preventive measures of containing the spread of COVID-19, physical distancing has somehow developed into a state of social isolation and given rise to other mental health problems (Dhama et al., 2020). Thus, the aim of this research is to map out major challenges and coping strategies of elderly people in Southeast Asia during the COVID-19 epidemic.

CHAPTER 2: THEORETICAL PERSPECTIVES

In this chapter, the theoretical concepts and contexts behind the research objectives are briefly described.

Southeast Asia Region

With a total population of around 680 million, Southeast Asia contributes to 8.58% of the total population in the world. The eleven countries that make up the Southeast Asian region include Cambodia, Laos, Myanmar, Vietnam, Thailand, Malaysia, Indonesia, Singapore, Philippines, Brunei, and Timor Leste. The entire region can be seen as two portions; the northern Mainland Southeast Asia and the Maritime Southeast Asia, with the South China Sea and the Andaman Sea separating them. The climate of these countries is tropical in nature, with a series islands and islets as well as a diverse flora and fauna. Geographically, it was a strategic location for trade between India and China during early Asia, as the wind patterns are reliable (Asia Society, 2022). With many islands and coastal areas, the Southeast Asians of previous generations found it easier to manoeuvre by boat, hence creating an influence of similar languages, culture, and religion (Asia Society, 2022).

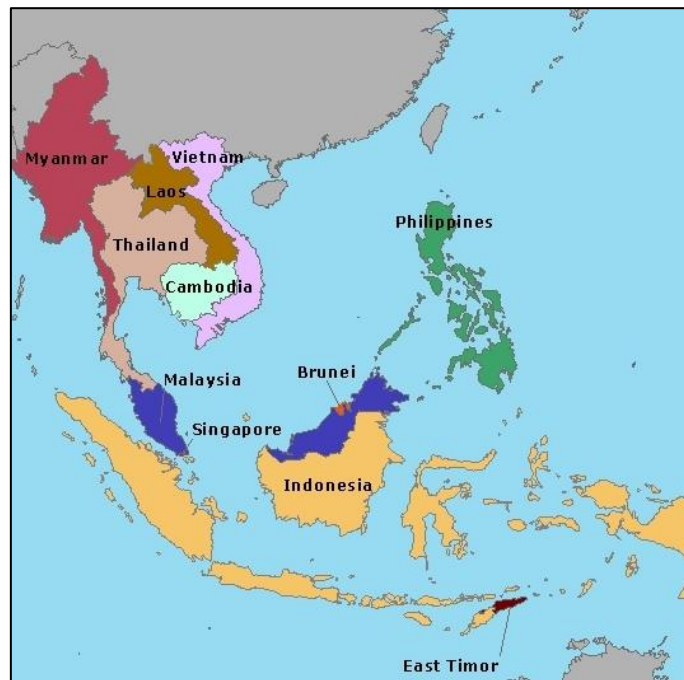


Image 1: Map of Southeast Asia (Source from: <https://seasia.wisc.edu/southeast-asia-country-information-and-resources/>)

Most of the countries in Southeast Asia are of middle-income developing countries with growing economy. Indonesia is the largest country in Southeast Asia with the highest number of populations of 275 million people, and has the distinction of the most populous Muslim country. The Philippines has a population of more than 110 million people and the country is made up of 7640 islands. In the Philippines, majority of the people practice Roman Catholicism. In Vietnam, with approximately 98 million people, is known for its rapid growth in GDP per capita post-war and economic reforms. Thailand's monarchy is regarded as sacred, governing a population of approximately 69 million who mainly practice Buddhism, namely Theravada Buddhism, where being polite and respectful especially in family relations are strongly significant (Shvili, 2021).

In Myanmar, also known as Burma, has around 54 million people who are of different ethnicity and religion. Malaysia has a population of over 32 million, governed by a federal constitutional monarchy, with Malay, Chinese and Indian races as the major communities. Cambodia has an estimate of 17 million people with a rich and diverse cultural heritage, and majority also practice Theravada Buddhism. Furthermore, Laos has a population of about 7.3 million, and has is closely related to Thailand culturally and linguistically. Singapore has approximately 5.8 million people from different racial and ethnic backgrounds, and has become one of the most competitive economic powerhouses in the world. Timor-Leste is a small country with about 1.3 million people, who majority are practicing the Roman Catholic faith. After gaining independence in 2002, and remains largely underdeveloped. Brunei Darussalam is the least populated country of approximately 440, 750 people of both Muslim and Malay descent, under the rule of an absolute monarchy. Overall, the Southeast Asian population of people aged 60 and above are rapidly increasing, from 9.8% in 2017, to an estimate of 13.7% and 20.3% by 2030 and by 2050, respectively (WHO, 2021). The three main health issues faced by the elderly in Southeast Asia are noncommunicable diseases (NCDs), dementia, and the effects of functional decline (WHO, 2021).

The COVID-19 pandemic in Southeast Asia

The region of SEA is not untouched by the negative effects of the epidemic. With the COVID-19 declared as a pandemic and health emergency by the World Health Organization (WHO) on the 11th of March 2020, many Southeast Asian country governments responded promptly by following the actions called by WHO which were: prevent infections, save lives and minimize impact. Hence, unprecedented public health measures such as initiating lockdowns which include stay-home orders, social distancing rules, travel restrictions, and non-essential

institution closures were used by many countries to prevent the spread of infection (Rampal et al., 2020).

However, the situation and responses varied from country to country, according to various political, economic and socio-cultural situations and contexts. In the case of Malaysia, for example, things quickly turned sour after state elections were held in September 2020, causing daily infection rates of 1,000 per day on average, reaching to a total of 86,000 infections by mid-December (Tan & Lim, 2021). A nationwide State of Emergency was declared in January 2021 by the Malaysian King, in attempt to suppress the rapid spread of infections, but positive cases were soon surpassing 5,000 on a daily basis. Subsequently, the Movement Control Order (MCO) was introduced in attempt to limit the movement of people and reduce the rates of infection.

On the other hand, in Singapore for example, the spike in COVID-19 infection rates were connected to migrant workers living in dormitories, which largely contributed almost 94% of the 57,941 cases of infection in October 2020. Hence, a stay-at-home measure called the circuit breaker was introduced, along with stringent public health measures such as contact tracing, COVID-19 self-testing, and self-quarantine to help reduce uncontrolled spread of the virus (Yip et al., 2021).

A breakdown of the infections and vaccinations in the various SEA countries shows large differences in infections rates, such as around 8,000 reported cases per million inhabitants in Cambodia to around 120,000 reported cases per million in Brunei. More than half of the population have been fully vaccinated in all countries, except Myanmar and Timor Leste, as recorded in February 2022 (CSIS, 2022). As of date, Indonesia has the highest COVID-19 mortality rate at 147,586 number of deaths and Brunei being the least affected with only 98 deaths reported (CSIS, 2022) (see Table 1 below).

Table 1: Breakdown of COVID-19 infections (as of February 25, 2022)

Country	Cases	Cases Last 24 hours	Deaths	Percentage fully vaccinated	Cases per million
World	432,127,008	1,619,729	5,932,306	56.1%	55,401
Indonesia	5,457,775	49,447	147,586	53.6%	20,365
Philippines	3,658,892	1,550	56,224	60.1%	34,880

Vietnam	3,120,301	78,795	39,962	80.4%	32,660
Thailand	2,819,282	24,932	22,809	71.5%	40,624
Myanmar	581,837	3,391	19,356	39.2%	10,902
Malaysia	3,367,871	62,714	32,591	82.5%	107,945
Cambodia	129,078	479	3,027	86.5%	8,062
Laos	142,237	304	619	58.3%	19,313
Singapore	679,795	18,597	986	87.3%	121,132
Timor Leste	22,584	0	126	42.6%	16,866
Brunei	51,516	3,461	115	94.3%	120,194

(Source: <https://www.csis.org/programs/southeast-asia-program/projects/past-projects/southeast-asia-covid-19-tracker>)

Furthermore, the socioeconomic impact from lockdowns and public health measures have affected the countries' economic productivity. It is reported that overall GDP growth rates for each country have declined during the epidemic, with only Singapore and Timor-Leste showing a rebound of positive growth rates in 2021 (CSIS, 2022). The effects of economic decline and rising inflation rates would create a ripple effect on the overall population, including the elderly population.

Older people and the COVID-19 pandemic

The geriatric population are known to be at a higher risk of contracting COVID-19 especially those with underlying comorbidities such as diabetes, hypertension, chronic obstructive pulmonary disease and cardiovascular disease (Dhama et al., 2020; Mueller et al., 2020). It is argued that older people may be more susceptible to COVID-19 due to the ageing process which includes compromised physiological functioning of vital organs and slower immune defence responses (Mueller et al., 2020). Furthermore, external risk factors such as dementia, malnutrition, and clinical complications that are common among frail or bedridden older people have increased risk of severe infection (Dhama et al., 2020).

Finally, older adults are more prone to severe illness from COVID-19 if infected, as they are more susceptible to direct health risks from the virus as well as indirect biopsychosocial risks from the pandemic (D'cruz & Banerjee, 2020). Most of the elderly have underlying conditions and compromised immune system such as by undergoing cancer treatment which adds to the risk of contracting COVID-19 (Jahan & Rahman, 2020; Mueller et al., 2020).

With such health risks and jeopardy older adults also have to endure greater worries and stress living during the pandemic. This is especially true among older people who are living alone, and may have greater health anxiety which increases information-seeking behaviours (Maxfield & Pituch, 2021). Various studies have confirmed this.

A study from Turkey for example reports of higher levels of anxiety or depression among those aged between 65 – 74 years old, single elderly, being unfamiliar with a similar pandemic, and being under-informed about the pandemic (Yildirim et al., 2021). Moreover, health problems in old age seem to be a greater concern when economic security becomes scarce (Natividad et al., 2014). Indeed, extra healthcare needs and supplies such as mandatory face masks, sanitizers, disinfectants or soap, and other things raise the cost of living during the COVID-19 pandemic. Consumer demand becomes volatile in times of a pandemic such as with panic-buying and hoarding of food, medications and household products which leaves older people, especially those who have compromised mobility and limited purchasing ability, overtaken (Naja & Hamadeh, 2020).

Ageism is another reported challenge commonly faced by older adults. Negative stereotyping, discrimination, and prejudice against older adults as “helpless”, “weak”, or “vulnerable” is reported to reduce their sense of control and make them feel incompetent and victimized when not all older adults are as described (Falvo et al., 2021; Verhage et al., 2021). When the mass media portrays the general elderly population as the weaker group to fight against COVID-19, the perception for their need to ‘stay at home’ can be discriminatory and prejudiced (Cahapay, 2020). Furthermore, ageism, elderly abuse, and suicide among the elderly are emphasized concerns in times of COVID-19, especially for the elderly whose wellbeing is being compromised by frailty, cognitive and sensory impairments (Banerjee et al., 2021).

In the next paragraph, I present the widely common familial structure and culture on the Southeast Asian continent.

Familial structure and culture in Southeast Asia

With gradually shrinking SEA family structures and rate of childbirth, a downsizing of family systems is expected (Kreager & Schröder-Butterfill, 2005). Most SEA societies have an ingrained culture that older people should reside with their children. This culture is further enforced when older persons living alone tend to be categorized as being disadvantaged in the society, especially in a family-oriented SEA society (Wong & Verbrugge, 2009).

Generally, most Asian and Southeast Asian countries have strong cultural norms and values of filial piety, whereby children are expected to respect and provide care for their ageing and elderly parents until the end of their life (Pazim et al., 2021; Setiati et al., 2021). Family ties are strongly valued; therefore, it is common to see multigenerational households and co-residence between parents and children. For example, according to national statistics in Indonesia, almost 40% of older adults lived in three-generation homes, with only less than 10% older adults living alone in 2020 (Setiati et al., 2021). Most young married children would frequently visit their elderly parents or some older parents may live in the same house with their married children (Ko & Kang, 2020).

However, it may not be the case for every older person in every country. Some Singaporean older persons for example end up being alone by their own volition, and some are forced by circumstances such as never having children, estranged from their children, or outliving their family networks (Wong & Verbrugge, 2009). While many ageing adults in Southeast Asia live in intergenerational homes with other family members or spouses, some older adults live alone due to several reasons. This could be by choice, because of the death of a spouse or children, because of adult children moving away from home for work or family reasons, because of being unmarried, infertility, living arrangement, and so on. Upon reaching a certain older age, people retire and lose co-workers, children begin to leave homes to build a life of their own, and spouses as well as close friends pass away. For example, almost 40% of households in the Philippines in 2015 were of one member, most of whom were older adults (aged 60 years and above) living alone (Castillo et al., 2021).

This brings us to the next paragraph and subject of older people living alone.

Living alone and loneliness

Living alone is not to be equated with loneliness. Perissinotto et al. (2012) distinctively defined living alone in a state of social isolation which ‘relates to the quantifiable numbers of relationships a person may have’. Older persons tend to stay alone due to factors such as loss of family members or out-migration of adult children (Setiati et al., 2021). This corresponds to a study in the US whereby experiences of retirement, bereavement, widowhood, or profound losses of friends and family indicate the shrinking of network sizes and support, which could perhaps affect older people’s mental health (Santini et al., 2020). In comparison, loneliness is defined as ‘the subjective feeling of being isolated – or the discrepancy between actual and desired relationships’ (Perissinotto et al., 2012). People can still feel lonely even with other

people physically around them. Despite living with family or caregivers at home, not all elderly people are receiving quality care as needed hence creating a sense of loneliness, as suggested by Barrenetxea et al. (2021) who discussed that feelings of loneliness can surface among the elderly despite living with others, especially when their expectations and needs are unfulfilled. However, the line between loneliness and living alone is not always clear, as Hawkley & Cacioppo describes, loneliness is more relevant to perceived social isolation, and not objective social isolation (Hawkley & Cacioppo, 2010). Indeed, feelings of loneliness and social isolation can probably stem from living alone, and are defined as ‘a distressing feeling arising from perceived deficiencies in one’s social relationships’ according to a review by Hawkley and Cacioppo (2010).

Other authors interpret the concept of older adults ‘living alone’ as being childless, barren, or unable to conceive offspring. There are different operationalizations of childlessness which include total number of children, childless older adults compared to parents, or being kinless which combines absence of child and spouse (Quashie et al., 2021). In the case of childlessness, there can be two types of childlessness; de-facto childlessness and actual childlessness. De-facto childlessness can be referred to as older adults whose children have migrated elsewhere or are living far away. On the other hand, actual childlessness means older adults never having children, which can be due to voluntary decision, child bereavement, socioeconomic class, education level, gender, infertility, or broken families and relationships (Hadley, 2018). Therefore, there are many reasons for living alone when getting older in Southeast Asia.

Although there is no guarantee of any forms of support given by children at old age, there is still a potential of resources, be it of financial, social, or emotional kind, by having children instead of none, reported by a large-scale study of 20 countries (Quashie et al., 2021). However, in Italy, Albertini and Mencarini (2014, p. 337) found that “childless people are not at a higher risk of social isolation than parents”. It explains the pre-existing types of social network support and coping strategies among childless people that prevents feelings of isolation. On the other hand, childlessness is expressed as a disadvantage when people become frailer and lose independence in activities in daily living (ADL). It is a common perception, especially in a society that is family-oriented, that elderly people without children or next-of-kin are more ‘pitiful’ with no one to care for them in their old age. These group of people may require formal eldercare from an earlier age than most parents, and they are more likely dependent on public care services, especially in countries that have high filial provision of care (Albertini & Mencarini, 2014).

Challenges of living alone during COVID-19

It is presumed that older adults living alone may experience difficulties in activities of daily living (ADL), especially during the pandemic, especially when accessibility to informal caregivers become hindered (Chen et al., 2022). Furthermore, the psychological a connection was found between feelings of loneliness with functional decline and adverse health outcomes, though the mechanism is not clearly established (Perissinotto et al., 2012). A multi-country study showed that during the pandemic, feelings of loneliness soared among people who lived alone; either by forced circumstances or voluntarily (O’Sullivan et al., 2021).

However, not much is known about older adults living alone in regard to the SEA context. The global cultural variety of family structure and modes of living when getting older suggests that there may be regional differences in coping with the epidemic, and focusing on Southeast Asia is interesting and relevant.

Research Question

The main research question of this study is: What are the difficulties and challenges and their impact on the elderly, as well as their coping strategies during the times of the COVID-19 pandemic? The aim of this research is to map out major challenges and coping strategies of elderly people in Southeast Asia during the COVID-19 epidemic. In this study, it is hypothesized that elderly people without children or living alone may find living and coping with the pandemic even more challenging. Therefore, major challenges and support strategies surrounding older people’s livelihood during COVID-19 are described in this study.

CHAPTER 3: METHODOLOGY

In this chapter, I will first present the chosen method in this literature-based integrative review, and include the inclusion and exclusion criteria for the articles reviewed. Hereafter, the searching process, study selection and data analysis will be described.

An integrative review is defined as a method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem (Broome et al., 1993; Whittmore & Knafl, 2005). It is a method which includes studies of all types of methodologies, for example qualitative and quantitative research, which is more helpful and applicable when studying a healthcare phenomenon (Whittmore & Knafl, 2005). At the same time, this review was initiated and conducted using the approach of a scoping study as a strategy to be more systematic and enhance the rigour of the study (Whittmore & Knafl, 2005).

The inclusion and exclusion criteria for the selection of articles for this study were as following:

Inclusion criteria: older adults living in the community or in nursing homes, COVID-19 pandemic, within Southeast Asia region, living alone, challenges faced and coping strategies, articles published from year 2019 to 2022.

Exclusion criteria: young or middle-aged adults, articles exclusively focusing on biomedical effects of COVID-19 in older adults, and non-Southeast Asian countries.

To search and analyse the literature selected, following three steps were followed:

Step 1: Literature search

The search engines and databases used for this review were Google Scholar, CINAHL, MEDLINE Ovid, and JSTOR. MeSH terms such as ‘aged’ or ‘elderly’, ‘COVID-19’, ‘living alone’ and ‘Southeast Asia’ were used to retrieve the articles. The references were added into the reviewer’s library using EndNote® software which was later imported into DistillerSR®. Below is an example applied according to the MEDLINE Ovid search strategy:

Figure 1: MEDLINE Ovid search strategy used.

```

1  exp Aged/ (3366760)
2  exp "Aged, 80 and over"/ (998279)
3  aged.tw. (645559)
4  elde*.tw. (281667)
5  (old* adj1 people).tw. (37170)
6  (old* adj1 adult*).tw. (102190)
7  1 or 2 or 3 or 4 or 5 or 6 (3887713)
8  exp Independent Living/ (9181)
9  (independent adj1 living).tw. (3023)
10 (community adj1 dwelling).tw. (27542)
11 (community adj1 living).tw. (2916)
12 (aging adj2 place).tw. (628)
13 (home adj1 dwell*).tw. (730)
14 8 or 9 or 10 or 11 or 12 or 13 (36633)
15 childless.tw. (1498)
16 nonparent.tw. (62)
17 (liv* adj1 alone).tw. (6227)
18 (without adj1 child*).tw. (13624)
19 15 or 16 or 17 or 18 (21313)
20 exp COVID-19/ (137578)
21 COVID-19.tw. (188135)
22 sars-cov-2.tw. (63123)
23 20 or 21 or 22 (218079)
24 feel*.tw. (107433)
25 thought*.tw. (290638)
26 experience*.tw. (1213965)
27 perception*.tw. (288149)
28 opinion*.tw. (116962)
29 24 or 25 or 26 or 27 or 28 (1860896)
30 exp Asia, Southeastern/ (106380)
31 exp Malaysia/ (16977)
32 (Southeast adj1 asia).tw. (10911)
33 malaysia.tw. (18292)
34 exp Brunei/ (261)
35 brunei.tw. (498)
36 exp Myanmar/ (2981)
37 myanmar.tw. (4012)
38 exp Cambodia/ (3652)
39 cambodia.tw. (4335)
40 exp Timor-Leste/ (246)
41 (timor adj1 leste).tw. (392)
42 exp Indonesia/ (12246)
43 indonesia.tw. (15113)
44 exp Laos/ (2134)
45 laos.tw. (2145)
46 exp Philippines/ (9082)
47 philippines.tw. (9474)
48 exp Singapore/ (14863)
49 singapore.tw. (17541)
50 exp Thailand/ (29003)
51 thailand.tw. (29732)
52 exp Vietnam/ (13774)
53 vietnam.tw. (16619)
54 (south adj1 east adj1 asia).tw. (4184)
55 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or
50 or 51 or 52 or 53 or 54 (152931)
56 7 and 14 and 19 and 23 and 29 and 55 (0)
57 7 and 14 and 19 and 23 and 29 (13)
58 7 and 19 and 23 and 29 (66)

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Step 2: Study Selection

Using the DistillerSR[®] software and Google Scholar, an independent reviewer screened 452 article titles and abstracts. Subsequently, the articles were further filtered according to inclusion criteria for relevance to our research question. Both quantitative, qualitative, and empirical studies were selected, with an emphasis on primary source data. Duplicates were subsequently removed using the DistillerSR[®] software.

Step 3: Data Analysis and Reporting of the Results

After finalizing with 22 articles, relevant data was extracted and common themes were studied and discerned. Themes such as challenges faced by older adults; namely healthcare delivery and accessibility, mental health, social disconnection and feelings of loneliness, and economic anxiety, were identified and further described. The coping mechanisms and support strategies were reported in both the Findings and Discussion chapters.

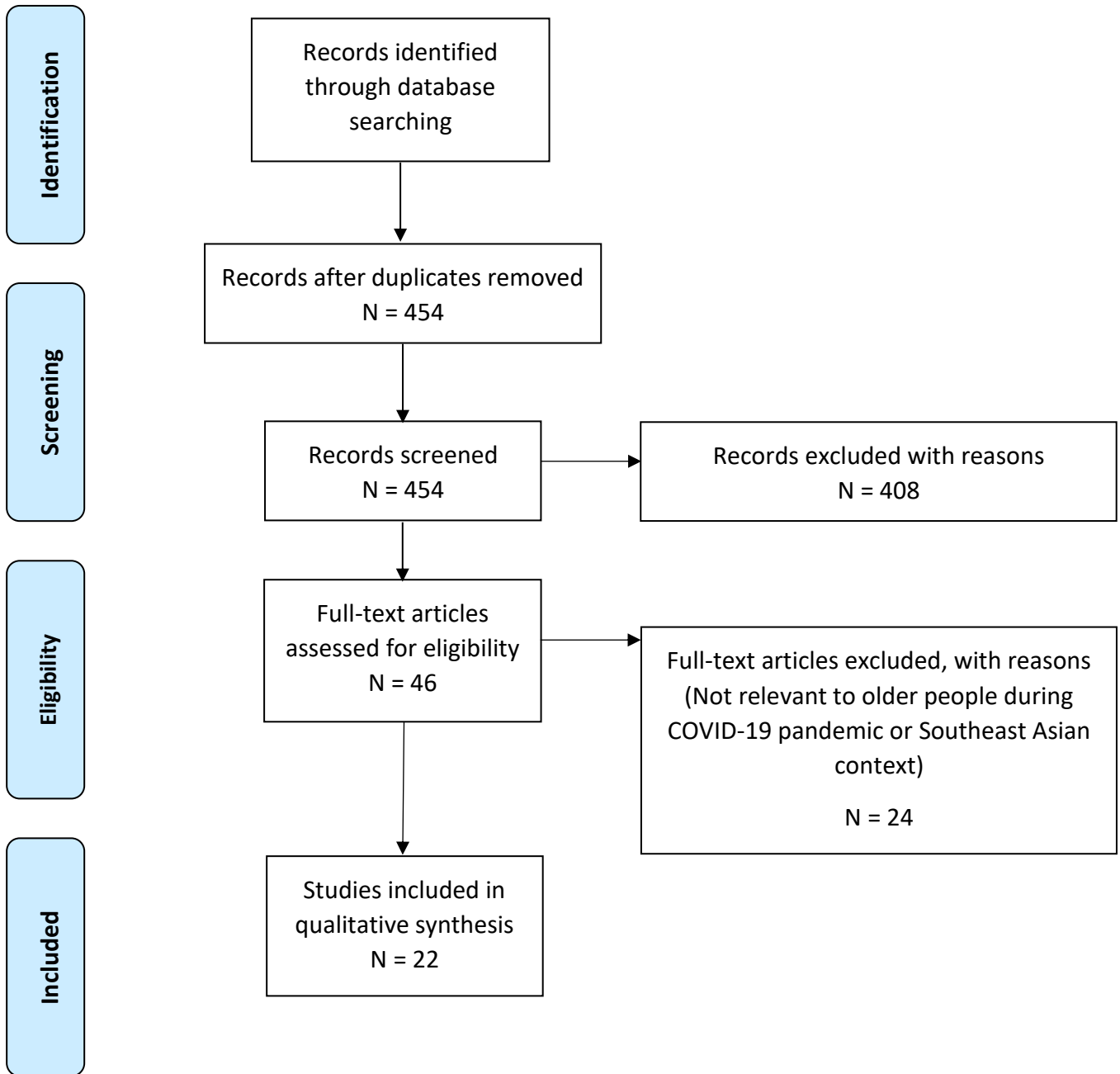
The next chapter would describe the Findings of the study based on the finalized articles.

CHAPTER 4: FINDINGS

This review was meant to encompass studies from countries in Southeast Asia. To select the studies to be reviewed, the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist was observed as closely as possible. The flowchart of the inclusion process is shown in Figure 1. The total number of articles that were eligible and included in this study were 22. Country-wise, this implied studies from Malaysia (5), Philippines (3), Singapore (5), Indonesia (2), Myanmar (1), Vietnam (1), Thailand (2), and three larger studies which included these countries or Southeast Asia region. No studies could be found according to our selection criteria and related to elderly people's experiences during the pandemic from Brunei, Cambodia, Laos, and Timor Leste. The lack of studies from these countries is similar to that in another scoping review study in Southeast Asia on mental health, by Balakrishnan et al. (2022). This may suggest less research and/or publication in English in this field in these countries.

The process of study selection based on eligibility criteria are shown in Figure 2 below.

Figure 2: PRISMA flowchart of the review's inclusion.



After reviewing the included articles, a summary of findings was conducted by identifying the study’s research aim, methodology, method of analysis, challenges faced by older adults, their coping strategies mentioned, as well as the conclusion of the respective studies. The table of summary of findings are shown in Table 2 below:

Table 2: Summary of selected articles with findings.

No.	Title of study	Author(s) and Year	Country	Research Aim and Objectives	Methodology	Analysis	Older people’s challenges	Coping strategies	Conclusion(s)
1.	Can COVID-19 Move Myanmar in the Right Direction? Perspectives on Older People, Mental Health, and Local Organizations	Akhter-Khan, Samia C Wai, Khin Myo (2020)	Myanmar	To discuss mental health awareness among older people who are isolated during the pandemic.	A narrative review based on an example of an older woman’s life story.	Interpretive and thematic analysis of the case study.	Feelings of loneliness and symptoms of depression.	Supportive network of neighbours. Religious practices such as meditation, and volunteering work.	Solutions of material and mental health problems were mainly provided by the local community, and the NGOs who are dependent on international donors.
2.	Social Disconnection and Living Arrangements	Jon Barrenextea, Yi Yang, An Pan,	Singapore	To examine the factors associated with social disconnection	A mixed method study using a population-based cohort	Statistical analysis of factors associated with social	Lower education level, cognitive impairment,	Government assistance to support older adults, especially	Though living alone was associated with social

	nts among Older Adults: The Singapore Chinese Health Study	Qiushi Feng, Woon-Puay Koh (2021)		by living arrangement.	to study factors associated with social disconnection and living arrangements, among older adults living alone and older adults living with others.	disconnection using multiple variable logistic regression.	poor self-rated health, instrumental limitations, and depression were independently associated with social disconnection.	those living alone, using family and extended community as social support.	disconnection, most of these older adults in the community lived with family. Recommendation to focus community interventions on men who live alone, and older adults with poor health living with family.
3.	COVID-19 and mental health of older adults in the Philippines : a perspective from a developing country	Robert D Buenaventura, Jacqueline B. Ho, and Maria I Lapid (2020)	Philippines	To discuss the impact of COVID-19 on the mental health of older Filipinos, and describe possible healthcare strategies to alleviate the negative impact.	A commentary on the impact of the pandemic on the health systems capacity, depression and anxiety, spiritual and physical well-being, as well as their	Qualitative and interpretative approach to analyse interventions with emotional, spiritual, social, and physical aspects crucial to meet older	Anxiety, depression, unmet spiritual needs, decline in physical wellbeing, poor social wellbeing, dying alone	Telehealth measures, free national crisis hotline, free online consultation and counselling services, Himan Brown Senior program to educate older adults to use	Collaborative efforts from both public and private sectors in conjunction with international aids may help mitigate the negative impacts of the pandemic

					management strategies.	Filipinos' mental and other health needs.		digital resources.	on older Filipinos.
4.	Senior Citizens during COVID-19 Crisis in the Philippines : Enabling Laws, Current Issues, and Shared Efforts	Michael Cahapay (2020)	Philippines	To discuss the condition of Filipino senior citizens during the pandemic by reviewing enabling laws, current issues, and shared efforts.	A desk review of data from multiple sources related to the impacts of ageism on the condition of Filipino senior citizens during the COVID-19 pandemic.	A deductive analysis strategy was used to identify themes and research on laws, issues, and efforts.	Deprivation of income among working senior citizens, scarcity of food and medicine, prohibition to leave their homes, lacking of sufficient physical space, online frauds, and ageism.	Enabling laws to protect the rights and welfare of senior citizens, increase in social pension pay-out, innovations such as “mobile market”, online grocery shopping and delivery, and telehealth services.	Multi-dimensional and cross-sectoral strategies and policies are needed to ensure the welfare of the senior citizens. The issue of ageism should be addressed tactfully with sensitivity to cushion the pandemic's effects on the Filipino elderly.
5.	Psychological distress during COVID-19 pandemic in low-	Wiraporn Pothisiri, Paolo Miguel Manalang	Thailand	To explore the impact of the COVID-19 pandemic on the psychological	An online cross-sectional survey and structured interview of	Statistical analysis of the factors associated with psychological	Employment loss, inadequate income, and debt incursion	The protective factors were: residing in rural areas and being married.	Proper policies can be introduced upon observation of the

	income and middle-income countries: a cross-sectional study of older persons in Thailand	Vicerra (2021)		well-being of older people.	1230 older adults across nine provinces within five regions of the country.	distress and worries experienced during the pandemic.	were detrimental factors for psychological well-being.		concerns of the elderly population.
6.	Living alone and using social media technologies: The experience of Filipino older adults during the COVID-19 pandemic	Joanna Mariz C. Castillo, Laurence L. Garcia., Evalyn Abalos, Rozzano C. Locsin (2021)	Philippines	To describe the meaning of the experience of Filipino older adults, who are living alone and using social media technologies during the COVID-19 pandemic.	Qualitative interview of eight participants, recruited via snowball selection.	Thematic and iterative analysis using van Manen's phenomenological approach.	Older adults in isolation struggled to communicate with others, due to physical isolation by living arrangement.	Social technology opportunities helped to secure food, safety, and security to upkeep their health status and social connectivity. Feelings of gratitude, appreciation and hope amidst difficulties and isolation.	The use of technology facilitated social connectedness and inclusivity, despite some struggles in using this technology.
7.	COVID-19 Pandemic: The Lived	Chee Shi Yin (2020)	Malaysia	To explore the lived experiences	Qualitative approach using	Five primary themes were identified:	Patients with multi-morbidities	Additional measures such as providing	The development of

	Experiences of Older Adults in Aged Care Homes			of older adults during COVID-19.	Colaizzi's phenomenological method, whereby 10 participants in two aged care homes were interviewed.	Living with multimorbidity and functional limitations, multidimensional feelings of fear and uncertainty, disconnection from outside world, confined in 'shrinking spaces', overwhelmed residents and caregivers.	and deteriorating health feel 'handicapped' or trapped, as their health and social needs grow, but are not fully met, due to public health measures, and short-handed staff in the nursing homes. Fear of death is also apparent.	opportunities for older adults to make video calls and exchanging photographs with their loved ones to prevent a possible deterioration in mental well-being.	information programmes to keep our elderly well-informed and updated about the pandemic. Caregivers in the nursing home need to be a reliable source of support, resources and protection.
8.	Mental Disorders in Elderly in Rural Areas During the COVID-19 Pandemic	Ni Ketut Sri Diniari (2022)	Indonesia	To identify the prevalence of mental disorders and disturbances and association	Cross-sectional study of 85 elderly people, using measures such as Abbreviated	Quantitative analysis was conducted. 53% of the elderly live alone, and majority of their work is	The elderly who usually live alone experienced feelings of anxiety and stress, as well as	Almost all the elderly would like to obtain therapy for sleep disorders and pain. Governmental policies should	The most common mental disorders in the elderly during the COVID-19 pandemic

	in Bali Indonesia			between depression and physical pain felt by the elderly.	Mental Test (AMT), Depression Anxiety Stress Scale (DASS), Geriatric Depression Scale (GDS), Pittsburgh Sleep Quality Index (PSQI), and Visual Analog Scale (VAS).	farming. They live with their spouses and families who also work as farmers.	physical complaints. Sleep disturbances and insomnia were apparent.	enforce the welfare, especially mental health, of the elderly during the pandemic.	were anxiety, sleep disorders, depression, stress, and various pain complaints. A significant relationship between felt pain and depression was noted.
9.	Singaporean Families' Adaptation and Resilience During the COVID-19 Global Pandemic	Pei-Chun Ko , Soon-Hock Kang (2020)	Singapore	To illustrate and examine the challenges, changes, and adaptations Singaporean families are facing during the pandemic, and the policy measures the government has imposed	A dual and mixed method approach on the extent of governmental and institutional support and resources for families.	Interpretive and deductive analysis of government statements, press releases, and major new reports on COVID-19 related measures.	Disrupted global and regional economy, reduced family interaction, social isolation from visitor bans, and disrupted religious practices.	Budget packages by the government to relieve individuals and businesses, non-governmental organization operate hotlines, and online church services as well as Friday prayers at mosques.	The pandemic has reshaped our societies, with the challenges. Adaptations by changing family dynamics and interactions show the resilience of the family.

				in response to COVID-19.					
10	The longitudinal psychological, physical activity, and financial impact of a COVID-19 lockdown on older adults in Singapore: The PIONEER-COVID population-based study	Ester Pei Xuan Lee, Ryan Eyn Kidd Man, Tau Liang Alfred Gan, Eva K. Fenwick, Amudha Aravindhan, Kam Chun Ho, Sharon Cohan Sung, Tien Yin Wong, Cyrus Su Hui Ho, Preeti Gupta, Ecosse L. Lamoureux (2022)	Singapore	To examine the psychological, physical activity (PA), and financial impact of a 2-month COVID-19 lockdown on older adults aged ≥ 60 years in Singapore, and to identify factors associated with adverse lockdown-related outcomes	A cross-sectional survey of 496 community-dwelling older adults of a previous population-based epidemiological study.	Statistical analysis using multivariable regression models.	Increase in feelings of loneliness, decreased physical activity, and greater financial problems.	Lifestyle changes such as reducing charitable contributions, changed food shopping or eating habits. National CARE hotline and free counselling services.	Despite a decrease in depressive symptoms, there is a significant increase in loneliness and decreased physical activities, along with financial difficulties during the lockdown.
11	COVID-19 and older people in Asia: Asian Working Group for Sarcopenia	Wee-Shiong Lim, Chih-Kuang Liang, Prasert Assantachai, Tung W Auyeung,	Asian countries (Southeast Asian countries included were Singapore	To highlight the impact of COVID-19 on older people in Asian countries involved in	A desk review on the impact and experiences of Asian countries, mainly on the health	Experiences from Mainland China, Hong Kong, Japan, Singapore, South Korea, Taiwan, and	Social isolation, loneliness, suspension of non-essential services such as	Online consultation and support, virtual rehabilitation to empower patients and family	A holistic strategy with high-resilient health systems is needed to redesign care for

	calls to action	Lin Kang, Wei-Ju Lee, Jae-Young Lim ,Ken Sugimoto, Masahiro Akishita, Shu-Lih Chia, Ming-Yueh Chou, Yew-Yoong Ding, Katsuya Iijima, Hak C Jang, Shuji Kawashima, Miji Kim, Taro Kojima, Masafumi Kuzuya, Jenny Lee, Sang Y Lee, Yunhwan Lee, Li-Ning Peng, Ninie Y Wang, Yin-Wei Wang, Chang W Won, Jean	and Thailand)	the Asian Working Group for Sarcopenia (AWGS), to share experiences in navigating the impact of public health measures, and propose recommendations for older Asian people.	inequity, direct responses and difficulties faced by each country.	Thailand were analysed.	senior activity centers and dementia daycare centers, elder abuse, food hoarding.	members, and outreach services.	vulnerable populations of older people.
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		Woo, Liang-Kung Chen, Hidenori Arai (2020)							
12	Mediation effect of coping strategies on general psychological health among middle-aged and older adults during the COVID-19 pandemic	Nurul Fatin Malek Rivana, Suzana Shahar, Devinder Kaur Ajit Singh, Norhayati Ibrahim, Arimi Fitri Mat Ludin, Hanis Mastura Yahya, Noor Ibrahim Mohamed Sakian, Hazlina Mahadzir, Ponnusamy Subramaniam & Mohd Zul Amin Kamaruddin (2021)	Malaysia	To assess general psychological health, associated factors, and the potential of coping strategies for middle-aged and older Malaysian adults during the COVID-19 pandemic.	A cross-sectional study with 535 individuals aged 52 years and above who were interviewed via telephone.	Statistical analysis using simple and multiple linear regressions as well as mediation analysis.	Denial and self-blame (maladaptive coping), psychological distress	Positive reinterpretation, emotional support, instrumental support, humour, living with family, remaining physically active, having good subjective well-being.	Older Malaysians have overall good psychological health by coping effectively during the pandemic. Living with family, higher levels of physical activity, and high subjective well-being helps to reduce psychological distress among older adults.
13	Social Isolation in The	Rahul Malhotra, Abhijit	Singapore	To explore pre-COVID-19	A national study of data from	Quantitative analysis of the	Physical distancing, minimal in-	Encouragement by family and friends to have	The older-old, elderly with lower

	<p>COVID-19 Pandemic – Is Maintaining Social Connections Online A Viable Option For All Older Persons: Insights From Singapore</p>	<p>Visaria (2020)</p>		<p>differences in risk of social isolation, regular use of devices that enable internet access and use of technology for social connections across subgroups of older persons in Singapore.</p>	<p>Transitions in Health, Employment, Social Engagement and Intergenerational Transfers in Singapore. Data from 2887 older persons collected in 2019.</p>	<p>data was conducted.</p>	<p>person contact, social isolation, difficulty using a phone and online applications and websites. Low use of technology is related to affordability, ability to navigate apps and websites, privacy and security concerns, health limitation, and preferences about the role of technology in daily lives.</p>	<p>access and be familiar with internet-enabled devices and communication apps. Government agencies and civil society organizations conduct short courses in four official languages and some dialects on technology use. Healthcare subsidy scheme by the Ministry of Health in Singapore to bear costs of video consultations for seven chronic conditions.</p>	<p>education, with worse health and financial conditions have higher risk of social isolation and a lower proportion of technological devices for social connections.</p>
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14	COVID-19 in the elderly: A Malaysian perspective	Nazri Mustafa, Si-Yuen Lee, Siti Nurbaya Mohd Naw, Mohd Jazman Che Rahim, Yong Chuan Chee, Alwi Muhd Besari, and Yeong Yeh Lee (2020)	Malaysia	To review the challenges in healthcare delivery and accessibility, challenges in long-term care settings, psychological and spiritual well-being, nutritional challenges, and challenges in adoption of telemedicine services.	A desk review	A descriptive analysis of the themes and challenges faced by older people in Malaysia.	Nutritional deficits, poverty, avoiding to seek medical care for fear of contracting the virus, limited physical mobility.	Community outreach programs, nutritional support, telemedicine.	Appropriate health delivery within the context of social distancing, maintaining psychological and spiritual well-being, having good nutrition are important aspects among the elderly.
15	Impact of the COVID-19 Pandemic on Loneliness and Social Isolation: A Multi-Country Study	O'Sullivan, Roger Burns, Annette Leavey, Gerard Leroi, Iracema Burholt, Vanessa Lubben, James	Multicountry (including East Asia and South Asia)	To understand the global risk factors associated with social isolation and loneliness during the COVID-19 pandemic.	A cross-sectional online survey from 20,398 respondents from 101 countries.	Quantitative analysis with statistical methods was used.	Loneliness and social isolation are linked with poor mental health, stigma, anxiety, low self-esteem and motivation, as well as financial insecurity	Close-knit neighbourhood, video calls, religion, policies and financial aids are protective factors.	The unequal impact of the COVID-19 pandemic on vulnerable groups with inadequate personal finances and poor mental health. Population-based intervention

		Holt-Lunstad, Julianne Victor, Christina Lawlor, Brian Vilar-Compte, Mireya Perissinotto, Carla M. Tully, Mark A. Sullivan, Mary Pat Rosato, Michael Power, Joanna Mchugh Tiilikainen, Elisa Prohaska, Thomas R. (2021)							and prevention of loneliness and social isolation should be addressed.
16	The Impact Of Covid-19 Pandemic On	Khairul Hanim Pazim, Roslinah Mahmud,	Malaysia	To analyse the influence of COVID-19 on Malaysian older people	A narrative review	A descriptive analysis of the themes and challenges faced by older	Isolation and loneliness	Digital technology, intergenerational and familial support	COVID-19 has affected the daily routines of older people

	Malaysian Senior Citizens: A Review	Beatrice Lim Fui Yee, Noor Fzlinda Fabeil, Juliana Langgat , Norhayati Ayob , Mohd Norazmi Nordin (2021)		in the context of exploring the prospects for their social and economic independence .		people in Malaysia.			and changed the way they receive care and support.
17	The psychosocial well-being of older adults in COVID-19 and the 'new normal'	Tan, Micah Straughan, Paulin T Tov, William Cheong, Grace Lim, Wensi (2021)	Singapore	To study how older adults' well-being has been impacted during COVID-19, especially during the post-lockdown and 'new normal'.	A review of findings derived from the Singapore Life Panel, a population representative monthly survey	A descriptive analysis of the transitional period during which life in Singapore resumes the 'new normal'.	Loneliness, Living arrangements (social isolation), socioeconomic factors (housing type, education, income)	Tech-literacy education "Seniors Go Digital", social activities and engagement (digital, physical) through community-based programs, and stable network of social support	Targeted initiatives are essential to assist older adults to ensure their needs.
18	Social Responses for Older People during the	Le Thanh Tung (2020)	Vietnam	To describe the social responses and experiences of	A narrative review	A descriptive analysis	Stay-at-home orders, social distancing	Coordinated social response by the government, social-political	An effective model to ensure social security for older people

	COVID-19 Pandemic: Experiences from Vietnam			Vietnamese older people during the pandemic				organizations, entrepreneurs, and private sponsors. Subsidies and benefits such as free testing and medical treatment, direct cash payments and free essential food items.	and prevent the spread of COVID-19 is recommended.
19	Resilience for Psychological Impacts of COVID-19 Pandemic on Older Adults in Thailand	Rangsiman Soonthornchaiya (2020)	Thailand	To examine the impact of the outbreak on the Thai older adults	A narrative review	A descriptive analysis	Physical decline, chronic illness, and psychological distress	The concept of resilience in Buddhism, positive adaptation and communication, respect for health knowledge by healthcare providers, mental health services.	Amidst the pandemic, psychological distress faced by older adults, and public health measures, a good healthcare system coupled by quality care by family and healthcare providers helps Thai

									older adults to cope better and form stronger psychological and community resilience.
20	The repercussions of the Covid-19 pandemic on the wellbeing of older people in Malaysia: A literature review	Chung, Rebecca, TS Singau, JB Pazim, KH Mansur, K (2020)	Malaysia	To explore the repercussions of COVID-19 pandemic on the older people in Malaysia.	A narrative review	A thematic analysis	Movement control orders/partial lockdowns, psychological distress, lack of physical activity, cybercrime risk, physical distancing, unemployment, and poverty rise.	Governmental aid and support	The Malaysian older people's wellbeing during and after the COVID-19 pandemic has been compromised and there is a need to develop effective programs for disadvantaged groups, to help them adapt to the new norms.
21	Older People and COVID-19	Osuke Komazawa Ni Wayan	Indonesia	To understand the	A two-time phone survey using the five-	A thematic analysis	Income disruption,	Governmental assistance, maintaining	Economic and social support is

	in Indonesia	Suriastini Ika Yulia Wijayanti Maliki Dinar Dana Kharisma (2021)		difficulties older adults face and the level of assistance during the pandemic, as well as to identify the most suitable policies on the health and welfare of older people.	item Indonesian version of Geriatric Depression Scale (GDS) in July and November, 2020.		deterioration of health	active lifestyle, exercising, home-visits or telecommunication.	needed to mitigate the impact of the pandemic on the lives of older people.
22	COVID-19 as a trigger for innovation in policy action for older persons? Evidence from Asia	Stuart Gietel-Basten, Kira Matus, Rintaro Mori (2022)	Asia (including Myanmar and Vietnam)	To review policy innovations across Asian countries and its impact on older persons during the pandemic.	A narrative review	A qualitative analysis of the form and content of COVID-19 policies across Asia to support older persons.	Discrimination, generalization of all older people as 'vulnerable and needy', digital divide, restrictions on activities, social distancing.	Multisectoral collaboration and implementation of policy, services for the elderly including telemedicine, helplines, remote or in-home care and support, meal delivery, well-being check, cash and food aid, and more.	Various stakeholders responded to the needs of older people during the pandemic, however, a deeper understanding of multisectoral / intersectoral policy actions are needed to

									better support older people.
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According to our review of the literature about the challenges faced by older people, and some of their coping strategies and mechanisms put in place during COVID-19 pandemic, it seems that a majority of the countries has utilized lockdowns or similar community quarantine measures in order to control and limit movement of the citizens during the worst times of COVID-19 pandemic. For example, in Malaysia, any nonessential-related work and businesses were suspended, along with travel restrictions, prohibition of large gatherings and events, even curfews were implemented (Mustaffa et al., 2020). These strict limitations in movement have caused disruptions in daily routines for the elderly. These challenges, although grouped as separate, are intrinsically interlinked and intertwined as one challenge can trigger another. In the following, we will present three main themes identified in our study, implying the challenges faced by older people, their coping strategies as well as some mechanisms put in place during the COVID-19 pandemic in SEA.

Challenges experienced by older people and their responses

According to the findings, several challenges faced by the elderly were interrupted healthcare delivery and accessibility, poorer mental health, psychological and spiritual well-being, social disconnection and feelings of loneliness, disruptions of religious coping practices, and economic anxiety.

Interrupted healthcare delivery and accessibility: Challenges and responses

A common challenge mentioned in the reviewed literature are problems with access to healthcare. In Malaysia for example, a few government hospitals were designated as ‘COVID-19 hospitals’ to concentrate on treating and quarantine patients who were positively tested, such as the Sungai Buloh Hospital and Klang Hospital, both located in the state of Selangor, Malaysia (Noorshahrizam, 2021). These general hospitals were operating at full capacity and experienced overcrowding of patients due to the surge of cases of COVID-19. On the other hand, patients with non-COVID-19 related conditions could experience neglect or interrupted routine check-ups and treatment from these hospitals, partially due to understaffing. Moreover, with an enforced Movement Control Order (MCO) in Malaysia, most elderly people themselves choose to postpone their doctor’s appointment and delay attending health check-ups in the hospital, for fear of exposure to the coronavirus and risk of infections from hospitals, which may lead to diagnosis and treatment delays affecting patient outcomes (Chee, 2020; Mustaffa et al., 2020). Likewise, in Indonesia, 45% of the elderly felt worried or scared to go

to a health facility, while some health facilities were closed or not providing for the elderly (Komazawa et al., 2021).

There were cases whereby some elderly with dementia and delirium experienced worsening of symptoms due to limited access to health services during the COVID-19 pandemic (Diniari, 2022). In Bali, Indonesia, most elderly people work as farmers which implies heavy labour work, and physical aches and pain are inevitable. During the pandemic, almost 80% of the elderly felt mild to moderate pain, and 20% of them used over-the-counter painkillers to manage their pain (Diniari, 2022). Several older people faced challenges in getting medicine, either from medicine shortage or lack of money to buy medicine (Komazawa et al., 2021). In Indonesia, it is also mentioned that urban older adults whose income had decreased found it difficult to access health facilities, whereas rural older adults had lesser issues with accessibility unless it was due to financial restrictions (Komazawa et al., 2021). This scenario was probably due to the high demand of healthcare in the urban areas and limited resources to supply the increasing demand of healthcare. Furthermore, it was noted that older adults with limited mobility living in remote or rural areas were less likely to receive timely and appropriate care, probably due to lack of health facilities especially for COVID-19 symptoms (Chung et al., 2020).

Despite the lack in healthcare delivery and accessibility, healthcare practitioners have been finding creative ways to overcome such issues. For example, nurses in Singapore found new strategies to overcome adversities in reaching out to the elderly in the community (Yi et al., 2020). They delivered nursing services via teleconsultation, home visits in case of essential needs, virtual outreach and talks on fall prevention, and so on. Telemedicine emerged to be a tool designed to overcome physical distancing challenges. Such strategies could be emulated by other healthcare professionals to continue healthcare delivery to the elderly community during the pandemic (Yi et al., 2020). These findings correspond to programs or volunteer groups in India and Korea that provide telemedicine, helplines, and in-home care for the home-bound elderly (Gietel-Basten et al., 2022).

Poorer mental health, psychological and spiritual well-being

The public health measures and guidelines launched by the WHO (2020) during the pandemic, such as avoiding crowded gatherings, minimizing physical contact, and staying at home, have created feelings of fear and uncertainty among older people, mainly due to lack of access to information regarding the outside world (Chee, 2020). Psychological impacts such as fear,

panic, stress, anxiety, loneliness, depression and post-traumatic stress disorders arose from the COVID-19 crisis.

In Myanmar, for instance, where mental health is far down the list of priorities by the government as compared to other challenges such as poverty and political conflict, social networks are said to be highly crucial among older people to support their mental health needs (Akhter-Khan & Wai, 2020). In fact, it seems that most of the anxiety that arose stemmed from being worried about their own family members and acquaintances (Bundy et al., 2020). This is also strongly reflected in the case of older adults in Bali, Indonesia. There, adult children had to leave the city to return to their *kampung* in the rural regions due to loss of job and unemployment, since the pandemic affected the nation's tourism and entertainment sector, something which resulted in older people increased stress (Diniari, 2022). Furthermore, tracking poll studies on older adults in Thailand did report feelings of depression (13%), worry, nervousness, and anxiety (22.6%) which would last over time, bringing them to the test of resilience (Soonthornchaiya, 2020).

Similar problems have happened across the globe during the pandemic. Yang et al. (2020) described an overall worsening of psychiatric symptoms, cognition, and daily functioning among Chinese older adults since the pandemic hit China, in particular those with pre-existing mental health problems. Santini et al. (2020) reported on the tight relationship between social disconnectedness, perceived isolation, anxiety and depressive symptoms among older Americans in the US. With increasing disruption of social connectedness and daily living, the elderly population is even predicted to have an increased risk of suicide due to factors such as 'fear of the disease, social isolation, disruption of social life, and increased chronic disease burden' (Han et al., 2020).

In Myanmar, older adults face similar mental health problems, and are not exempted from experiencing depressive symptoms and feelings of loneliness. Similarly, majority of older adults in Thailand experienced psychological distress during the pandemic, with higher incidences among those who lived alone and with lower education levels (Pothisiri & Vicerra, 2021). Risks of suicide may also increase in depressed older adults during the pandemic, with rising fear, neglect, abuse, and social perceptions compromising their wellbeing (Banerjee et al., 2021; Elengoe, 2020). Such a case was seen in a 62-year old and depressed Malaysian patient who was suspected to have COVID-19, and subsequently committed suicide in Serdang Hospital, Selangor (Elengoe, 2020). In times of crises, strong emotions of fear, worry, and

anxiety can affect mental health and cause psychological distresses which could lead to feelings of hopelessness.

Varying levels of social disconnection and feelings of loneliness

During the lockdown period, older people were no longer able to enjoy walks in the park, or having visits from family relatives or friends, hence significantly reducing face-to-face contact with the outside world. In Singapore, for instance, strict regulations and restrictions resulted in a lack of community services and social support among the seniors (Tan et al., 2021). Disruptions to providing for older adults' needs can have a devastating effect, especially in nursing homes or care centres. In Malaysia, due to the 'no-visitors' policy for instance, most nursing homes lacked external support such as from family members and volunteer organizations, leaving the home caregivers to carry extra roles (Chee, 2020). Furthermore, being unable to spend time with their loved ones or family members, as well as having no volunteers to visit the nursing homes made older people's daily lives in the home 'paralyzed' and detached from the outside world (Chee, 2020). Generally, in Malaysia, it is reported that the aged population may have experienced greater levels of loneliness and social isolation (Pazim et al., 2021).

In contrast, a study from Malaysia reported that older people were generally in good psychological health during the pandemic, with only very few older adults reporting of depression, presumably because majority of them are living with family and have family support (Malek Rivani et al., 2021). Likewise, the older-old in Indonesia were also less likely to report of depression (Komazawa et al., 2021). Given that most families in Southeast Asia tend to live in a multigenerational household, living together with family members which allows older people to have a direct and nearer source of physical, emotional, and financial support could indirectly mitigate negative emotions and depression.

Moreover, findings from Barrenechea et al. (2021) show that some Singaporean older adults living with family members in one household could still feel socially disconnected, whereas those who live alone could still be socially engaged and perhaps even more socially active than those living with others. Thus, the diversity of older adults and their living arrangements, be it with family members, in nursing homes, or living alone, can result in varying levels of social disconnection and feelings of loneliness.

Disruption of religious coping practices

In a number of Southeast Asian contexts, simple religious practices become a way of coping with loneliness and daily challenges in life. It is reported for example that a majority of older Indonesians maintain their mental health by praying (Komazawa et al., 2021). As Buddhism is the main religion in Myanmar, acts of meditation, visiting the monastery, and volunteering work are commonly performed among older people (Akhter-Khan & Wai, 2020). In the Philippines, older adults are actively engaged in religious and spiritual activities. A majority of older Filipinos are Catholic by faith, and church activities are considered part of everyday life (Buenaventura et al., 2020).

Ever since strict public health measures such as lockdowns, physical distancing, banning of large social events and gatherings even in places of worship, many older citizens who actively engaged in religious practices and events suddenly lost the possibility of visiting such arena. In countries with rich religious culture, challenges in life are perceived in the form of trials and suffering, which are often regarded in a spiritual perspective (Soonthornchaiya, 2020). Due to restrictions of visiting places of worship, gathering for religious activities, and limiting physical contact for religious practices, most of the elderly had to fulfil their religious duties at home (Yildirim et al., 2021).

In Thailand, for example, older adults did report feelings of depression, worry, nervousness, and anxiety which would last over time. As a majority of the population are Buddhists, the senior population copes with these challenges using positive adaptation and developing resilience (Soonthornchaiya, 2020). Likewise, Islamic countries such as Malaysia and Brunei have similar ethnocultural setup and religious practices, and these have shown to be positively correlated with life satisfaction among the elderlies (Achour et al., 2019; Hong et al., 2020). A strong belief in Islam that suffering and dying were a part of life and a test set by God or Allah, and enduring these tests with prayer and meditation would be considered as an act of faith (Hong et al., 2020; Rassool, 2000). Therefore, people were forced to abide with changes in religious practices during the pandemic, all while relying on their faith and hope that the pandemic would subside and would be able to return to places of worship.

Challenges with economic problems and anxiety

The pandemic has imposed many limitations on business operations, restricting only to essential services that were allowed to operate. In Indonesia for example, many working senior citizens' incomes have been affected, especially those from lower socioeconomic statuses, and

this resolved to withdrawing from savings and funds (Komazawa et al., 2021). In the country, most older people's income was affected and declined during the pandemic, as their main sources of income are from working (36%) or from children who are living apart from them (30%), despite being beneficiaries of governmental aid programs (Komazawa et al., 2021). The same is true for older Thais, a majority of them rely heavily on government subsidies ever since the pandemic, followed by own work (21%), family support (18%) namely spouse and children, as well as pension and savings (4%) (Pothisiri & Vicerra, 2021).

Since COVID-19 hit Myanmar, the awareness and attention on older people's mental health was raised, along the gravity of non-met basic needs while living below the poverty line (Akhter-Khan & Wai, 2020). In Myanmar, it is not uncommon to see older adults selling food or items in a local market to earn their daily wages. When local markets were closed throughout lockdowns, these elderly daily-wage earners would lose their main source of income. Similarly, Filipino senior citizens who lived below the poverty line and relied on only their pension as an income source during the pandemic and quarantine may have suffered from economic anxiety. In addition, female senior citizens from low socioeconomic statuses would most likely be more affected, probably due to lesser opportunity to work (Cahapay, 2020).

Furthermore, senior Myanmar citizens who may or may not have been working, could still suffer financially to a greater degree depending on their individual health condition, accessibility to financial support from their family members, working children, or relatives, apart from receiving pension or governmental aid. Although governments have offered incentives and assistance, it would not guarantee to sufficiently meet the needs and daily necessities for the elderly in face of a health crisis, such as buying medicines, self-testing kits, and face masks during the pandemic (Cahapay, 2020).

For lower- and middle-income countries, the economic situation plays a huge role in the daily lives of citizens, including older adults. A major factor of psychological distress among older adults in Thailand was due to financial anxieties such as the loss of employment, inadequate source of income, and higher incurred debt during the outbreak (Pothisiri & Vicerra, 2021). In some cases, elderly persons living in poverty were abandoned in general hospitals, public nursing homes, or could be found on the streets (Mustaffa et al., 2020), leaving this vulnerable older group of people ignored and unattended during the health crisis. It would be encouraging for governments and local authorities to allow for concise guidelines and targeted interventions,

by keeping in mind the heterogenous group and needs of older people, and not apply a blanket rule for the general elderly population.

Implementation of policies and support for the elderly

A variety of both generalized and targeted policy types and support such as central government economic supports, quarantines, travel policies, local health programmes, and community volunteer groups were exhibited by most Asian countries (Gietel-Basten et al., 2022). Initiatives for older people's mental health were applied in many countries and programs targeting older people's wellbeing were widely organized.

For example, crisis hotlines from the National Center for Mental Health and from private nongovernment organizations (NGOs) in the Philippines offered free telehealth consultations and counselling services (Buenaventura et al., 2020). In Thailand, slogans and campaigns such as "Get Together, Save Nation Fight COVID" and "Stay Home, Stop Germs (Coronavirus), and Help the Nation" were used by the government and private sector to raise protective awareness and encourage the public to follow the guidelines (Soonthornchaiya, 2020). Furthermore, health education on the prevention of COVID-19 and community resilience by the Department of Mental Health in Thailand was spread using social media platforms such as Facebook, Twitter, Line and YouTube (Soonthornchaiya, 2020). Thus, a sustainable policy for emotional support and management of stress-related disorders must be emphasized especially for elderly people who are facing such a crisis, so that they do not suffer the consequences of poor health crisis management.

According to Tan et al. (2021), targeted interventions according to the heterogenous group of older adults are crucial to ensure their well-being. For example, in Singapore, the government understood the need for policies to assist older adults in need and launched the "Seniors Go Digital Movement" and "Virtual Digital Clinics" in May 2020. In Indonesia, examples of social support in the community include contributing to the society in small ways such as maintaining relationships via telephone or messaging apps, caring for young children, donation of community programmes which includes cash and food assistance (Komazawa et al., 2021). In a nutshell, social support is crucial to allow them to feel valued, appreciated, loved, and respected, especially from family, friends, or the community (Komazawa et al., 2021).

In the economic sector, as seen in Myanmar and Vietnam, standard top-down approaches such as expanding pension payments and social and income protection packages were implemented

(Gietel-Basten et al., 2022). In the case of Brunei Darussalam, a strong government welfare support for their senior citizens was allegedly well-planned and generous, including free medical and health care services, subsidies for food and housing schemes, as well as a monthly pension or allowance of BND \$250, equivalent to USD 180, for every older person at the age of 60 and above (Hong et al., 2020). Similarly, in a high-income Asian country like Singapore, the financial impact was not exceptional with 28.6% of older people reporting a decrease in total household income (Lee et al., 2022). It is presumed to be related to the forced suspension of non-essential services during the lockdown, which impacted older adults who are self-employed. To aid their citizens, the Singaporean government gave out financial subsidies ranging between S\$600-S\$1200 to all citizens aged 21 and above (Lee et al., 2022), as part of the Solidarity Budget. Furthermore, the cost of testing and treatment for COVID-19 was borne by the government (Lim et al., 2020), which significantly improved testing rates and reduced the burden of the people.

CHAPTER 5: DISCUSSION

In this chapter, I will discuss the findings from the integrative literature review on challenges encountered by and coping strategies employed by older adults during the pandemic in Southeast Asia. Subsequently, the strengths and limitations of this study will be discussed.

A diverse range of loneliness and mental health among older people

According to our findings, there is a higher tendency of older persons experiencing higher mental health disturbances, as compared to loneliness in South East Asian countries, although data varies from country to country. These findings are in line with Pappa et al. (2021) stating that people in South East Asia generally have experienced lesser mental health problems such as anxiety and depression, in comparison to Europe and China. Similar to our findings, very few of the older-old in Malaysia and Indonesia reported of depression during the pandemic, possibly due to having family members and relatives giving support to them (Komazawa et al., 2021; Malek Rivan et al., 2021). During the pandemic, most family members were working-from-home which perhaps increased family support by spending more time together with home-dwelling older adults. The relationship of reliance on family support was perhaps established even prior to the pandemic, something which is consistent with the culture of filial piety in Southeast Asia. Being surrounded by family members at home could be a form of coping strategies used by elderly people. Furthermore, according to a multi-country study on older people, there is significantly lesser risk of loneliness among those above 70 years, partly due to lesser social expectations or simply because they are a more resilient cohort who have gone through ups and downs of life (O'Sullivan et al., 2021).

In the UK, Bu et al. (2020) recognized that different groups of people have experienced varying levels of loneliness. Bu et al. emphasized the difference between older people living alone and the subjectivity of loneliness in their study, and they explained that although social isolation and lockdowns are harsh, it did not have a linear relationship with loneliness. As noted by Barrenetxea et al. (2021), some older adults living alone could be more socially active and inclined than those living with others, perhaps due to greater mobility and ability to engage with their social network outside of home. This coincides with the situation of Vietnamese

older adults, although living alone in isolation and have higher levels of loneliness, they have received as much if not more social support and engagement (Vo et al., 2021).

Moreover, some studies, such as the one of Bundy et al. (2021) in the US showed no increase in feelings of loneliness during the pandemic for people who were already experiencing isolation prior to the pandemic. This might be explained due to longstanding arrangements or coping strategies which were already in-use to meet their social needs. Similarly, a study by Heidinger and Richter (2020) in Austria showed that people living alone did not experience elevated levels of loneliness during the pandemic as compared to before the pandemic. It may be that people living alone were used to being unaccompanied, and therefore restrictive measures of COVID-19 did not affect them as much as compared to persons living with at least one other person (Heidinger & Richter, 2020). Therefore, it is crucial to bear in mind the diversity of the older population and the variety of their needs.

A nuance in older adults living alone

Although older adults who are living alone generally have a higher risk for social disconnection, it is not always the case. In fact, some older adults living alone could still be socially engaged and perhaps even more socially active than those living with others, as suggested in a study from Singapore (Barrenetxea et al., 2021). On the other hand, some older adults may still feel socially disconnected despite living with others, probably due to poor health and lower mobility which limits social interaction with friends or neighbours, outside of the house (Barrenetxea et al., 2021). According to this study, about 79% of socially disconnected older people lived with family or others.

A possible explanation for why people living with the family are socially disconnected could be that when older people lose their independence and functional abilities, they rely strongly on members of the household to fulfil their expectations and to cover their social, emotional, financial and instrumental needs – and when unmet, this creates feelings of social disconnection (Barrenetxea et al., 2021). On the contrary, older people living alone who are capable of performing daily routines independently may have greater engagement outside of home, hence a larger social network. Therefore, they can reach out to neighbours or friends to cover their social and emotional needs, while relying on family members or others mostly for instrumental or financial support (Barrenetxea et al., 2021).

Social support through technology and social media

Most of the studies included recommend using digital technology and social media to communicate and interact with the outside world. The ability to communicate safely and conveniently with one's family and friends are crucial in times of severe isolation (Courtet et al., 2020). Friendships and meaningful relationships help to improve social connectedness and perhaps mitigate the negative effects of perceived isolation or feelings of loneliness (Hawkley & Cacioppo, 2010).

Corresponding to another study in Singapore, the use of communication technology and tech literacy was deemed as a practical tool for the seniors during the transition towards the 'new normal' or post-pandemic situation to stay connected, improve social participation, reduce their feelings of social isolation, and hence improve life satisfaction, especially among those living alone (Tan et al., 2021). The usage of technologies and internet-based cognitive and behavioural interventions, or even online games, listening to radios, watching television may help mitigate negative effects of 'stay-at-home' physical distancing measures (Dhama et al., 2020). Similarly, social media technologies can facilitate the growing need for older adults living alone to stay connected and inclusive across the boundaries of time and place, especially during periods of forced isolation and social distancing (Castillo et al., 2021). A study analysing the association between social technology use, and mental and physical health concluded that older adults who utilized technology and who were willing to learn new technologies had lower degrees of loneliness, better health, fewer chronic illnesses, and lower depression rates (Chopik, 2016). Vice versa, older adults who had relatively low access and usage of technological devices for social connections had a higher risk of social isolation (Malhotra & Visaria, 2020; Tan et al., 2021).

Other studies support the importance for older adults who live alone of keeping in touch via telephone contact or in-person with friends or social partners, and how it helps improve daily well-being. In Jakarta, Indonesia, for example, most older adults kept connected through a phone call or messaging (Komazawa et al., 2021). Some older Filipinos learned to use social media platforms such as Facebook and Messenger to connect with family and friends, as well as attending 'live' online religious services such as the Catholic Mass (Castillo et al., 2021). Encounters with friends are essential for people in general, and for older adults' well-being in particular, as it creates pleasant feelings in people, especially those who are alone (Ng et al., 2021). Hence, via the usage of technology and social media, communication and maintaining relationships were made possible during the pandemic.

However, most older adults experience limited access to the internet services and smart phone usage, and somehow, they may be reluctant to engage in online services such as mobile banking and online shopping (Courtet et al., 2020; Mondejar et al., 2021; Yang et al., 2020). Most older adults require the help of the younger generation to teach them how to use and navigate through social media and online applications. With some help, these older adults would soon be able to connect with loved ones and attend online religious services, for example (Castillo et al., 2021). In the case of Singapore, most older adults do not use the internet, suggesting that less tech-savvy medias such as radios and televisions are better suited to help convey public health messages and to keep them informed and connected (Lim et al., 2020). It is also reported that the female ‘older’ old, with lower educational levels, as well as those being financially and physically worse off are much less using technological devices for social connections (Malhotra & Visaria, 2020).

This avoidance of newer technology could possibly stem from the fear of being cheated, or accidentally over-spending when using unfamiliar apps or websites (Malhotra & Visaria, 2020). Another point is that elderly who live with children or have younger relatives in the household can easily obtain help with any technological issues, hence they do not truly learn how to navigate through new technology (Malhotra & Visaria, 2020). However, for older adults who manage to satisfy their need for communication through social media technologies, they express of great joy and pleasure being able to surf media contents on the internet and watch informative videos for leisure such as cooking videos online (Castillo et al., 2021). Being able to connect with family and friends, even old schoolmates, through social media platforms have enabled the elderly to nurture and foster relationships unbounded by time and place (Castillo et al., 2021). Therefore, technology can be a useful tool to help the elderly people improve social relationships during the pandemic, given they have the right knowledge to navigate the web and protect themselves from harm.

Service innovations to support older adults

In our findings from Southeast Asia, we could identify several service innovations put in motion during the pandemic. For example, a community-based ‘mobile market’ was operating in the city of Pasig, Philippines, whereby residents got to purchase food and essential needs from these moving markets that went around housing areas (Cahapay, 2020). Such innovation was convenient for the older people who had limited access to the marketplace or were limited in using the internet to order food, during the lockdown periods, when restrictions in public transport usage and mass quarantines greatly affected the mobility of community-dwelling

older adults. Such innovative food delivery services have been seen elsewhere, even prior to the pandemic. In the beginning from the 1950s, Meals on Wheels America had a service model of face-to-face delivery, which gave opportunity for interaction with clients who were willing to do so, and most of them were older adults living alone (Florence & Goodman, 2020). Through this meal delivery model of community-based services, older recipients claimed to have felt more socially connected, to have less worries, there were lesser self-reported falls, and better mental health (Thomas et al., 2015).

Government initiatives and community support

There are also reports of voluntary and charitable movements during the pandemic, mainly by socio-political organizations and private sponsors. In Vietnam, for example, there were examples of charity funds such as the “Fatherland Front”, as well as the “Youth and Women Union” movement to deliver essentials to the lonely elderly in the society (Tung, 2020). In the Philippines, government initiatives such as financial assistance programs were initiated and social groups in local communities have also stepped up to volunteer to show care for the elderly Filipinos (Buenaventura et al., 2020).

For some countries, such as is the case in Myanmar, most older people living below poverty line do not have food security and are highly depend on daily earnings to afford meals and kindness from neighbours to provide basic necessities such as food. Indeed, COVID-19 has also affected the funding link between international donors and community organizations, severing supply of food and essentials among community organizations who are in charge of distributing food to the needy in local communities (Akhter-Khan & Wai, 2020). In the case of Indonesia, it is reported that 42% of older people claimed to have lower quality of food during the pandemic (Komazawa et al., 2021). Amidst policies of social distancing and prohibition of social gatherings, the lives of older people who are highly dependent on social networks and communities for daily provision, was drastically affected, especially without strong governmental support.

Exercise and physical activity as coping strategy

According to our findings, physical activity is important for older people in Southeast Asia. In Indonesia, for example, older people would prioritize their own health by practicing simple routines such as sunbathing and exercising outdoors (Komazawa et al., 2021).

Regular physical activity such as exercise may have had a positive impact during social isolation during COVID-19. Exercise can affect both our immune system, our physical, and psychological well-being, when practiced appropriately according to individual conditions (Matias & Marks, 2020). Being physically active as much as own abilities and conditions allow helps improve physical health and cognitive functioning in general, as well as it mitigates risks of diagnosed depression (Pandey et al., 2022).

In Malaysia, continuing physical activity at home during lockdowns helped mitigate psychological distress as well as it improved physical and mental health among older adults (Malek Rivian et al., 2021). When comparing this with older adults in the United States, people used similar coping strategies which included going outdoors, exercising, adapting to new routines, adhering to public health guidelines, practicing self-improvement and positive adjustment and wellness (Finlay et al., 2021). Overall, physical activity has been acknowledged to be a healthy coping mechanism during the pandemic.

Religious practices as coping strategy

Our findings showed that in Myanmar, Indonesia, Philippines and Malaysia, cultural and religious practices are rich in nature and religion practices appear to be a way of coping with loneliness and enduring tough times (Akhter-Khan & Wai, 2020; Buenaventura et al., 2020; Komazawa et al., 2021). Apparently, religious practices and involvement are shown to improve mental health and cushion negative impacts from the pandemic in many contexts. According to a study from Myanmar, being active in religious practices helps people to cope with mental health problems, also when the socioeconomic status impacts on the state of mental health (Akhter-Khan & Wai, 2020). A relationship was shown between personal significance of religion and the likelihood of loneliness and social isolation, where religion can help act as a defensive and protective mechanism in itself (O'Sullivan et al., 2021). The social aspect of religious gatherings, community services and activities in worship places where the elderly can connect with other people often provides a cushion to their mental health (O'Sullivan et al.,

2021). It may be that the pandemic has stimulated more reflection on death and spirituality when people were facing crises of life and death (O'Sullivan et al., 2021).

The following paragraph describes the strengths and limitations of this study.

Study strengths and limitations

This study highlights the situation, challenges and coping strategies of older adults in the Southeast Asian region during the two last years of the Covid-19 pandemic, and according to the literature. This study denotes the cultural diversity of family structure and values which influences the regional differences in challenges and coping mechanisms during the pandemic.

Because the study is based on found and selected literature, there is potential for bias in the selection of studies and data analysis, especially during the searching process for primary data which could be incomplete (Whittemore & Knafl, 2005). First, studies were found from some countries only in Southeast Asia. Second, the findings of this study could have included more primary data and qualitative studies on older adults' wellbeing, as well as their quarantine experiences during the pandemic, which would have improved the scope of findings. Including grey literature and articles in different South Asian languages could also have provided greater insight, for instance about the countries where no peer-reviewed literature was found.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

The COVID-19 pandemic had multiple direct and indirect negative impacts on the elderly population in Southeast Asia, which were managed by a vast number of measures, available resources and coping strategies, as shown in our study. This review focuses on common challenges and coping strategies among older persons living in Southeast Asian countries. In the initial stage of the study, it was hypothesized that older adults who are living alone may face more challenges during the pandemic due to the many rules and restrictions imposed by governments to curb the spread of the pandemic. However, during the searching and selection process, only a limited number of studies were found that identified older persons as 'living alone'. A reason may be that older adults in most Asian countries live together with immediate family members. Another reason may be that in spite of some older people living alone, little research has been focusing on this issue. In any case, we found that most older adults were

reported to be quite resilient and they most often applied various coping strategies to face the challenges they encountered during the pandemic.

The topic of this thesis should not be seen in light of benevolent ageism, whereby all older adults in Southeast Asia are stereotyped into a needy and distressful situation, facing the same health risks of falling ill or death during the pandemic (Fingerman & Trevino, 2020). Therefore, the findings of this study must be interpreted with caution. Moreover, more research and data on older adults from Brunei Darussalam, Cambodia, Laos, and Timor Leste are warranted, as there were no studies from these countries focusing on older adults' wellbeing during the COVID-19 pandemic.

In conclusion, the challenges and coping mechanisms faced by older adults differs from region to region. Factors such as accessibility to healthcare, social isolation and loneliness, psychological and spiritual wellbeing, as well as economic status are multifaceted concepts that could coexist with each other. Older adults who are living alone may not necessarily face more challenges during the pandemic, but rather have already existential coping methods even prior to the pandemic. Older adults who face psychological and mental health problems during the pandemic are helped by using communication technology and social media as a means to communicate with their loved ones. Government initiatives, exercise and physical activity, as well as religious practices serve as ways for the elderly to cope with current challenges during the pandemic. When life satisfaction among elderly people during the pandemic can be significantly improved by having good social relationships, access to health and economic services, and the ability to perform daily and meaningful activities, it would be worth every effort to ensure the wellbeing of our elders and ultimately the whole community.

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