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SPECIAL ISSUE Covid-19 and the Elderly

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Contents

1. Anxiety and Resilience among the Elderly During the Covid-19 Related Lockdown in Anekal, Karnataka <i>Minitta M Regy, Pretesh R Kiran, and Nancy A Gnanaselvam</i>	143
2. Daily Life Concerns of Older Adults During Covid-19 Pandemic <i>Nilam Borade and Aarti Nagarkar</i>	151
3. Impact of Covid-19 Pandemic on Psychological Health of The Elderly Population in West Bengal <i>Mohan Chandra Dolai, Sabana Jana¹, Amit Kumar Maiti, Amita Adak, Nandini Mishra, Md. Murtaja, and Kakali Bera</i>	162
4. Physical Activity, Mental Health, and Frailty among Older Adults in Covid-19 Pandemic <i>Pooja Agnani, Anjali Bhise, Zeel Mehta</i>	177
5. Elderly, Covid-19 and Mental Health Issues: Challenges and Management <i>Aishwarya Raj, and Pradeep Kumar</i>	188
6. Social Connectedness and Psychological Distress of Elders During Covid-19 <i>Tripti Nair and Aneesh V Appu</i>	200
7. The Effects of Covid-19 Pandemic on Mental Health of the Elderly Igbo in Two Selected Local Government Areas in Anambra State of Southeastern Nigeria <i>Caroline Okumdi Muoghalu and Friday Asiazobor Eboiyehi</i>	213
8. Mary's Life in a Nursing Home during Covid-19 <i>Sandra P. Hirst and Rebecca Stares</i>	243

9. Emotional Concerns of the Elderly During Coronavirus Pandemic in India <i>Tushti Bhardwaj and Sarla Bhardwaj</i>	257
10. Psychological Impact During Covid-19, Among the Elderly, in India <i>Aashna Khosla</i>	276
11. Covid-19 and the 'New Normal': A Gerontological Perspective <i>Indira Jai Prakash, Meenakshi Y. Reddy and Gayathri Menon</i>	283
12. Covid-19 Pandemic makes Elderly Life Harsh and a Way Forward: A Review <i>Subham Roy</i>	299
13. Elders' Dignity and Challenges During Covid-19 Pandemic <i>Kowsalya, B. and Sundara Raj, T.</i>	314
14. Self-adaptive Coping Strategies among Urban Community-Dwelling Elderly Population Amidst Covid-19 Pandemic Situation in India <i>Sayani Das*, Abhishek Dey, Jitender Prasad</i>	327
15. Covid-19: A Personal Account <i>Arup Kumar Banerjee</i>	341

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Anxiety and Resilience among the Elderly During the Covid-19 Related Lockdown in Anekal, Karnataka

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ABSTRACT

The purpose of this cross-sectional study was to assess the prevalence and associated factors of anxiety and resilience among the elderly attending the outpatient and outreach services rendered at a Taluk hospital in Anekal during the Covid-19 related lockdown. 162 elderly patients were administered the Generalized Anxiety Disorder Questionnaire (GAD7) and Brief Resilient Coping Scale (BRCS4) during July and August 2020. Out of the 162, 27 per cent had moderate to severe anxiety. Low resilient copers formed 86 per cent of the study population and 14 per cent were medium resilient copers. No study participants were observed to be highly resilient copers. Based on the present findings it may be concluded that the financial, work, and travel related difficulties during the lockdown compromised the mental health status among the elderly population. Besides, limited access to health care also affected the health condition of the individual. Timely follow up for existing medical ailments, appropriate interventions and routine screening for family members can help in lowering the prevalence of anxiety during such challenging periods.

Keywords: Anxiety, Resilience, Elderly, Lockdown.

Novel Corona Virus Disease (Covid-19) originating from China became a pandemic and led to massive public reaction and eventually a series of lockdowns, both regionally and internationally. This leads to heightened levels of panic and stress as a common response to the situation (Roy D., *et al.*, 2020). The most affected age group due to the pandemic and the related lockdowns psychologically were the elderly and this could be due to various factors besides the vulnerability to ailments as well as higher mortality rate (Qiu J., *et al.*, 2020).

One of the major determinants of the psychological distress in this population was limited access to non-emergency healthcare, procurement of routine medications, and follow-up care (Mukherjee A., *et al.*, 2020). The levels of stress and anxiety due to the Covid-19 pandemic and the related lockdown were found to be mild in the Indian Communities in both males and females (Rehman U. *et al.*, 2020). Due to a lack of awareness and myths and misconceptions around the Covid-19 pandemic, there is an increased apprehension among the public (Roy D., *et al.*, 2020).

In times of an epidemic, people tend to experience fear of getting infected with the virus/disease resulting in anxiety, stress, and depression which is bound to happen when the time taken for curtailing the situation is rather long (Hall RCW. *et al.*, 2020). Considering the physical and mental health consequences of the Covid-19 related lockdown, it is essential to understand the levels of depression, anxiety, and resilience among the elderly, who are vulnerable to severe Covid-19 infection.

Methods

A cross-sectional study was done among the elderly population attending the outpatient and outreach services at Anekal taluk hospital, Karnataka during July and August 2020. The sample size was initially calculated as 310 based on a previous study done by R. Rajkumar (2020) where the prevalence of anxiety was 28 per cent during the Covid 19 pandemic, with a relative precision of 5 per cent at a 95 per cent confidence interval. All elderly above the age of 60 years who consented (Kannada/English) were included and those elderly who have already been diagnosed to have any mental illness and those who found it difficult to comprehend the questionnaire were

excluded. Study participants were recruited using consecutive sampling, however, we were unable to reach the estimated sample size due to Covid-19 lockdown related barriers in seeking adequate healthcare, thereby ultimately only 162 subjects participated in the study.

Ethical approval was obtained from the Institutional Ethics Committee of St. John's National Academy of Health Sciences. The IEC Study reference number is 223/2020. Permission was obtained from the Administrative Medical Officer of the Anekal taluk hospital. After explaining the purpose of the study, written informed consent was taken from the participants, and a face-validated, pre-tested study tool was administered.

Study tools: A semi-structured interview schedule consisted of questions on (a) socio-demographic (b) lockdown experience questions related to family, healthcare access, finance, and social life, (c) Generalized Anxiety Disorder scale (GAD7) questionnaire which comprises of 7 questions to assess anxiety and (d) Brief Resilient Coping Scale to assess resilience and coping skills. The data collected was entered in Microsoft Excel 2017 and analyzed using SPSS Version 21. Scores of anxiety-disorder and coping skills were dichotomized and expressed in frequency and percentages and its association with various socio-demographic variables was studied using a relevant test of significance (chi-square) and p-value < 0.05 was considered significant.

Results

The mean age of the participants was 64.44 years with a standard deviation of 5.16. The majority of them were females (67%) and predominantly the study subjects belonged to the age group of 60 to 70 years (91.4%). The majority of them were recruited from the outreach services (90.7%) rather than the Outpatient visits. The majority of them belonged to the upper socioeconomic class (69,1%) according to Modified BG Prasad classification and 25.9 per cent belonged to the middle socioeconomic class. Taking into account the type of family, 45.7 per cent belonged to a three-generation family, 44.4 per cent were nuclear family and 9.9 per cent were joint family.

The most common reasons for the patient's visit include routine monthly check-ups (71%) and consultations for acute symptoms (22%) or regular procedures such as injection/dressings (2%) and other miscellaneous reasons (5%). Co-morbidities such as Hypertension/Diabetes Mellitus/Hypothyroidism/other chronic ailments were present in 52 per cent of the study subjects which were added upon their monthly visits to procure medications for the prevailing conditions.

Anxiety and coping skills were assessed using the Generalized Anxiety Disorder scale (GAD7) and Brief Resilient Coping Skill scale (BRCS4) and we categorized them based on their severity. Among the study subjects, 72.8 per cent had minimal anxiety, 26.6 per cent had mild anxiety and 1 per cent had moderate anxiety. None of them were found to have severe anxiety. Also, assessing coping skills, 85.8 per cent were low resilient copers and 14.2 per cent were medium resilient copers. The factors associated with the mental health status of the study population are mentioned in Table 2.

Table 1
Distress due to lockdown (n = 162)

<i>Variable</i>	<i>Category</i>		<i>N</i>	<i>%</i>
Work-related	Loss of work	Yes	11	7
		No	151	93
	Change of occupation	Yes	18	11
		No	144	89
	Reduction in salary	Yes	62	38
		No	100	62
Social aspect related	Vital events in the family	Yes	18	11
		No	144	89
	Social life affected	Yes	112	69
		No	50	31
Health-related	Change in health status	Yes	45	28
		No	117	72
	Compromised access to healthcare	Yes	117	72
		No	45	28
	Transport issues for seeking healthcare	Yes	111	69
		No	51	31

Cont'd...

Cont'd...

	Unforeseen complications among the changed health status individuals (n = 117)	Yes	9	7
		No	108	93
Finance related	The difficulty faced during the lockdown	Yes	117	72
		No	45	28
	Stable income during this period	Yes	43	26
		No	119	74
	Loans are taken to satisfy needs	Yes	30	19
		No	132	81

Table 2
Factors associated with anxiety

Factor		Anxiety		p-value*
		PRESENT	ABSENT	
Comorbidities	Yes	29 (34.5%)	55 (65.5%)	0.029
	No	15 (19.2%)	63 (80.8%)	
Change in health status	Yes	18 (40%)	27 (60%)	0.023
	No	26 (22.2%)	91 (77.8%)	
Compromised access in health care	Yes	38 (32.5%)	79 (67.5%)	0.014
	No	6 (13.3%)	39 (86.7%)	
Transport issues	Yes	39 (35.1%)	72 (64.9%)	0.001
	No	5 (9.8%)	46 (90.2%)	
Difficulty staying inside during 3 months of lockdown	Yes	37 (33%)	75 (67%)	0.012
	No	7 (14%)	43 (86%)	

* -chi-square test

Discussion

To restrict the spread of this disease, many governments across the world enforced 'lockdowns' of varying degrees and in India, the lockdown came into force on 24th March 2020 and was enforced for 21 days following which, on April 14th, 2020, this lockdown was extended up to 17th May 2020, taking the total number of days under lockdown to beyond 50 days (Balasopoulou A. *et al.*, 2020). In the present study, we looked into the lockdown related mental health changes among the elderly population considering the sense of

demoralization and despair during the covid-19 pandemic where perhaps they were forced to live alone and were consequently suffering from loneliness and social isolation which account as well-known risk factors for suicide in late life (de Leo D, and Trabucchi M., 2020) Using standardized questionnaires, we assessed the prevalence of anxiety and resilience and graded them based on their severity.

A previous study done by Usama Rehman *et al.*, (2020) showed that anxiety and stress do not only depend on the financial resources of the family but are also related to the socio-economic status of a family. In our study, there was a significant association between socioeconomic status of a family and anxiety ($p = 0.041$) owing to economic constraints during lockdown which greatly affected the lifestyle thereby leading to the increased need of addressing coping skills to overcome the situation

As a part of the intervention following our study observations, we have provided health education to each study subject indicated by the IEC material provided by the Government in addition to which, we have referred patients to the Mental health clinic at Anekal Taluk hospital (post-screening) during conduction of the study.

Some of the challenges faced during the study included the limited outreach services with regards to the Covid-19 pandemic which made it a little difficult for data collection, also the introduction of the fever clinic and change of OPD system wasn't suitable enough environment for administering the questionnaires, especially since mental health questions were involved during the interview

As a part of our recommendations, we suggested the incorporation of more community activities aiming at increasing awareness regarding mental illness and decreasing the associated stigma, also for patients to utilize the mental health clinics conducted at the hospital every week as per the Government guidelines and screening of family members in case of similar history or findings.

Acknowledgments

The authors would like to thank Dr Nalini, Administrative Medical Officer, Anekal taluk hospital along with Fr Shantraj and Sr Sabine, Njanajyothi mission for permitting us to conduct the study. They also would like to thank faculty, post-graduate students, and staff of the Department of Community Health, St. John's Medical College, for their constant guidance and support.

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Daily Life Concerns of Older Adults During Covid-19 Pandemic

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ABSTRACT

The Covid-19 pandemic has had an unprecedented effect on the lives of people. Especially in the lives of older adults. The objective of this study was to document the concerns and changes in the daily life of older adults and how they coped with these changes during the Covid-19 pandemic and related lockdown. The online survey platform was used for data collection and a pre-tested questionnaire was sent to respondents through web-based social media. Of the total 200 responses, 113 responses (the responses of 72 males and 41 females age varying from 60 years and above) were found appropriate as per the response accuracy scale, which was used for final analysis. Descriptive statistics were used in the analysis. Results show that many of the respondents were affected in their daily lives because of Covid-19 pandemic. Especially, social and psychological aspects of life were affected adversely which could affect their overall health and well-being. The present study also addressed the need for new strategies to improve psychological wellbeing as well as a social network for older adults in upcoming years.

Keywords: Older adults, Lockdown, Covid-19 pandemic, Psychological, Social effect

To date, more than 7 million cases of SARS CoV-2 infections and over 1.1 lakh deaths are reported in India. (Ministry of Health and Family Welfare Government of India, 2020). The covid-19 mortality rate is highest among those above 65 years and older and those who report comorbidities (Onder *et al.*, 2020). The disease tends to be more severe, aggressive, and unpredictable in the case of the elderly resulting in higher morbidity and mortality (Tandon and Meeta, 2020). Although morbidity and mortality rates keep changing every day, now all countries are giving relief in lockdown measures due to economic compulsion.

The World Health Organization declared Covid-19 as a public health emergency and many countries enforced lockdown to mitigate the spread of the virus. With a population of 1.33 billion, India, too, underwent lockdown from March 24, 2020, stipulating severe restrictions on movement, social gatherings, and access to many services. During this period India faced extraordinary challenges, the greatest challenge being the protection of vulnerable sections which includes 104 million older adults. The high prevalence of comorbidities, like diabetes, hypertension and coronary heart disease, and mental health significantly predispose them to the adverse effects of Covid-19 (Byles *et al.*, 2014; Liu *et al.*, 2020; Nandy, 2020; Sanyaolu, 2020). Due to the rapid transmission of the Covid-19 pandemic and associated high mortality rate in older adults, self-isolation, social-distancing, and quarantine measures have been imposed stringently which could exacerbate the risk of mental health problems too (Mukhtar, 2020). As Covid-19 is a novel disease, with limited treatment options and the vaccine still in the development phase, it has caused, anxiety and fear among the public. It has greatly affected the mental and physical health of older adults leading to changes in their daily life and increased levels of anxiety, stress, feeling low, depression, and disturbed emotions (Losada-Baltar *et al.*, 2020; Meng *et al.*, 2020; Qiu *et al.*, 2020). Self-isolation, quarantine may decrease mobility, increase dependence and risk of falls, lack of chronic disease care, and much more negative health impact (Bouillon-Minois *et al.*, 2020). Therefore, this study aimed at documenting the effects of changes brought because of the covid-19 pandemic and lockdown on different realms of life of older adults in India.

Materials and Methods

Methods: This cross-sectional study was conducted in Pune city, which is situated in the western region of Maharashtra state. We chose among them to do this study in Pune because a few cities in India have carried most of the burden of the epidemic and this city has experienced an extraordinary rush in the hospitals. Pune carried the highest-burden next to Mumbai in Maharashtra and accounted for 10.8 per cent of cases and 6,990 deaths till October end in India. The study used an online survey platform, and a pre-tested questionnaire was sent to participants through web-based social media. The survey was conducted from 1st May to 30th June 2020. The survey form was sent to 300 participants, out of them 200 completed the survey. The contact numbers of the older adults were obtained from the booklets published by Senior Citizen clubs located in the city. The online questionnaire link was first sent to the older adults and the participants were encouraged to forward the link to other friends, and colleagues.

Online Questionnaire Content

The online self-reported questionnaire developed by the investigator includes three different parts. The initial part of the questionnaire was about demographic information, including gender, age, education, and place of residence, and about their health. The second section included questions regarding the impact of a covid-19 pandemic, on psychological, social, and other aspects of the life of older adults.

Online Survey

To ensure the truthfulness of the data, we set restrictions regarding accessing the link where only one-time access was allowed to answer the questionnaire, and the use of the same link address to answer the questionnaire was forbidden to ensure the authenticity of responses.

Response Accuracy Scale

The scale is a one-item measure used to assess the accuracy of the responses placed at the end of the questionnaire. Participants indicated how accurately they responded to the questionnaire on a five-point

custom scale ranging from “Didn’t read the questions in the survey at all” to “read all questions in the survey”. Only respondents who chose “read most parts of the survey” or “read all questions in the survey” and completed full form were included in the study and their responses were taken.

Ethics

Detailed information about the survey was provided and written consent was collected online before sending the survey questionnaire. Other ethical permissions were obtained from the institution.

Data Screening and Analysis

No missing values were found in the data. However, responses from 87 people were excluded from the analysis as they did not choose option no 4: “Read most of the survey” or option 5: “Read all questions in the survey carefully”, of the Response accuracy scale as prescribed by the authors. Thus, the final data comprised of 113 individuals (72 males and 41 females) was used for analysis. Descriptive statistical analysis was done using SPSS version 21.0.

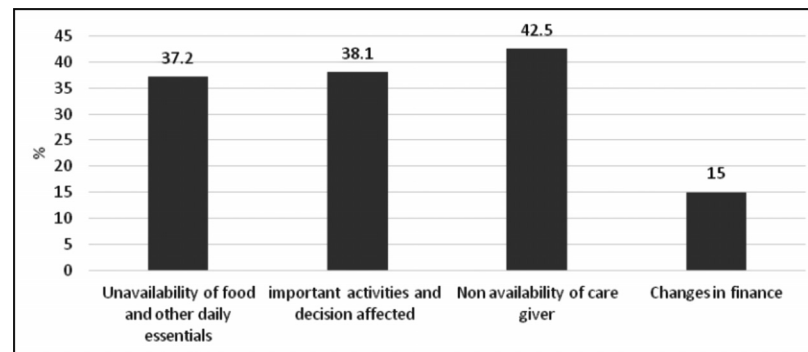
Results

The mean age of the study population was 70 ± 6.2 years. More than half (50.4%) of the participants were in age groups of 60–69 years. Around 64 per cent of the participants were males and 36 per cent were females. Fifteen per cent of the respondents were staying alone or just two of them while the majority were living in the extended family. Most of the participants (74.3%) were economically partially dependent. More than half (57.5%) of the participants reported more than one chronic illness that required regular medication and care.

Aspects of Life affected among Older Adults during Covid-19 lockdown: Pandemic and subsequent lockdown affected the lives of many in different ways. As illustrated in Fig. 1, the most concerning response was about the unavailability of a helper or caretaker. More than forty per cent of the older adults faced difficulties due to the non-availability of the helpers and caregivers during lockdown which led to unmet care needs. Difficulties in procuring food and other daily provisions were faced by 37.2 per cent of participants due to

restriction on movements and non-availability. An almost equal number, 38 per cent reported that some important activities and decisions were affected. Important activities include investments and other financial activities, sale or purchase related to land, house, and other assets, etc. Changes in finance were reported by 15 per cent of the participants with reduced remittance and income. Thus, overall life was affected due to changes in daily routines of the older adults.

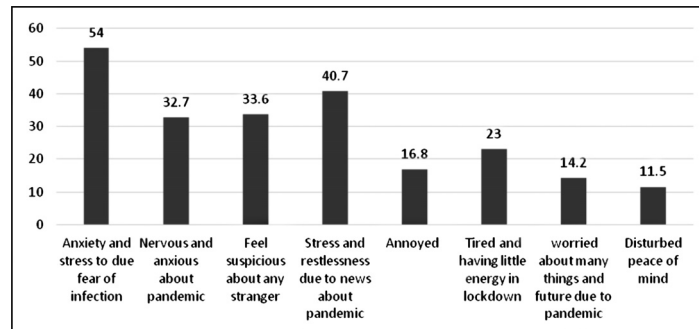
Figure 1
Effect on the daily life of older adults in the study



*multiple responses

Effect on psychological aspect: Effect on the psychological aspect of life was measured by asking 8 questions related to emotional and mental health. Responses to the questions are illustrated in Figure 2. More than half of the participants (54%) had fear of acquiring disease which increased their stress and about one-third (33.6%) of the participants felt suspicious about the stranger (having covid-19) which induced anxiety when interacting with others. Feeling nervous and anxious was reported by 32.7 per cent of participants. An increase in restlessness and unexplained stress was reported by 40 per cent of the participants and the main reason sighted was a constant bombarding of news coverage related to the SARS CoV2 virus. One-fifth reported getting easily annoyed, feeling excessively nervous over small things in life. Thus, participants experienced stress, anxiety, and mental disturbances during a pandemic.

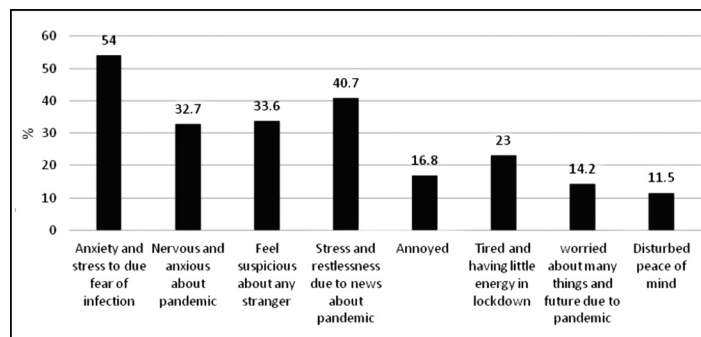
Figure 2
Effect of Pandemic on Psychological aspect



**multiple responses*

Effect on social aspect: Figure 3 illustrates the effects on social aspects of life. This section included questions on changes in social relations and social participation. The majority of the participants (81.4%) experienced difficulties in meeting their friends, family, relatives, and they missed the social participation. Despite that, over 60 per cent of participants avoided going out with friends and relatives while 47.8 per cent did not attend any social gathering which includes religious ceremonies and celebrations (birthday) in the close family during this period. Around 40 per cent of the participants stopped their regular outdoor physical exercise and reported changed physical activity.

Figure 3
Effect of a pandemic on the social aspect



**multiple responses*

Coping with changed daily life: The study also obtained additional information on how they coped with disturbances, stress, and fear of getting the disease. The participants reported various ways in which they handled the stressful conditions. Nearly half of them reported doing yoga and meditation while others used a variety of home-based practices. These practices include consumption of turmeric milk, using dried ginger, jaggery in the diet to keep oneself healthy and reduce stress. Participants reported watching television, listening to music, reading books to remain calm and compose during the lockdown period. Besides, the common preventive measures such as washing hands with soap, avoid touching face and contaminated surface as well as following social distancing, and wearing a mask in crowded places were reportedly being followed by all the study participants. Thus, they added several new practices and activities in their daily life.

Discussion

In this descriptive study, we investigated the changes in daily routine, mental health, and social life of older adults in India. This study was conducted in the month of late May-June when India was opening from the countrywide lockdown. Therefore, the study includes effects on daily life as well as changes in psychological and social wellbeing due to prolonged strenuous lockdown. The findings highlight some of the anxieties faced by older adults and indicate requirements for the wellbeing of the older adults.

Nearly 40 per cent older population battled accessibility and availability of food and daily essentials. This finding indicates the increased vulnerability of older people in crisis and the lack of measures to mitigate it. Although the crisis did not last for a very long period, studies show that such a situation may trigger micronutrient deficiencies and thus affect the overall health of older adults (Ahern *et al.*, 2011).

The findings in the current study indicated that the lockdown had a considerable effect on the mental health of the participants. Fear of contracting the disease and increased stress and anxiety were the most common issues reported by the participants. Findings from Korea suggest that a higher perceived risk of Covid-19 could increase anticipatory fear and anxiety. This fear, depression, loneliness, and

anxiety during the time of crisis not only affect mental health but also adversely affect one's lifestyle and diet, ultimately impacting physical health (Kang *et al.*, 2017.) Studies conducted in China, UK have also shown that prolonged stress, loneliness, and isolation have a serious public health concern as it increases the prevalence of depression, anxiety, stress, and insomnia in older adults. (Brooks *et al.*, 2020; Qiu *et al.*, 2020) Due to the increased vulnerability at old age, many older adults are forced to stay at home even after unlock. This may lead to the worsening of pre-existing loneliness and social isolation in older adults. However, such a number was very small in the present study.

From data, we suspect that restrictions on daily physical and social activity may fuel metabolic complications and subclinical disease. Social distancing and fear of the virus have lead to reductions in older adults' use of routine health care, as well as access to physical and social activities. (Schrack *et al.*, 2020). Such social isolation and lack of social participation affect mental and physical health and could affect the overall quality of life of older adults (Sepúlveda-Loyola *et al.*, 2020). Therefore, there is a need to initiate programs for the mental well-being of older adults (Mukku and Sivakumar, 2020). In the localities with a lack of informal care and support due to sparse social networks; a helpline, area support groups, etc. are necessary.

A limitation of the study is that we used only one channel of communication (social media) to reach out to people for participation and that has led to biased data along with a low response rate. Another limitation is we used convenience sampling in our study that limits the generalizability of the findings. Generalizability is also limited due to our use of the Marathi language questionnaire, a small sample size, and choosing the online mode of administering it. However, despite the modest sample size and the sampling design, we were able to show several interesting findings, our findings are a valuable resource to understand the effect of the lockdown on the overall life of older adults.

Conclusion

Our findings may further inform the ongoing efforts of the government and voluntary organizations around the country to develop new strategies for the coming years. It appears that older

adults should receive opportunities to interact and socialize in informal social settings in a safe environment. This could matter more for those who stay alone as the lockdown did not give the chance to form social ties with others. We understand that the flattening of the infection curve during the Covid-19 pandemic requires strict public health measures, such as social distancing, closure of public institutions, and a reduction of social life. But when implementing such measures nationally, it is important to consider and counteract potential negative effects on individuals' daily life, social network, and mental health especially in vulnerable section of society.

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Impact of Covid-19 Pandemic on Psychological Health of The Elderly Population in West Bengal

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ABSTRACT

Senior citizens (60 years and above) are more vulnerable than others in all spheres of their lives. But, the present Covid-19 pandemic is accelerating their condition additionally worsening especially their mental well-being. The present study focused to access the psychological condition of the elderly citizen in this pandemic environment. This cross-sectional study was conducted between the period from 13th August to 31st August 2020 and was based on a pre-designed survey schedule/questionnaire using non-probability sampling. A total of 212 (aged =60 years) participants (118 males and 94 females) completed the survey. To collect information on basic socio-economic background and psychological phenomena both telephonic interviews and online surveys through Google Forms were used. A Chi-square test was applied to know the gender differences of all variables. The findings of the study revealed that half of the participants faced psychological dilemmas due to this pandemic. Covid-19 pandemic negatively impacted their scheduled or planned interests (41.04%) and

exacerbated boredom in their life (52.36%) for a long period. They were also more anxious (48.58%) about their family members, health, income, etc. There were no gender differences except the variables of anxiousness and isolation. Older people have shown more psychological distress irrespective of their sexes. These phenomena are not even reported by first-hand information. So, this is a prior thrusting area to report more and more and develop a strategy for their psychological well-being.

Keywords: Covid-19 Pandemic, Elderly Population, Psychological Health, West Bengal

The Covid-19 pandemic has had an unprecedented negative effect on the lives of elderly people especially those with multiple associated co-morbidities such as hypertension, diabetes, cardiovascular disease, chronic kidney disease, chronic respiratory disease, and cancer. (Weiss BD *et al.*, 2020). On the other hand, they are at a high risk of Covid-19 infection due to their decreased immunity and body reserves. Besides, the elderly have multiple co-morbidities and for that, they are more prone to hospitalizations which increases the chance of Covid-19 infection. In a comparison of Covid-19 induced pneumonia among young-aged and elderly patients, Liu and colleagues (2020) found that progression of illness and risk of death is three times higher in the older age group (Liu, Q., *et al.*, 2020).

Such pandemics also have a significant psychosocial impact on the elderly population. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. A study by Armitage and Nellums, 2020 mentioned that social isolation of the elderly is a “serious public health concern” due to their bio-psychosocial vulnerabilities.^[17] Social distancing, though a major strategy to fight Covid-19, is also a major cause of loneliness, particularly in settings like nursing-care or old-age homes which is an independent risk factor for depression, anxiety disorders, and suicide. Social connectedness is vital during the public health breakdown, more so when “ageism” becomes a factor for stigmatization in this marginalized population. This leads to neglect and therapeutic nihilism.

Cognitive impairment and problems like wandering, irritability, and psychotic symptoms can worsen the panic and make it difficult for

them to follow the precautions of distancing and to maintain hygiene though we know that the elderly are prone to social isolation even under normal circumstances, and this problem has been further amplified in the current situation (Armitage R, and Nellums LB, 2020). Older people generally have only a close circle of friends and family with whom they routinely interact. Therefore, social interaction in their life has seen a drastic disruption with the apt advisory on social distancing. Needless to say, the lack of outlets for social interaction can precipitate or worsen stress and anxiety issues in the elderly (Depoux, A., *et al.*, 2020; Santini Z., *et al.*, 2020). Most media outlets highlight the increased mortality rates of Covid-19 in older people, and regular exposure to news reports on rising numbers of deaths can trigger episodes of anxiety, low mood, and sleep disturbances (Flint, A., and Bingham, A. Iaboni, 2020) This, in turn, can have an overall detrimental effect on the quality of life.

This emerging situation put them in serious mental conditions even suicidal decisions. In India, more than 300 suicides were reported during the lockdown as “non-coronavirus deaths” due to mental torment. According to the data, 80 people killed themselves due to the fear of being infected and loneliness. A few cases of older adults who committed suicide due to a relapse of depressive disorder and pandemic were reported in different Daily News (The Tribune, 2020; Hindustan Times, 2020; Times of India, 2020; The Indian Express, 2020., Deccan Herald, 2020).

Hence, the elderly are the main target group during this pandemic situation due to their high risk of Covid-19 infection, need stronger psychosocial support, because so many of them live in permanent isolation, and do not have social networks, and have limited social activities (Kuwahara, KK, and Fukuda Y. 2020; Yang, Y., *et al.*, 2020). To overcome such outcomes, family interventions with social cohesion may lead to improving the mental health of the elderly, which can be referred to as a phenomenon of resilience. However, the suicide cases of the elderly can be observed more where they experience loneliness because of social ignorance and isolation (Rana S, and Krishnakumar B. 2020).

Context of the Study

The authors were felt an urgent need to focus their study in this aspect due to the accelerating Covid-19 infection rate even for the community level transmission in West Bengal. The State witnessed an uncontrollable acceleration in the contagion from the beginning of May. As the numbers increased, repeated incidents of medical negligence and helplessness of the common people in the face of the pandemic have brought to the fore glaring lapses in the State's health-care system (Chattopadhyay, SS, 2020). The statistics also show that in West Bengal total confirmed cases were 1,84,113 with 4,123 death as of 17th September 2020 and the state holds 7th position in the Indian scenario. So, that's why we conducted such research activity on the one hand, and on another hand, we want to evaluate the impact of the Covid-19 pandemic on the psychological health of people over 60 years or over due to their greater susceptibility to this new phenomenon. The study also focused on gender differences in psychological health or anxiety if any. We again evaluated the relationship between the Covid-19 pandemic and its associated variables on elders, psychological health.

Method

Sample

The primary data for this study was collected from altogether 212 elderly (118 males and 94 females participants, age varying from 60 years and above, from 16 districts of West Bengal by snowball sampling method. The districts covered under this study were Bankura, Birbhum, Darjeeling, Hooghly, Howrah, Jalpaiguri, Jhargram, Kolkata, Malda, Nadia, North 24 Parganas, Paschim Medinipur, Purba Bardhaman, Purba Medinipur, Purulia, and South 24 Parganas. Therefore, all districts of the southern part except Paschim Bardhaman and three districts from the northern part of West Bengal have been covered. Hence, the majority of the study participants were from the southern parts of West Bengal. The researchers tried to select a representative sample as far as possible in a short period in this pandemic situation.

Procedure

The first-hand information was collected by two modes, i.e. telephonic interview and online survey using Google Forms. First, all the researchers prepared separate lists individually from their kin groups, neighbours and friends which contained the name, address, and contact number of senior citizens aged 60 years and above. From the said list the researcher individually made calls and the elderly were explained the purpose of this study to get their consent. The basic socio-demographic information (age, gender, marital status, literacy, occupation, living arrangement) was also collected by the telephonic method. The respondents were assured that their privacy will not be revealed to anyone. The information given by them will be used strictly for research purposes.

After getting their consent verbally, the non-smartphone users' respondents were interviewed by the telephonic method. Telephonic interviews were conducted during the period of 13th to 31st August 2020. On the other hand, for smart-phone users same questions or variables were developed in Google Forms which automatically generated a link. the Google Forms link was first circulated on 18th August 2020 at 09:25 IST and kept open for responses till 31st August 2020 at 24:00 IST.

In this survey, a questionnaire containing 11 questions to assess the psychological health during this pandemic situation was prepared. The survey questionnaire link was sent to the participants by using their respective e-mail and/or WhatsApp number.

A daily reminder was sent to each participant. Both the mode of data collection technique consumed around 10–15 minutes to complete. Based on telephonic interviews total of 110 responses were recorded. Whereas in the case of the online survey a total of 108 responses were received but out of total responses 6 were incomplete. So, the actual responses were 102. Therefore, the total number of participants in this study were 212.

The information collected by telephonic interviews as well as by online surveys were tabulated and analyzed and interpreted statistically. Statistical software SPSS (version 16.0) was used for the analysis

of data. Only a chi-square test was applied to assess the relationship between different variables and gender.

Results

Socio-Demographic Characteristics

Socio-demographic characteristics of this study population presented in Table 1. A total of 212 elderly participants were recruited in this study had 118 (55.66%) males and 94 (44.34%) females. The population had a mean age of 68.97 years, mean age for females was slightly higher (71.79 years) than males (66.63 years). Approximately 57 per cent of the study populations were aged 60–69 years, 28 per cent aged 70–79 years, 13 per cent aged 80–89 years, and only 2 per cent aged 90 years or more. In terms of marital status, 63.21 per cent were married, 34.91 per cent were widowed (only 12.71% were widower but 62.77% were widow) and only 1.89 per cent were unmarried. About 1/4th of the study population were either with only primary school education or illiterate. The table also revealed that large sections (36.79%) of the aged population under study were unemployed and about 24 per cent were pensioners (mostly post service pension and few received old-age pension, widow pension). Whereas, occupational active aged populations mainly engaged in farming (14.15%), business (07.55%), and non-government jobs (12.26%). The majority of the populations were living in joint family, i.e. comprising spouse and children; 34.91 per cent were living with their children and 14.62 per cent were living with the only spouse.

Table 1
Socio-Demographic Characteristics of the Study Population

<i>Variables</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Participants	118	94	212
Mean Age (Years)	66.63	71.79	68.97
Age Range (Years)	60–98	60–97	60–98
Age Group (Years)			
60–69	56.78	56.38	56.60
70–79	27.97	28.72	28.30
80–89	11.86	14.89	13.21

Cont'd...

Cont'd...

	90+	03.39	00.00	01.89
Marital Status	Unmarried	00.85	01.06	00.94
	Married	86.44	34.04	63.21
	Widowed	12.71	62.77	34.91
	Separated	00.00	02.13	00.94
Education	Primary	09.32	36.17	23.11
	Upper Primary	15.25	25.53	19.81
	Secondary	29.66	12.77	22.17
	Higher Secondary	11.86	04.26	08.49
	Under Graduate	13.56	03.19	08.96
	Post Graduate	16.10	02.13	09.91
	Others	00.85	02.13	01.42
	Illiterate	03.39	13.83	08.02
Occupation	Farming	25.42	00.00	14.15
	Business	13.56	00.00	07.55
	Pension	21.19	27.66	24.06
	Non-Govt. Job	20.34	02.13	12.26
	Others Job	02.54	08.51	05.19
	Unemployed	16.95	61.70	36.79
Living Arrangement	Alone	00.85	03.19	01.89
	With spouse	22.03	05.32	14.62
	With spouse and children	64.41	28.72	48.58
	With children	12.71	62.77	34.91

Impact of Covid-19 Pandemic Situation on Mental Health

For the mental health situation of the aged population under study during this pandemic following questions and their respective answers have been enumerated and presented in Table 2. The table showed that the majority of the respondents found that the Covid-19 pandemic had affected their mental status to some extent. This kind of pandemic had threatened their future existence and they felt many difficulties to cope up with to the new routine during the last few months. So, due to this pandemic situation, about 41 per cent study population dropped many of their scheduled activities or interests. Mostly they were abiding by a postponed medical examination

(25.29%) not only for themselves but also for other family members; 22.99 per cent canceled their planned tour to their relative's house; 14.94 per cent avoided or canceled social/community gatherings; 09.20 per cent dropped holiday tours; 08.05 per cent were not able to visit the market for essential commodities as well as they faced income-related constraints (Table 3).

Table 2
Psychological Variables of the Study Population during Covid-19 Pandemic

S. No.	Variables	Alternative Response/ Frequency	Male (%)	Female (%)	Total (%)	Chi-square	p-value
1	Have you dropped many of your activities and interest?	Yes	41.53	40.43	41.04	0.974	0.614
		No	34.75	40.43	37.26		
		Not Known	23.73	19.15	21.7		
2	Do you often get bored?	Yes	53.39	51.06	52.36	0.305	0.858
		No	34.75	38.30	36.32		
		Not Known	11.86	10.64	11.32		
3	Are you afraid that something bad is going to happen to you?	Yes	56.78	38.30	48.58	8.269	0.016*
		No	31.36	50.00	39.62		
		Not Known	11.86	11.70	11.79		
4	Do you often felt helpless?	Yes	35.59	41.49	38.21	2.900	0.234
		No	54.24	54.26	54.25		
		Not Known	10.17	04.26	07.55		
5	Do you prefer to stay at home rather than going out	Yes	66.10	68.09	66.98	5.196	0.074*
		No	26.27	30.85	28.30		
		Not Known	07.63	01.06	04.72		
6	Do you often feel ill-treated?	Yes	16.95	22.34	19.34	1.011	0.603
		No	77.97	72.34	75.47		
		Not Known	05.08	05.32	05.19		
7	Do you often feel downhearted and blue?	Yes	32.20	34.04	33.02	0.311	0.855
		No	56.78	53.19	55.19		
		Not Known	11.02	12.77	11.79		
8	Do you feel that your situation is hopeless?	Yes	63.56	61.70	62.74	2.502	0.286
		No	28.81	35.11	31.60		
		Not Known	07.63	03.19	05.66		

* Statistically significant at $p < 0.05$.

Table 3
Activities/Interests Dropped by Study Population during Covid-19 Pandemic

Activities/ Interests Dropped	Male		Female		Total		Chi-square	p-value
	N	%	N	%	N	%		
Relative House	04	08.16	16	42.11	20	22.99	23.082	0.001*
Medical	13	26.53	09	23.68	22	25.29		
Market	07	14.29	00	00.00	07	08.05		
Traveling	05	10.20	03	07.89	08	09.20		
Income	04	08.16	00	00.00	04	04.60		
Community Gathering	06	12.24	07	18.42	13	14.94		
Market and Relative House	03	06.12	00	00.00	03	03.45		
Travelling and Relative House	07	14.29	03	07.89	10	11.49		
Total	49	100.00	38	100.00	87	100.00		

* Statistically significant at $p < 0.05$.

It was revealed that 52.36 per cent elderly population was getting bored during this long lockdown period as well as for the restricted movement; where as males faced more intense boredom than females. In that respect, the present researches calculated the frequency of such psychological phenomena among the studied population. About 54 per cent elderly participants got bored most of the time in a day; whereas 43 per cent were frequently bored and the remaining (2.70%) got bored rarely (Table 4).

Table 4
Frequency of Boringness During this Pandemic Situation

Frequency	Male		Female		Total		Chi-square	p-value
	N	%	N	%	N	%		
Most of the Day	36	57.14	24	50.00	60	54.05	0.804	0.668
Frequently	25	39.68	23	47.92	48	43.24		
Rarely	02	03.17	01	02.08	03	02.70		
Total	63	100.00	48	100.00	111	100.00		

* Statistically significant at $p < 0.05$.

Near about half of the study population felt afraid in the last few months. The frequency of their anxiousness shows that males (56.78%) more suffered than their female counterparts (38.30%). If we consider of the reasons of their anxiety most of the study population showed the fear of ill health (34.95%). A sizable portion was worried more than usual about their future (13.59%) as well as the future of their family members and relatives (27.18%). They also worried about the financial crisis (15.53%) soon they were going to incur during the period of lockdown. Whereas, 08.74 per cent elderly population got more worried after hearing and reading Covid-19 related news or reports. They were also frightened by the lengthening of the lockdown period (Table 5).

Table 5
Reasons behind Anxiousness of the Study Population during Covid-19 Pandemic

Reason	Male		Female		Total		Chi-square	p-value
	N	%	N	%	N	%		
Family	12	17.91	16	44.44	28	27.18	11.540	0.021*
Self Care	09	13.43	05	13.89	14	13.59		
Income	14	20.90	02	05.56	16	15.53		
Health	27	40.30	09	25.00	36	34.95		
Covid-19 Pandemic	05	07.46	04	11.11	09	08.74		
Total	67	100.00	36	100.00	103	100.00		

* Statistically significant at $p < 0.05$.

During this pandemic situation and restriction on movement, 62.74 per cent elderly populations felt hopeless. Similarly, 38.21 per cent populations considered themselves helpless because there was no other way to escape from that pandemic condition. Their psychological state might have been overburdened if they were ill-treated by someone. About one-fifth of the populations under study were ill-treated mostly by their kin members and others were by neighbours. Females were mostly (22.34%) ill-treated rather than males (16.95%). The table also showed that about 33 per cent often felt downhearted and blue due to the above-mentioned reasons. The study population opined that they always preferred to stay at home rather

than going outside, though they were psychologically disturbed very much.

Statistically, it has been observed that only in statements 3 and 5, there is a significant difference in the psychological aspects of male and female respondents ($p < 0.01$), in all other statements, there was a no-significant difference.

Discussion

The present study has been conducted during such a time when the Indian population has experienced about six months of Covid-19 pandemic. Hence, the study is unique in the sense that it assessed the psychological impact of Covid-19 on a most disadvantageous population in West Bengal, India. This study may be the first of its kind to look into the psychological impact of this exceptional situation on the elderly population.

The socio-demographic profile suggests that the majority of the respondents were male, males were married but females were widows, literate, living with spouse and sons, and were dependent on pensions and private jobs.

Near about half of the respondents experienced fear and anxiety in the last few months. The majority of the respondents were worried more than usual about their future as well as the future of their family members and relatives and also anxious for health related issues. The financial loss they incurred during the period of lockdown. About 38 per cent and 63 per cent of the respondents felt helpless and hopeless respectively, after reading Covid-19 related news on Newspapers, WhatsApp, or Facebook. This is supported by the findings of Mullick (2020). Simultaneously, their anxiousness was aggravated due to lots of negative news related to Covid-19 new cases, deaths, stigmatization of the cases, lack of personal protective equipment for the health-care providers, and fake news of new cases in the locality, etc. which gave rise to negative emotions among the respondents.

Covid-19 infection rates were increasing at an alarming rate when the migrant labourers returned to their home (Iyengar KP, and Jain VK. 2020; Jalihal, S., 2020; Kumar, U., *et al.*, 2020; Khanna, A. 2020) whereas West Bengal is no escape from that phenomena. Now they were not capable to do their assigned or planned activities and

cultural observations for which they can go outside from their home. The present study also showed that about 41 per cent elderly populations dropped many of their hopes and activities. Though very recently they performed few tasks outside home after declaration of unlocking periods. Though the government declared a few selected areas for which the public can access there too were strict restrictions and obviously people had to maintain Covid-19 guidelines. Public could move freely in the market place, banks, streets except containment zones in the successive unlock period. New cases of Covid-19 infection raised day by day. These situations were the main causes of their present anxiousness, mood disorder, depressiveness, hopelessness, and many more. The study by Bhat *et al.* (2020) in Kashmir Valley revealed that two-thirds (67.5%) in general populations were anxious about their kith and kin. Another study by Chakraborty and Chatterjee (2020) conducted among general population of West Bengal revealed that about 71 per cent faced the same phenomena; though this was conducted in the earliest stage of this pandemic. The frequency of anxiousness was slightly less in this study (48.58%) and statistically there was a significant difference in the degree of anxiousness due to the Covid-19 pandemic in males and females ($p < 0.05$).

Lastly, most of the study population preferred to stay at home rather than going outside (66.98%) though their mental health condition deteriorated day by day in this new era of the pandemic. They looked forward to better tomorrow with Covid-19 free world and availability of vaccine.

Conclusion

The present study has aimed to know the impact of Covid-19 on the psychological health of the elderly population of West Bengal, India. Overall, results show that the study populations were more vulnerable than any other age group to suffer from anxiousness, depression and acute stress, loneliness, helplessness, etc. Furthermore, they have shown deleterious emotional effects caused by fear, fake news, stigma, and forced isolation.

So, the impact of the current pandemic on the mental health of the elderly was profound but it was missed by the researchers. No such

research, especially on the elderly population, has been undertaken by them or if they had taken then it was insufficient in number looking at the magnitude of the problem. Therefore, we hope to direct attention to the needs of this vulnerable group and highlight their present psychological situations. Finally, it would be convenient to particularly assess the psychological state of the elderly to monitor and prevent further deterioration.

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Physical Activity, Mental Health, and Frailty among Older Adults in Covid-19 Pandemic

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ABSTRACT

The Coronavirus disease 2019 (Covid-19) has been a pandemic worldwide. This on-going Covid-19 pandemic is having a profound effect on every aspect of daily life. Older adults are at high risk, particularly frail older adults, for severe illness and adverse health outcomes. Thus, this study was conducted to investigate the changes in physical activity, mental health and to know the prevalence of frailty in older adults during Covid-19 pandemic. It was an online survey. Data were collected from 146 community-dwelling older adults aged 60 and above years from 1st October 2020 to 4th October 2020. 64 per cent of older adults had low physical activity, 47.3 per cent were worried and 45.9 per cent of older people had sleep disturbance. The prevalence of frailty in older adults was 25 per cent. The present study concludes that the Covid-19 pandemic affected the daily physical activity and mental health of older adults. There is a need to identify such changes to avoid the consequences of this in the future.

Keywords: Physical Activity, Mental health, Frailty, Covid-19 pandemic.

The coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been a pandemic worldwide. This on-going Covid-19 pandemic is having a profound effect on every aspect of daily life (Shahid, *et al.*, 2020). It has created dramatic challenges all over the world in terms of economy, social interactions, and individual lifestyles (Woods, *et al.*, 2020). Older adults with medical co-morbidities are more vulnerable to get infected, with adverse physical and mental health outcomes. Particularly, frail older adults have an increased vulnerability to such a stress or event and tend to be more seriously affected by acute disease and may not regain their baseline level of health and independence, as compared with non-frail older adults of the same age group (Nickel, *et al.*, 2020).

Physical activity is a cornerstone in preventing many health diseases and promotes wellbeing in older adults and especially in frail older adults (Langhammer, *et al.*, 2018). Covid-19 pandemic restrictions like social distancing and confinement have changed the way many older adults living their lives, forcing many into isolation who had previously been social, and that may affect their daily physical activity (Van Tilburg, *et al.*, 2020). The panic, stress, and fear of getting infected with Covid-19 and thinking of its worst consequences might have affected the mental health of older adults. In this reference, many studies have focused on the potential health issues due to pandemics and their restrictions on the health of older adults. In a narrative review, (Sepúlveda-Loyola W *et al.*, 2020) it is found that social isolation due to Covid-19 has a negative effect on the mental health of older adults (Sepúlveda-Loyola, *et al.*, 2020, and Brooke J and Jackson D., 2020) have suggested the strategies to overcome this negative impact of isolation (Brooke, J., and Jackson, D., 2020).

One such research (Jakobsson J., *et al.*, 2020) states that the Covid-19 pandemic may cause many older adults to perform less physical activity (*ibid.*). Lippi G, *et al.* (2020) found the increased risk of cardiovascular disease as a result of social distancing induced physical inactivity in the Covid-19 pandemic (Lippi, G., *et al.*, 2020). Taking into account the results of the above studies, the present study

aimed to explore the effect of the Covid-19 pandemic on Physical activity (PA), Mental health, and Frailty status among older adults of Ahmedabad (India).

Materials and Methods

This was a cross-sectional study in the form of an online survey. The survey was conducted using Google Forms and the link of it was sent on WhatsApp and other social media platforms. The link was circulated and data collection was initiated from 1st October 2020 at 12:00 pm IST and closed on 4th October 2020 at 12.00 pm IST. The inclusion criteria were older adults who were of age 60 years and above and living in Ahmedabad, and able to use a phone. On receiving and clicking the link the participants got auto directed to the information about the study and they were also informed that their responses would be kept anonymous and the participation was voluntary. The survey was completed by 146 community-dwelling older adults of Ahmedabad.

The socio-demographic data of the respondents, e.g. age, gender, educational qualification, employment status, marital status, and nature of family was taken.

For assessment of PA intensity level (Zhang, X., *et al.*, 2020).

A self-reported single question was asked to know PA level. The question was – “How often do you engage in activities that require a low or moderate level of energy such as gardening, cleaning the car, or doing a walk?”. Answers were: 1 = “More than once a week”; 2 = “Once a week”; 3 = “One to three times a month” and 4 = “Hardly ever or never”. For our study, we classified results into two categories: “Moderate Physical activity” (for the response of more than once a week) and “Low Physical activity” (for the response of once a week or less than that)

For assessment of mental health (Cawthon, P.M., *et al.*, 2020)

For assessing mental health we used Questionnaire for Assessing the impact of the Covid-19 Pandemic on Older Adults (QAICPOA) with modifications. The details of the questions are given in Table 2.

For assessment of frailty (Morley, J. E., *et al.*, 2012).

To know the prevalence of frailty the researchers used the FRAILTY Questionnaire. It includes 5 components: Fatigue,

Resistance, Ambulation, Illness, and Loss of weight. FRAILTY scale scores range from 0–5. Score between 3–5 = Frail, 1–2 = Pre frail, and 0 = Robust.

Descriptive statistics were used in the study to analyze the findings. Mean and standard deviation and proportions were used to estimate the results of the study.

Results

An online survey, related to physical activity, mental health, and frailty status was conducted among the older adults of Ahmedabad during the Covid-19 pandemic. A total of 146 responses were recorded. The socio-demographic data of the participants are shown in Table 1. The mean age of the participants was 70.7 ± 8.1 years. Among the participants, 55.4 per cent ($n=81$) were females and 44.5 per cent ($n= 65$) were males. 64 per cent ($n=94$) of older people had low physical activity and 36 per cent ($n=52$) had moderate physical activity (Figure 1). Table 2 shows 47.3 per cent were worried due to the Covid-19 pandemic, 45.9 per cent of older people had sleep disturbance, 54.8 per cent of them had a feeling of isolation and 61 per cent of the older adults had reduced frequency of communication with close friends and family at present in comparison to pre-pandemic days. According to the Frail scale, the prevalence of frailty was 25 per cent and pre-frail was 45.2 per cent in older adults (Figure 2). An increased prevalence of frailty was found with increasing age (Table 3)

Table 1
Social Demographic Profile of Respondents ($n = 146$)

<i>Variables</i>	<i>n (%)</i>
Age/mean $\pm$ SD	70.7 ± 8.1
Gender	
Male	65 (44.5)
Female	81 (55.4)
Educational qualification	
< 10 years	56(38.3)
> 10 years	90(61.7)

Cont'd...

...Cont'd

Employment Status	
Working	23 (16)
Retired	67 (46)
Homemaking	56 (38)
Marital Status	
Married	97(66.4)
Widow	49(33.7)
Nature of Living	
Joint family	86 (59)
Nuclear family	42(29)
Living Alone	18(12)

Figure 1
Physical Activity Intensity of Older Adult

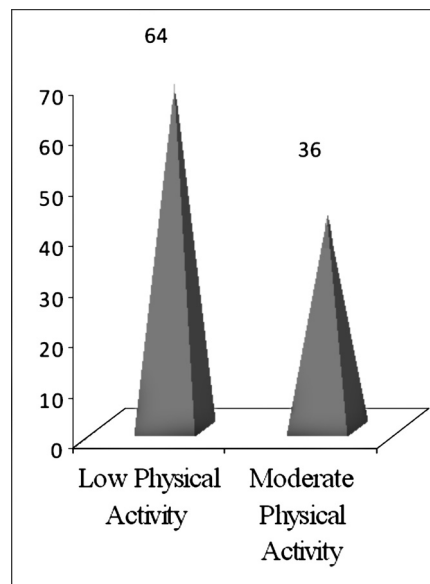


Figure 2
Prevalence of frailty

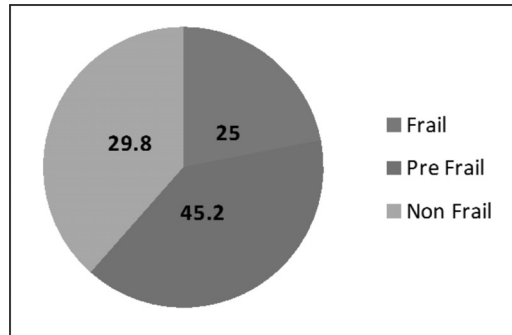


Table 2
Mental Health Profile of the Respondents (n = 146) Often 80 (54.8)

Questions	n (%)	
Have you been diagnosed with Covid-19 by a doctor or other health care provider?	Yes	130 (89)
	No	16 (11)
Has a close friend or family member been diagnosed with Covid-19?	Yes	62 (42.5)
	No	84 (57.5)
How much concerned are you about the Covid-19 pandemic?	Not at all	11 (7.5)
	Somewhat concerned	66 (45.2)
	Very concerned	69 (47.3)
Have you been taking treatment for any mental illness before Covid-19?	Yes	5 (3.4)
	No	141 (96.6)
How much has your sleep been interrupted or disturbed because of concern about the outbreak?	Not at all	2 (1.4)
	Somewhat	77 (52.7)
	A lot	67 (45.9)
Compared to the months before the outbreak began, how has the frequency of your communication with close friends and family changed?	More often than before	21 (14.4)
	About the same as before	36 (24.6)
	Less often than before	89 (61)

Cont'd...

Cont'd...

How often are you communicating with others?	Daily	53 (36.3)
	Several times per week	47 (32.2)
	Once per week	34 (23.3)
	1–2 times per month	7 (4.8)
	Rarely	5 (3.4)
	Never	0 (0)
Who is providing you with social support during the outbreak? Mark all that apply	Someone I live with	79 (54.1)
	Friend or family who comes by my place	24 (16.4)
	Friend or family who I talk with on the phone (or video chat)	40 (27.3)
	Other (Self/pension)	3 (2.07)
How much difficulty do you face obtaining the medicine or routine medical care that you need because of the Covid-19 pandemic or social distancing rules?	None	93 (63.7)
	Some	48 (32.9)
	Much	5 (3.4)
	Unable or very difficult	0 (0)
How often do you feel isolated from others?	Hardly ever	14 (9.6)
	Some of the time	52 (35.6)
	Often	80 (54.8)

Table 3
Prevalence of Frailty According to Age Group ($n = 36$)

Age	n (%)
60–70 years	15 (41.7%)
> 70 years	21 (58.3%)

Discussion

In the present study, the majority of older adults (64%) had low physical activity intensity levels. Self-isolation and other public health recommendations to prevent SARS-CoV-2 spread can be potential for reduction in daily physical activity (PA) of older adults. Yamada, M., *et al.* (2020) also observed a reduction in total PA time per week for older adults when comparing PA intensity level before the pandemic with that of after the pandemic. Carriedo A., *et al.* (2020) found that older adults who regularly engaged in vigorous and moderate to vigorous physical activity during the quarantine period reported higher scores in resilience and lower in depressive symptoms.

This study also showed that 47.3 per cent of older people were worried about the Covid-19 pandemic and 45.9 per cent of older adults thought that their sleep was interrupted or disturbed because of concern about the outbreak. The reason can be older adults are at greater risk for severe symptoms from Covid-19 and thus, fears associated with contracting the disease may be causing symptoms of anxiety in this age group. Chakraborty, K, and Chatterjee, M (2020) found that worry and sleep disturbances due to this pandemic was common among the respondents and may affect their mental health.

In our study, 54.8 per cent older adults felt isolated from others and 61 per cent older adults had less communication than before. 54.1 per cent of older adults were provided social support by those living with them. While self-isolation can reduce the transmission and save the lives of many in these high-risk groups, they also present a major public health concern by increasing the risk of mental health problems in older adults particularly for older adults going regularly to community centers, places of worship, volunteering etc., (Callow, D.D., *et al.*, 2020). Van Tilburg *et al.* (2020) in their study stated that the loneliness of older people was increased in the Covid-19 pandemic and there is a need to identify short and long-term negative effects of this on their mental health. Santini *et al.* (2020) found that social disconnectedness can cause depression and anxiety in older adults.

Philip Joel and Cherian Vinu (2020) suggested some of the factors affecting the physical and mental health of older adults due to the Covid-19 pandemic, and those were: advanced age with comorbidities, social isolation/loneliness, difficulty in access to healthcare facilities and medications during lockdown and fear, anxiety and stress-related to Covid-19 infection (Philip, Joel and Cherian, Vinu., 2020).

As frailty is a major health syndrome associated with ageing, the present study also focused to observe the prevalence of frailty in older adults. In our study 25 per cent of older adults were found to be frail. Yamada M *et al.*, 2020) also reported 24.3 per cent of frailty in older adults during the Covid-19 pandemic (Yamada, M., *et al.*, 2020). As frailty predicts poor health outcomes, the identification of frail older adults, i.e. frailty assessment can reduce the incidence of disability shortly in older people.

Conclusion and Clinical Implication

The present study concludes that the Covid-19 pandemic affects the daily physical activity and mental health of older adults. The findings of this study highlight the need for health promotion and strategies to improve the physical health and mental health of older adults while being at home by promoting indoor exercises and an active lifestyle. Also, the identification of frail (Frailty assessment) older adults as this can reduce the incidence of disability in the near future in older people by preventing its consequences and slowing its progression (Bellelli, G., *et al.*, 2020).

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Elderly, Covid-19 and Mental Health Issues: Challenges and Management

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ABSTRACT

The paper focuses on different emotional well-being difficulties experienced by the elderly population during the Covid-19 pandemic. Literature was searched on both electronic databases including such as PubMed and manually. To resolve the issues there is a need to develop a new medical care system for the elderly in consultation with clinicians, healthcare workers, and researchers. There is a need for more research on the impact of Covid-19 on mental health, particularly in elderly populations.

Keywords: Elderly, Covid-19, Pandemic, Mental health, Management

Covid-19 has posed as a major health crisis going on in the world currently. It is a newly emerged viral infection known as novel coronavirus disease (Covid-19) globally affecting people, thus taking the form of a pandemic. In the past few months, this pandemic had resulted in a significant increase in mortality and morbidity rate. Till now (22 August 2020), there are more than 25 Million total cases with 8 Lakh deaths, 14.7 Million recovered over 202 countries (Covid-19 Coronavirus Pandemic 2020). The World Health Organization

(WHO) in their situation report has stated that by the middle of 2020, more than half of the global deaths and infected cases would be from the European region (World Health Organization 2020a).

Initially, when the infection was spreading at a rapid pace many affected countries were not able to meet the demands of infrastructure requirements and personal protective equipment (PPE), (World Health Organization 2020b).

According to WHO the major objectives laid to prevent the spread of this virus are prevention of human-to-human transmission, limiting the spread of infection to close contacts and medical professionals, to prevent complications in infected individuals, provision of isolation and quarantine, availability of diagnostic assessment and research to understand the nature of the virus, to devise a specific treatment including vaccine and to minimize the socioeconomic effect on the countries. (World Health Organization 2020a).

Impact of A Pandemic

Till now the global impact of Covid-19 has been extreme and its global impact on public health is the most serious seen since the H1N1 influenza pandemic in 1918.

It has been noticed that during this outbreak of Covid-19 infection, there has been an increase in mental health issues among the children, elderly, migrant workers, and the general population along with individuals infected with Covid-19 (Duan and Zhu 2020; Chen *et al.*, 2020; Liem *et al.*, 2020; Yang *et al.*, 2020).

According to Gruber *et al.* (2020), the Covid-19 pandemic may impact mental health in three different ways. Firstly, its widespread impact with no certain end date or path, its impact has been across all domains of human lives including disruption of daily routines, difficulty in procuring resources to meet basic needs such as food, utilities, and future needs and their impact such as job loss.

The second major issue is that this pandemic has presented itself as a multidimensional stressor impacting all systems such as individual, family, educational, social, professional, and medical systems. The impact has also spilled over the macrosystem which may lead to political rifts, cultural and economic disparities, and prejudicial beliefs.

Social distancing, isolation, and quarantine have led to disruption in interpersonal communication which would have both physical and psychological outcomes such as loneliness (Cacioppo *et al.*, 2015).

Disruptions because of social distancing have also lead to role confusion and conflict such as now many parents are serving a dual role as both home-school teachers, care providers, and professionals working from home. This shift in the role has lead to an increase in fatigue, increased parental stress, and lower distress tolerance (e.g. Kinnunen and Mauno, 1998).

Lockdowns and strict guidelines for social distancing have also exposed individuals to interpersonal difficulties within their homes such as marital discord, domestic violence, conflicts among family members, unemployment and economic instability, and lack of social support, many of which are known risk factors for abuse (Brown *et al.*, 2013) and the onset of mental health issues (McLaughlin *et al.*, 2012).

Thirdly because of strict measures to protect against the virus by ensuring social distancing it has restricted access to protective factors and activities that are known to reduce the effects of stress such as behavioural activation, social gatherings. This lack of protective factors may have a drastic impact on older adults who are also among the most vulnerable population concerning this pandemic.

In a study conducted in China amongst 1210 participants more than half of the participants reported the psychological impact to be moderate-to-severe and about one-third reported moderate-to-severe anxiety indicating that a major chunk of the population throughout the world is going to have a psychological impact as reported (Wang *et al.*, 2020). To date, there have been no specific guidelines or recommendations on how to address the mental health issues arising during the Covid-19 pandemic specifically the vulnerable age groups like children and the elderly.

Dong and Bouey, 2020 in their paper have highlighted that the global impact and spread of Covid-19 may exacerbate mental health issues, specifically in the areas where cases are in large number. This may lead to the requirement of both small scale and large-scale psychosocial crisis interventions, and the inclusion of mental health care in disaster management plans.

Similarly, it was reported by Duan and Zhu, (2020) that countries other than the Western countries have not incorporated psychological interventions into their protocols for disease outbreaks, resulting in the emergence and persistence of stress-related disorders in affected individuals.

Various studies post-SARS pandemic or post-Ebola indicate that even after recovering physically from the disease, individuals suffered from social and psychological problems and similar could be the impact with this pandemic (Bobdey and Ray 2020).

Aged Group and Vulnerability

The elderly population is uniquely vulnerable during Covid-19 as the older adults are at higher risk of being infected with Covid-19 and if they get ill, they have a higher risk of death (Garnier-Crussard, *et al.*, 2020). The higher the age, the higher the risk, with a negative effect of previously diagnosed diseases (Onder *et al.*, 2020). On March 17, 2020, the Italian National Institute of Health reported 1625 deaths (139 aged 60–69, 578 aged 70–79, and 850 age 80 and over (Peeri *et al.*, 2020). People 60 years old and over were about 96.5 per cent of the total number of deaths, while in China they were about 80.8 per cent of the total number of deaths (Li, *et al.*, 2020).

The balance previously achieved between age-related disorders and good quality of life and good health is now under great pressure.

Covid-19 influence can trigger age-related diseases other than frailty; therefore, it is necessary to identify the impact of this pandemic on the geriatric population.

However, it is well known that social isolation among older adults is a “serious public health concern” because of their heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health problems. Santini, *et al.* (2020) recently demonstrated that social disconnection puts older adults at greater risk of depression and anxiety.

Older adults have a high susceptibility to infection and its adverse consequences, thus leading to a loss of usual social support, such as being visited by family members (Garnier-Crussard *et al.*, 2020). In situations where the administration instructs elderly people to remain

home, have groceries and vital medications delivered, and avoid social contact with family and friends, urgent action is needed to mitigate the mental and physical health consequences.

Challenges

Moreover, during quarantine, elderly people who live alone or who live in a difficult situation could have difficulty in having food, drugs, and other supplies (Carta, *et al.*, 2020). A formal and informal social network is necessary during quarantine to help old adults, both in small cities and in bigger cities. In this field, the role of municipalities and social workers is central.

Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home, such as at daycare venues, community centres, and places of worship. Those who do not have close family or friends, and rely on the support of voluntary services or social care, could be placed at additional risk, along with those who are already lonely, isolated, or secluded.

Stigma and fear are other aspects of the outbreak of a pandemic. Anxiety caused by lockdowns, quarantine, and social isolation, the dearth of information around Covid-19, and fear of being infected has given rise to stigma in local communities (Sotgiu, *et al.*, 2020).

These can become major roadblocks against seeking healthcare services. These can also lead to marginalization, lack of trust with health administration, and distorted perception of risk, leading to mass panic and an improper allocation of healthcare resources by the administration (Barrett and Brown 2008).

Covid-19 infections have a tremendous effect on the affected individual and the population on account of the need for self-restraint and social distancing.

During this pandemic, several situations similar to those observed during natural disasters have emerged for the elderly. Decreased physical activity can cause hyperglycemia, increased susceptibility to infection, increased cardiovascular diseases, worsened psychological state, worsened cognitive function, and more bone joint diseases. Social interaction is particularly important for the elderly. The battle with the Covid-19 pandemic is expected to last a long time, and this

situation affects not only our daily life but also our mental health. Mental health issues, including depression, discontent, hopelessness, hostility, anger and life events can cause incidents of stroke or cardiovascular disease and increase mortality (Sartori, *et al.*, 2012). Behavioral and psychological symptoms of dementia may worsen. In contrast, protective psychological factors against stressors that include optimism, positive coping style, positive attitude toward aging, and sense of coherence are related to a reduced incidence of stroke (Araki, *et al.*, 2013). Psychosocial interventions are crucial for elderly people during and after the Covid-19 pandemic to prevent stroke and cardiovascular disease.

In the outbreak, there is a need to share information and to spread new information in a very quick way, but elderly people could face great barriers to access information with new media, mainly due to a “digital divide” (Petretto and Pili 2020). So, we must consider different kinds of mediums to spread information during the pandemic (not only “new media” but also “old media” like TV, a “public call” or a “municipal messenger”) and remove barriers.

Psychological support in the outbreak is necessary for them, to help them cope with the new situation. The diffuse use of technology and new methods pushes the elderly towards the “digital divide” making social contact very difficult for them (Armitage and Nellums, 2020). Other forms of social contacts in home confinement need to be studied for them (like the use of a telephone for consultations and more frequent telephone calls from relatives, friends, social workers, clinicians, and volunteers (Yang, *et al.*, 2020)

During pandemic special attention needs to be paid to old adults with disabilities. For them, social distance, the use of protective masks and gloves can be quite disabling, as it can reduce their interaction and communication power such as specific individuals with sensorial limitations. The use of protective gloves could be very disabling for people with visual disabilities, where tactile abilities are necessary to read, communicate, and know the environment. The home confinement could also render home visits by family, friends, social workers, and other professionals that could support people during daily life more complex. So, the inclusion of individuals with a

disability needs to be considered in all the phases of the outbreak, with a focus on the accessibility of information and communication.

To maintain the physical functions and daily routine of the elderly, the Japan Geriatric Society (Omura, *et al.*, 2020) has recommended eight points related to the following three major aspects: (i) exercise and nutrition, (ii) oral function, and (iii) social support. It has been challenging to incorporate these activities in the geriatric population in the ongoing pandemic.

In situations like a pandemic, there are several unresolved issues such as: How do we restore life to normalcy? Is there any other communication option apart from calling our families? How to get comfortable with telephonic consultations?

Recent advances suggest that rehabilitation is not just palliative, but may contribute in an important way to the recovery process. It may lead to the reintegration of these elderly people, helping them get themselves together again in regaining their sense of identity and in improving their quality of life (Kumar P and Tiwari SC, 2009).

Recommendations

The transition to old age involves manifold challenges primarily physical and psychological. As the elderly are more vulnerable to illness and psychosocial strains in the absence of familial support networks, efforts must be made to reduce the strain of the debilitating conditions associated with getting old (Raj. A., and Kumar, P., 2019).

Hence it is all the more important to cater to the mental health and wellbeing needs of older adults, especially during the outbreak of Covid-19 (Lloyd-Sherlock, *et al.*, 2020). During such a complex situation, creating awareness about the situation is the first step. The second step is to take all aspects into account. The World Health Organization has mentioned some guidelines, with a focus on elderly people and people with disabilities (WHO, 2020b).

The solution to these raised issues is to have a new robust medical care system for the elderly in consultation with clinicians, healthcare workers, and researchers across the globe. However, the first step will remain to develop digital literacy among the elderly population.

According to Omura, *et al.* (2020) use of information technology such as Artificial Intelligence, robots can be utilized to provide support for activities of daily living in older people with disabilities and psychological problems. Encouraging and educating the elderly in the use of personal computers could enable them to adapt to telephonic consultations. This can also widen their scope to explore online group exercise therapy sessions, nutrition guidance, and social networking.

Such technological advancements can help create a new model of geriatric care in parallel with traditional face-to-face methods.

These innovative strategies can create a new geriatric in parallel with traditional face-to-face care for the elderly and also make them comfortable with this new medium. Lastly, the number of old people and hence mental morbidity is going to increase in the future and there is a need to act quickly by professionals and policymakers to focus on research in this area and dissemination of the research findings (Kumar, P., *et al.*, 2019). The mental health professional who works with older people must be especially aware of their attitude toward the aging process and toward older people. The mental health professional must have an optimistic view of the last stage of life and genuine belief that older people have a right place in society and a reservoir of wisdom from their accumulated years of experience will enable them to change (Kumar, P. *et al.*, 2012).

Conclusion

Each one of us in society has a role to play to stop the progress of this infection, i.e. protect ourselves and the vulnerable people in their communities. Concerning the elderly population, there is a need to have a new robust healthcare model that ensures that psychological as well as physical aspects of health are catered well. This model can then provide brief interventions or mass delivered interventions. The mental health issues associated with the Covid-19 pandemic can be immediate (short-term) or remote (long-term). These experiences may lead to a new world order of working together and supporting each other beyond the social and political boundaries to improve and protect health.

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Social Connectedness and Psychological Distress of Elders During Covid-19

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ABSTRACT

The study aimed to investigate the relationship between social connectedness and psychological distress in elderly people during Covid-19. A total lack of social connections with people around during the pandemic may lead to psychological distress in people, especially the elderly. The sample of the present study consisted of 40 elderly people, aged 60 years and above. A purposive sampling technique was used to collect data from the sample. Data was collected using Google forms and the tools used to collect data included the Social Connectedness Scale-Revised (SCS-R) which was used to assess social connectedness and Kessler Psychological distress scale (K10) was used to measure psychological distress. Regression analysis was used to find out the relationship between social connectedness and psychological distress. The results indicate that there lies a significant negative relationship between social connectedness and psychological distress of elderly people indicating that psychological distress increases as social connectedness of elderly people decreases. Therefore, it is important to keep a check on the social connections of elderly people and take the required steps to improve their psychological well-being.

Keywords: Covid-19, Social connectedness, Psychological distress, Elderly.

Having been originated in a seafood market in Wuhan, China, where wildlife was sold illegally, the Corona Virus Disease or Covid-19 came into the light towards the end of 2019 and spread across the globe within weeks and months. The world is experiencing something it has never witnessed before that has shaken the fundamental roots of the medical systems across the world to such an extent. The entire global community is concerned about Covid-19 and the long term effects it is going to have on human life. The different spheres of life such as the economy, global market, agriculture, human health, and most importantly the mental health of people are going to be drastically affected by the pandemic. Despite the enormous efforts taken by various organizations and governments in all parts of the world to combat this disease, nobody is sure what direction it will take in the coming days.

The Corona Virus Disease is an ongoing global pandemic that is said to be caused by Severe Acute Respiratory Syndrome Corona Virus 2 (SARS – CoV-2). On December 31, 2019, Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province, and a novel Coronavirus was eventually identified. The World Health Organization declared the outbreak a Public Health Emergency of International Concern and soon as a pandemic.

The first case of coronavirus in India was reported on January 30, 2020, in the state of Kerala. To prevent the increase in the number of cases of Coronavirus, the Government of India, on March 24, 2020, announced a nationwide lockdown for 14 days, thus limiting the movement of the entire 1.3 billion people of the country. All transport services were suspended, educational institutions, industries, hotels, cinema halls, temples, etc were all closed and public gatherings strictly prohibited. Only the most important services of food, banks, ATMs, petrol pumps, etc were exempted from the lockdown. The Corona Virus Disease has been posing a serious public health threat and brought about a large degree of changes in the different spheres of life of all human beings, be it the professional, economic, social, or family life. It has impartially affected all the strata of society.

One of the major preventive measures to restrict the spread of the virus in various parts of India was The Lockdown. A very important

aspect of lockdown and also a preventive measure included Social Distancing, which advocated that all people must maintain one-meter distance from each other while in a public place and during lockdown must remain in their homes and should not come out except for emergency purposes. To ensure people would abide by it, strict measures were taken by the Government with the help of the Police force. This led to a sharp decline in public mobility, which must have helped curb the spread of the virus but did negatively affect the emotional and mental health of a large number of people. As people were restricted to their homes, they lost contact with others in the society which led to a decrease in social connectedness to a large extent, except for being in touch with them through technology. As human beings are social animals this much was, for sure, not enough. People have a wide variety of ways to remain connected with others with the help of technology, especially adolescents, but it does not work in the case of the elderly. Loss of social connectedness and loneliness owing to the Coronavirus pandemic, especially in cases where the elderly people have their children in different cities and not with them is leading to their psychological distress including depression, stress, and anxiety.

An important aspect of social, physical, emotional, and collective well-being is social connectedness, which is the sense of belonging and subjective psychological bond that people feel concerning individuals and groups of others (Haslam *et al.*, 2015). It refers to feeling united with the larger world, the sense of being a part of a global community (Lee and Robbins, 1998). Human beings usually have an innate need to belong and form meaningful relationships with others. It is an important factor in the formation of relationships, social ties, and the development of social skills. Six components have been shown to help a person determine the quality of his interactions and social connectedness with others: Duration of relationship, frequency of interaction with the other person, knowledge of the other person's goals, physical intimacy or closeness with the other person, self-disclosure to the other person, social network familiarity – how familiar is the other person with the rest of your social circle. The higher a person scores on these components, the greater the quality of his social connectedness.

Psychological distress is a state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life. It can lead to a negative view of the environment, of others, and the self. It is manifested in different forms like sadness, anxiety, depression, restlessness, distraction, etc. Psychological distress occurs when external events or stressors place demands upon us that we are unable to cope with. Some symptoms of psychological distress include disturbances in sleep, fluctuations in weight, eating pattern changes, physical changes that are unexplained, including headache, constipation, chronic fatigue, excessive tiredness, no energy, etc.

Most elderly are not comfortable with smartphones and related technology, as they give more importance to face to face communication and being in physical contact than a virtual one. Also many have their children and loved ones in different cities and hence tend to experience greater psychological distress or loneliness due to loss of social connectedness. Elderly people tend to have a greater number of physical ailments which adds on to the problem. All these problems add up to increase the psychological distress experienced by elderly people.

Covid-19

The unpredictable direction taken by the deadly Novel Corona Virus Disease has led to massive mental health problems among all groups of people around the world. Being completely a new virus, people have scant knowledge about it, and the required preventive measures, hence there is a need to intensify the awareness regarding the virus among people (Deblina Roy *et al.*, 2020). According to Mohit Varshney, Jithin Thomas Parel, Neeraj Raizada, and Shiv Kumar Sarin (2020), although the virus is having an equal effect among all groups of people, it has a higher impact on younger age groups, females, and those with other physical disorders. Mental health issues like depression were found to be high among 15–25 years old, whereas anxiety and stress were more prevalent among the age group 21–25 years (Syed Sajid Husain Kazmi, Kashmir Hasan, Sufis Talon, Sagar Saxena, 2020). Another group that is badly affected by Covid-19 is the elderly. According to the Union Health Ministry, India, those above 60 years of age account for 60 per cent of Covid-19 deaths in India.

Ritika Girdhar, Vivek Srivastava, Sujatha Sethi (2020), stated that the pandemic has caused an increase in existing or relapse of fears/phobias, anxiety disorders, and Obsessive-Compulsive Disorder, and those going through disastrous personal experiences may have chances of having Post Traumatic Stress Disorder shortly, for the elderly. Rumours and unauthenticated inflation spreading through social media along with the fear that they will be blamed and isolated for coming in contact with the Covid positive person has led to a rise in anxiety and stress disorders (Anant Kumar and K. Rajasekharan Nayar, 2020).

Social Connectedness

Social connectedness is considered to be of prime importance concerning positive health and social outcomes. John T Cacioppo and Louise C Hawkley (2003) emphasized that individuals with low perceived social isolation were in part distinguished by better health behavior as a part of getting support from family and friends. Hence, it is important to have some sort of liaison with others around us, as social connections are of fundamental importance in an individual's life. According to a longitudinal study by Paul E Jose, Nicholas Ryan, and Jan Pryor (2012), connectedness across various domains like family, school, neighbourhood predicted well being. It indicates that social connectedness at one point in time subsequently reports higher well being. Benjamin Cornwell, Edward O Layman, L Philip Schumm (2008) advocate that in older adults age is negatively related to network size, closeness to network members, whereas age is positively related to the rate of socializing with neighbours and participation and volunteering activities. It does not match with the view that age has a negative association with social connectedness. Hence, the inability to maintain social connections may lead to a decrease in psychological well-being, the capability to deal with stress, depression, and anxiety (Ichiro Kawachi, Lisa F Berkman, 2001). It is also associated with emotional health and a better ability to engage in interpersonal risk and thereby a greater chance to establish social links (Katharine C Townsend and Benedict T McWhirter, 2015). Having a sense of connectedness can increase confidence and help in developing better social skills which in turn helps in the formation of healthy relationships.

Psychological Distress

Psychological distress is a wide concept which apart from mental disorders, includes other mental health problems that may not fall in the typical diagnostic criteria (Ramzi Mohammed Hakami, 2018). According to Amit Mason *et al.* (2019), psychological distress is found to be usually high in older patients, those with no formal education, unemployed, and low socioeconomic status, and in females. Depression, anxiety, and stress are the most common forms of psychological distress seen among people. It's also seen that abuse is negatively linked to mental health, that is such individuals experience greater amounts of psychological distress despite controlling demographic and socio-economic factors. (Maria Evandrou, Jane C Falkingham, Min Qin, Athina Vlachantoni, 2017). Evidence suggests that women experience greater psychological distress than men and it decreases social functioning, both in men and women. Psychological distress has a considerable impact on the social functioning of the elderly, and gender is a relevant factor in the psychological distress experienced (M. Pilar Matud and M. Concepción García, 2018). Psychological distress has been considered a major factor in the psychosocial functioning of elderly people.

Social Connectedness and Psychological Distress

People with restricted social connectedness tend to have a greater amount of psychological distress and poor mental health. According to Luo *et al.* (2012), the subjective experience of loneliness strongly relates to the later onset of depression and even early mortality in elders. Elders who engage in new social ties over 2 years tend to recover from depression soon if they initially had it and they are less likely to develop depression if they did not have it initially (Cruwys *et al.*, 2013). Besides, it was found that social connectedness was linked to two broad measures of psychological adjustments that are anxiety and self-esteem (Richard M Lee and Steven B Robbins, 1995). Drawing from these, it could be said that good interpersonal behaviors which contribute to lesser psychological distress is a result of high social connectedness.

Method

Participants

The present study was conducted among 40 elders of age group 60 years to 95 years old from different parts of Kerala. The sample comprises 25 females and 15 males from all communities. In this study, a purposive sampling technique was used to collect data from different participants. The questionnaires were provided to participants through an online platform. Inclusion criteria were that the participants should be above 60 years of age, could be working, retired, or not employed.

Tools

Social Connectedness Scale-Revised (SCS-R):

The scale was developed by Lee and Robbins (1995) and was revised later in 2001. It measures the degree of interpersonal closeness and belongingness, the individual experiences in his/her social world that is with family, friends, and society, and difficulties in maintaining closeness and belongingness. The scale comprises of 20 items with 10 items with positive connotation and 10 items with a negative connotation, set on a six-point Likert Scale (1 = strongly agree and 6 = strongly disagree). Scores are summated and range from 20 to 120, with higher scores indicating greater levels of social connectedness. The present scale is said to have good internal reliability and validity as well as good convergent and discriminant validity, with a coefficient alpha of .92 among a college student sample. The scale has also shown good internal reliability ($r = .91$) and test-retest correlations ($r = .96$).

Kessler Psychological Distress Scale (K10)

The scale was developed by R.C. Kessler *et al.* (1992). It is a simple measure of psychological distress, which includes 10 questions about emotional states each with a five-level response scale (1 = all of the time and 5 = none of the time). It is related to the level of anxiety and depression experienced by the participant in the past four weeks. Scores are summated which range from a minimum score of 10 and a maximum score of 50. High scores indicate higher distress. Cronbach's

alpha was high (.93) showing high reliability and indicated the existence of a solid single factor structure for the Kessler Scale.

Result

Table 1
Regression Analysis of Social Connectedness and Psychological Distress

<i>Dependent Variable-Psychological Distress</i>	<i>Unstandardised Coefficient</i>		<i>Standardized Coefficient</i>	<i>R²</i>	<i>T</i>	<i>F</i>	<i>Significance</i>
Predictor-Social connectedness	B	S.E.	Beta	.127	2.34	5.5	.024
	0.20	0.08	-.37				

In this study, the analysis was done using the Statistical Package for Social Sciences version 20. Table 1 shows the stepwise Regression analysis results. It shows the predicting role of Social Connectedness to Psychological distress (beta = $-.37$, $p = 0.05$). Social connectedness is significantly negatively related to psychological distress.

Discussion

The study reveals that social connectedness plays an important role in bringing about a change in the psychological distress of elderly people during the spread of the pandemic. Social connectedness gives individuals a sense of identity and appropriate ways to maintain relationships. A reduction in social connectedness due to lack of contact or limited contact with family and friends reduced social networking, and diminished transportation facilities can lead to problems of psychological distress in elderly people involving depression and anxiety. Apart from these individuals, those who have contracted the virus have additional problems regarding health. Psychological distress is a subjective experience of psychological discomfort that interferes with the activities of daily life routine. Increased fear of contracting the virus and death perceptions can also lead to greater amounts of distress.

The current study reveals that there exists a significant negative relationship between social connectedness and psychological distress (beta = $-.37$, $p = 0.05$). This implies that people who are socially connected to other people to a greater extent, tend to experience a

lesser degree of psychological distress, than those elderly people who are not socially connected. Some of the major factors that affect the social connectedness of elderly people include retirement and poor health outcomes. Bad health especially leads to reduced connections and reduced social activity outside the house in many cases. Retirement also causes individuals to spend more time in their homes and less contact with their colleagues and friends. The present pandemic adds to the problem. During the period of Covid-19, there is a need to maintain social distancing which is restricting the capacity of individuals to come in contact with others, maintain relationships with close family members and friends, leading to loneliness especially in elderly people. As elderly people are not much used to technological advancements, and using technology to maintain relationships with significant others, it increases the problem.

According to the findings of this study, social connectedness can bring about around a 12 per cent change in psychological distress of elderly people during covid-19 ($R^2 = .127$). There exists a negative relationship between the two which indicates an increase in social connectedness decreases the psychological distress of elderly people. Social connectedness is an important ingredient that helps in building psychological resources to help maintain mental health. Research indicates that social connectedness can act as a key construct to reduce and prevent psychosocial maladjustment (Alessandro Rossi, Paolo Stratta, Cristina Capanna, 2012). It is also a key element that has an impact on the Psychological health of people (Heather M Marshall, 2007). Results show that Social disconnectedness predicts higher subsequent perceived isolation, which in turn predicts higher depression and anxiety symptoms (Ziggi Ivan Santini *et al.*, 2020). Social connectedness helps decrease loneliness and hence explains and indirectly predicts lowered depressive symptoms (Paul E. Jose, Bee Teng Lim, 2015). Subjective social isolation of elderly people from friends and family indicated higher levels of depressive symptoms, and subjective social isolation from friends only indicated higher levels of psychological distress in elderly people (Harry Owen Taylor *et al.*, 2018). Evidence suggests that social connectedness is a strong predictor of subsequent mental health and interventions can help improve the conditions (Alexander K Saeri *et al.*, 2017).

Implications and Limitations

The present study mainly focused on the relationship between social connectedness and psychological distress in elderly people during Covid-19. The results show that there exists a significant negative relationship between social connectedness and psychological distress in the elderly, which implies that decreased social connections during the pandemic could lead to psychological distress for the elderly. The fear of contracting the virus is keeping people to maintain social distance leading to isolation. Therefore it becomes important to keep in check the familial relationships and friendship networks of elders who have been isolated due to the pandemic or are unable to maintain contact with friends and family. Family members of such people should themselves realise the importance of such relations in the lives of the elderly and take appropriate measures. They could also be encouraged to involve in activities like gardening, self-cooking, to remain engaged. In cases where it seems that things cannot be managed by them, the help of a therapist should be taken to improve the conditions.

There exist some limitations associated with the study. First involves the sample size taken for the study. The sample size is limited to a very small number and also the sample was collected from only some parts of Kerala which shows the geographical limitations of the study. Due to both of these reasons, they limit the generalizability of the study beyond this population. Second, the scales used to assess social connectedness and psychological distress were unidimensional which does not allow getting a deeper knowledge regarding the relationship between the two variables.

Conclusion

The study summarizes the role social connectedness plays in the psychological distress of elderly people during the pandemic. There lies a significant negative relationship between social connectedness and psychological distress, showing that psychological distress increases as social connectedness decreases. Due to the restrictions brought about by covid-19, social contact with people around us has decreased considerably which is leading to isolation for many especially the elderly. This condition is causing a lot of mental health

issues for the elderly leading to psychological distress and other related problems. Psychological interventions can be brought to help alleviate the distress of elderly people.

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The Effects of Covid–19 Pandemic on Mental Health of the Elderly Igbo in Two Selected Local Government Areas in Anambra State of Southeastern Nigeria

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ABSTRACT

The study is qualitative using an in-depth interview method to obtain data from men and women aged 60 years or older. The main objective of the study is to examine the effects of Covid–19 on the mental health of the elderly Igbo of Southeastern Nigeria. It also explored their general well-being; the socio-economic effects of Covid–19, the specific causes of the elderly's mental health, and their coping strategies during the Covid–19 in the study area. The study was conducted in two purposively selected local government areas (LGAs) in Anambra State namely; Idemili North and South. In each of the selected LGAs, four communities were further selected. These included Abacha, Ogidi, Obosi, and Umuoji from Idemili North LGA and Akwu-Ukwu, Alor, Oba, and Nnobi from Idemili South LGA. In all, 16 elderly males (8 from each LGA) and 16 elderly females (8 from each LGA) were selected using key informants and snowballing techniques where an interviewee

suggested another interviewee within his or her area. The information provided by the interviewees was recorded while relevant notes were also taken where necessary. The collected data were later translated and transcribed for further analysis. Analysis of data followed two approaches, namely; ethnographic summary and systematic coding via analysis to accommodate verbatim quotations. The study found that many of the interviewees experienced pain and weakness leading to despondency and consequently poor general wellbeing. Socio-economically, some of the participants complained about their inability to attend to their businesses during the lockdown or obtain remittances from their children most of whom are businessmen and women and whose daily survivals were dependent on these business activities. Consequently, while some of the interviewees experienced anxiety, distress, mental exhaustion, and insomnia, others said they had the feeling of uncertainty, fear, panic, depression, and mental disturbance. The major coping strategies included the playing of ludo and draughts, engaging in prayers, relaxation, light workouts, studying the word of God, constant communications with friends and family members. Other coping strategies were the reduction of listening to radios or watching the news about Covid-19 updates. The paper concluded that the Covid-19 pandemic and the directives imposed by the governments had contributed negatively to the mental health of the elderly in the study area. The paper suggests that Government and other stakeholders should put in place effective intervention programmes that would alleviate the mental health problem of the elderly during Covid-19.

Keywords: Covid-19, mental health, depression, economy, wellbeing, elderly.

Ageing comes with a myriad of physical, psychological, social, and environmental vulnerabilities (Banerjee (2020). Mental health concerns of the elderly have increased incalculably in recent years (WHO, 2017). Globally, it has become a major public health issue since the discovery of the Covid-19 pandemic in Wuhan City, Hubei Province, China in December 2019. The study has shown that the Covid-19 pandemic has impacted the lives of millions of people around the globe (Bazghina-Werq and Souci, 2020) and is likely to result in mental health problems among those with no previous mental illness as well as exacerbate the condition of those with

pre-existing mental health problems/disorders (UN, 2020). Since the elderly have been identified as the most vulnerable group to the virus, they may also be most susceptible to mental health problems related to the Covid-19 pandemic than other segments of the population (WHO, 2020). Put differently, while the Covid-19 pandemic has unprecedented effects on the lives of people of different age groups, it has been suggested that persons aged 60 years or older are likely to be at higher risk of suffering negative outcomes of the disease (Sepulveda-Loyola, Rodriguez-Sanchez, Perez-Rodriguez, Ganza, Torralba, Oliveira and Rodriguez-Manas, 2020; Philip and Cherian, 2020). This may be attributed to the fact that aging comes with a myriad of psychological, social, and environmental vulnerabilities that may be destructive to the mental health of the elderly. Some notable scholars identified several reasons why the elderly constitutes an especially vulnerable group. For instance, Philips and Cherian (2020) pinpointed old age, social isolation, and the absence of friends and family members whom the elderly routinely interact with as predisposing factors to physical and mental health issues. Other scholars like Bazghina-Werq and Souci (2020) also acknowledged the breakdown of social support and stigma as possible causes of short-time mental health problems of the elderly while factors as economic losses can potentially cause long-term mental health issues. The above argument indicates that though the Covid-19 crisis is, a physical health catastrophe, it also has the seeds of mental health emergency if necessary steps are not taken (United Nations, 2020).

In Nigeria as in many developing countries, psychological distress among the elderly is widespread. This may be attributed to so many factors such as old age-related health issues, poverty, economic downturn, social insecurity, environmental hazards, inability to meet family needs, and insecurity. Consequently, these factors have contributed to the immediate health impacts of the coronavirus disease and the consequences of its directives such as restriction of movement, physical isolation, social distancing, and lockdown (UN, 2020). The fear of infection, losing loved ones, and death of family members may also exacerbate their mental health problems (ibid.). This situation is worsened by frequent misinformation and rumors about the virus which are common sources of distress (ibid.). The continued

stay-at-home order imposed by the government during the period coupled with doing less in terms of social interactions and exercise may have also the physical and mental repercussions to health of the elderly. Bazghina-Werq and Souci (2020) identified physical distancing, stigma, and discrimination as factors that may lead to mental health problems of the elderly. For instance, in the studies, Courtin and Knapp (2017), Yoon, Kim, Ko and Lee (2016), DiGiovanni, Conley, Chiu and Zaborski, (2004) Lee, Chan, Chau, Kwok and Kleinman (2005) have found that during quarantine, physical activity and mental health of the elderly are affected which may lead to mental health consequences.

In Nigeria, this situation of the elderly during the Covid-19 was compounded by COVID-10 protocols such as the lockdown, social and physical distancing orders imposed by both the state and the federal governments (Eboiyehi, Forthcoming). According to Bao, Sun, Meng, Shi and Lu (2020), these orders may result in psychological distress and mental illness. In his study among the elderly in Ile-Ife of southwestern during the Covid-19, Eboiyehi (Forthcoming) also found that social/physical distancing and lockdown orders by the government had reduced the levels of physical activity, intermingling, and interactions among the elderly and their family members in the study area. According to Eboiyehi, (forthcoming; Goethals, Barth, Guyot, Hupin, Celarier and Bongue, 2020; Castañeda-babarro, 2020), these factors were found to have negative impacts on the physical and mental wellbeing of the elderly.

Although many studies have been conducted on Covid-19, many of these studies have focused on Covid-19 related deaths of persons aged 60 years. For instance, data from China also show that approximately 80 per cent of deaths in the country occurred among older adults aged 60 years and over (Centre for Disease Control and Protection, 2020). Whiting (2020) also noted that the fatality rate for people over 80 years who died from Covid-19 in China was almost 15 per cent. Similarly, as of March 16, 2020, 80 per cent of death associated with Covid-19 in the United States of America (USA) was among persons aged 65 and over, with highest fatalities among those aged 85 years and older (World Health Organization, 2019). Research from Italy has demonstrated how dangerous Covid-19 is for older

people and particularly those with heart, lung, and immunological conditions (Irfan and Belluze, 2020). A March 4, 2020 analysis by the National Health Institute also found that, of the 105 patients who died from the virus in Italy, the average age was 81 (Graziano, Giovanni and Silvio, 2020). Evidence from Milan also confirmed that older people hospitalized daily were at much higher rates than younger people. Report from Europe had it that over 95 per cent of people who died of Covid-19 were 60 years or older (Time, 2020). According to Cudjoe, Roth, Szanton, Wolff, Boyd, and Thorpe (2018), approximately 24 per cent of these older adults (9 Million) also suffered physical or social isolation. It is therefore not surprising that in most of the developed countries, a significant number of the older people (80 years and older) who were socially isolated died as a result of the disease (ibid.). However, the effects of Covid-19 on the mental health of the elderly have not yet been broadly studied in Nigeria hence this study. The objectives of this paper, therefore, are to

1. Examine the effects of Covid-19 on the mental health of the elderly in Idemili North and South LGAs;
2. Explore the general wellbeing of the elderly during Covid-19 in the study area;
3. Consider the specific causes of mental health deterioration among the elderly during CONVID-19 and;
4. Investigate the strategies used in coping with the Covid-19 pandemic in the study area.

The Contextual and Theoretical Orientations

Anambra State is located in the south-eastern part of Nigeria. The State is bounded by Delta State to the west, Imo State and River State to the south, Enugu State to the east, and Kogi State to the north. The State derives its name from the Anambra River (Omambala) which flows through the area and is a tributary of the River Niger. About 99 per cent of the population of Anambra State is made up of Igbo indigenes. The State is the eighth-most populated State in Nigeria as well as the second-most densely populated State after Lagos State. It also contains numerous clusters of thickly populated villages and small towns, giving the area an estimated average density of 1,500–2,000 persons per square kilometer.

The major occupations of the Anambra people are trading, farming and more recently a high percentage of the inhabitants also engage in professional works such as banking, teaching, engineering, and legal practices. As in every community in Igbo land, the people believe in unity, particularly the one that lays more emphasis on being “one’s brother’s keeper”. It is therefore not surprising that communal living prevails in the area. In Igbo land, hugging is a way of greeting one another. The Igbo indigenes also spend much time greeting one another and enquiring about their wellbeing of loved ones. In Igbo land, the family is paramount as every Igbo man or woman sees every member of his or her extended family as a grandfather, grandmother, father, mother, brother, and sister. The family is so extended that it goes on to form a clan.

Among the Igbo, seniority accorded to old age is one of the primary beliefs. Like every African society, the Igbo people are well-known for their well-articulated caring structure that preserves the quality of life of the elderly. Traditionally, it was expected that children would care for their ageing parents by housing them, feeding them, and providing for their other needs (Eboiyehi and Onwuzuruigbo, 2014). The living arrangements in which family members, kin and relations lived together in a household promote family solidarity and wellbeing of the elderly (ibid.). This is bolstered by the belief that caring for one’s aged parents would attract blessings from ancestors and failure to do so would draw their wraths (Akinyemi, 2005). Like many African societies, there is no difference between the nuclear and the extended family as both the extended and the nuclear family structures were defined as reciprocal relationships between older people and their family (Udegbe, 1990; Eboiyehi 2019). Family members who lived in multigenerational households interacted and mingled together. Care and support for aged relatives were incredibly strong as other extended family members: spouses, children, grandchildren, brothers, uncles, and other kin groups were always there to take cater of their basic needs (Albert and Cattell, 1994; Eboiyehi, Forthcoming). Co-residence, therefore, promotes, to a very large extent, an intergenerational exchange between the old and the young. Care for older people within the family is provided at three levels: physical, social, and economic (Chang, 1992; Eboiyehi and

Onwuzuruigbo 2014). The advantages an elderly enjoy include healthcare provision, financial support, and shared meals. Preparation of food, assistance with bathing, or giving a back rub was typical of the traditional behaviour patterns toward the older people. The general situation that prevailed in the traditional Nigerian society and the care and supports the aged enjoyed made people aspire to old age (Fajemilehin, 2000). Sadly, the traditional relationships described above have been compromised by the Covid-19 safety protocols, which have prevented family interactions with the elderly relatives thereby resulting in their mental anguish.

Weber posited that people's actions are informed by their definition of the situation and in this case, the Igbo peoples' definition of the Covid-19 pandemic and its consequences influenced their mental reaction to the pandemic and the subsequent mental health associated with it. The expected uniformity in their mental health may be explained by Durkheim's assertion that culture influences the reaction and action of individuals. As such, the definition of Covid-19 and the associated reactions by the elderly Igbo men and women and their mental health was influenced by their culture. This paper is, however, not about the culture of the people. Even as the culture may exert some influence, the issues associated with the pandemic itself may impact the mental health of the people as noted by Zandifar and Badfam (2020).

Materials and Methods

The study was conducted in Anambra State of Southeastern Nigeria. The study is qualitative using an in-depth interview method to obtain data from men and women aged 60 years or older within two months (i.e. September and October 2020). It examined how Covid-19 affected the mental health of the elderly Igbo men and women in selected local government areas (LGAs) in the State. The in-depth interview method was suitable for the study because issues of mental health especially from a medical sociological point of view need in-depth scrutiny which is better achieved with a qualitative methodology. With the assistance of the chairmen of the Local Government Areas (LGAs) and the community heads, the researchers were able to meet and have access to the prospective interviewees. It was at these

meetings that the objectives of the research and its expected benefits were judiciously clarified to all the participants. Before the actual study, a pilot study was conducted with some male and female interviewees in Umuoji community in Idemili North Local Government Area, which provided an opportunity to sell the research project to them and with the aim of testing the interview guides. All concerns and/or misunderstandings of the interviewees were addressed and corrected at this stage.

Furthermore, the method strengthened the interviewees to speak freely and enable them to have great control to direct the discussion towards areas they perceived vital. To make the interviews easy, the assistance of research assistants with whom we have had lasting research relationships and who have created and maintained rapport with the interviewees for over a decade were enlisted. Their networks of relation and high regards they enjoy in the various communities on the ground of their interactions and support for older men and women in the selected communities also assisted in data collection. Data collected provided some insights on the context in which the interviewees perceived their vulnerability during Covid-19 directives, particularly as it affected their mental health.

In describing mental health, variables used by scholars in previous studies were employed. This includes Fazio (1977), Korkeila (2000), Zandifar and Badfam (2020), Shigemura *et al.* (2020) and Morgan, *et al.* (2008) as elucidated above. In this paper, mental health was categorized into three dimensions: general wellbeing, socio-economic effect and depression/anxiety. Under the general wellbeing, physical health, life satisfaction and happiness were explored while socio-economic aspects dealt with how Covid-19 affected the economic life of the people and their cultural practices. The impact of the stay-at-home order, social distancing/isolation and how they affect the mental health of the people were also examined. The depression/anxiety aspect described issues such as fear, sadness, panic, uncertainty, confusion, aggressive behaviour due to Covid-19. The data were analyzed in themes in which each objective formed a theme. Data were categorized according to subjects in the themes. The recorded interviews were transcribed for analysis. A content analysis

of the transcript was used to categorize the common trends in the responses and identify variations where they are important.

Research Design

Altogether, 16 elderly males and 16 elderly females were selected and interviewed (i.e. 8 elderly males and 8 elderly females were selected from each of the chosen LGAs). Interview guides were developed to moderate the discussion and validated through pre-text among similar participants in Umuoji community in Idemili North Local Government Area. Actual data collection was done interviews between September 1 and October 31, 2020. The interviews required an average of 45 minutes to conclude. Where interviews could not be completed, they were rescheduled at the instance of the interviewees. Because of the low level of literacy among the study population, all interviews were conducted in Pidgin English and Igbo language.

Sampling Procedure

The sampling procedure adopted in this study was purposive through a snowballing method where an interviewee suggested another interviewee within his or her area. In-depth interviews were conducted based on the interviewees' willingness to participate in the study. The interviewees who were engaged in the study were those that were satisfied with the criteria of age (60 years or older), sex (male and female) and ethnic group (i.e. those of Igbo origin who are residing in the selected LGAs). Two LGAs, namely Idemili North and South were purposively selected. In Idemili North LGA, four communities namely; Abacha, Obosi, Ogidi and Umuoji were selected while Alor, Ojoto, Oba and Nnobi were chosen from Idemili South LGA. The information provided by the interviewees was recorded while relevant notes were also taken where necessary. The collected data were later translated and transcribed for further analysis. Analysis of data followed two approaches, namely; ethnographic summary and systematic coding via analysis to accommodate verbatim quotations.

Study Setting

The study was conducted in Idemili North and Idemili South Local Government Areas (LGAs) and involved men and women aged 60 years or older who are origins and residents in the study LGAs.

Idemili North LGA of Anambra State of Nigeria lies between latitudes 60E7'N and 60 12'N and longitudes 60 49'E and 70E'E. It is bounded in the North by Oyi local government; in the south by Idemili South local government area, in the East by Njikoka local government area, and in the west by Onitsha North, Onitsha South and Ogbaru local government areas. The local government area is made up of ten communities, namely: Abacha, Abatete, Eziowelle, Ideani, Nkpor, Obosi, Ogidi, Oraukwu, Uke, and Umuoji. Based on the 2006 National Population Census records and the 2.3 per cent annual population growth factor recommended by the National Population Commission (NPC), Idemili North LGA has a projected population of 5,28,887. Idemili South Local Government Area comprises of Akwu-Ukwu, Alor, Awka-Etiti, Ojoto, Nnokwa, Oba and Nnobi. The population in 2006 was 2,06,816 and was the project to projected to be 273.600 in 2016. Idemili South Local Government Area also consists of 12 wards and is being bordered by Idemili North LGA, (Nnewi North and Ekwusigo LGA), Anaocha LGA and Ogbaru LGA on the North, South, East and West respectively

Records show that common diseases among the elderly in the local government areas include diarrhea, malaria, typhoid, pneumonia, cough, skin disease, arthritis, joint pain, high blood pressure, diabetes, deficiency disease, eye diseases, ear disease and waterborne disease due to malnutrition and lack of hygiene. The quality of the health services in the study area is generally poor. Most of the people including the elderly go to quacks and medicine shops for minor medical treatment. There was no public health facility in the study area at the time of the study but there were several private health centers (pharmacies and hospitals) located within and in nearby areas to the study corridor.

Ethical Considerations

In compliance with ethical standards on research involving human subjects, the principle of ethics governing human research was observed to protect the dignity and privacy of every individual who, in the course of the data collection offered valuable information about himself/herself or others. Considering the sensitive nature of the study, the researcher sought and obtained the consent of the following

people: chairman of the Local Government Area LGA), community heads and the elderly themselves. The prospective interviewees were introduced to the researcher by the local government chairman with the assistance of community heads who intimated them of the purpose of the research. The objectives of the research and its anticipated benefits were carefully explained to all the participants before the commencement of the study. The request of anonymity and confidentiality was respected. Only older people who showed their willingness to participate in the study and who voluntarily gave the researcher their phone numbers were included in the study.

Results

Effects of Covid-19 on Mental Health of the Elderly

During the interviews, the elderly were asked to state how the Covid-19 had impacted their mental health. The in-depth interview extracts below, present more empirical evidence on the impact of Covid-19 on their mental health. While some of the interviewees reported mental health effects resulting from worry and fear of contagion of the virus, others said they experienced disproportionately greater adverse effects from loneliness and more severe complications, higher mortality concerns about disruption to their concerns.

For instance, a male interviewee aged 67 years at Abacha community (Idemili North) stated thus:

The period was full of apprehension and anxious moments. This apprehension increased when I continually heard that a lot of the elderly people that I know were dying of the disease. The situation was not only agonizing but also led to mental stress. Each day, I got worried about falling ill from the virus.

Similarly, another male interviewee in Alor (Idemili South) said:

The period was full of stressful moments, particularly when my children and members of my family (both nuclear and extended) were continually distancing themselves from me due to the government's restriction of movement and physical distancing directives during the lockdown. Interactions and mingling with them became impossible. This affected me psychologically. That the children were

not allowed to go out to work or do their businesses were equally traumatizing. I rely on them for food and drugs. It was a trying period for me.

Some of the resources the interviewees had access for relief from stress and mental health include keeping in touch with others, attending faith and religious events, gathering in beer parlours engaging in family meetings and other events. However, the study found that Covid-19 lock down and social/physical distancing had greatly hindered access to these social resources in the study area. It was therefore not surprising that a woman aged 76 (Umuoji, Idemili North) lamented thus:

Since the lockdown, people have not been allowed to go to church or mosque. Those are places where some of us relieve our stress. It was very difficult to get in touch with your friends, extended family members and church members during the period.

Another male interviewee aged 65 years at Ojoto, (Idemili South) added:

When things are difficult, I used to go to beer palour to relax with friends. Now, there is nowhere to go. It means your problem is your problem which you have to deal with yourself. This has affected my state of mind, particularly when there was no one to share my thoughts with.

Correspondingly, a retired male police officer in his mid-70s (Umuoji, Idemili North) remarked:

Throughout the lockdown, I had a lot of sleepless nights. This was particularly depressing when my family members who had been taking care of me were restricted from visiting me due to the directives imposed by the governments. This is the most agonizing period since I was born. The period could best be described as a time of mental anguish. The situation was worsened by sad news one hears every day about the deaths of close relatives and friends as a result of Covid-19 complications.

Furthermore, an 81-year aged woman residing at Nnobi in Idemili South stated:

My major headache was loneliness. I am used to being surrounded by close friends and relatives (including, my children and grandchildren). This was not to be during the period of confinement as I was kept away from them. Their absence affected my mental health. I was depressed.

She added:

It was the most trying period since I was born. During the confinement, I was neither allowed to see anybody nor was visited by any of them. Being in confinement was one of my lowest points as I began feeling depressed and worried about my life. The most painful thing was that physical activity was completely cut off. Many times, this led to psychological stress.

Socio-economic Effects

Although Covid-19 has a psychological negative mental impact, it also had socio-economic consequences on the elderly wellbeing in the study area. The social networks and systems which provide support and regulate wellbeing were found to have been weakened through restrictive movement. This study has also revealed how social isolation, loneliness, restriction of movements and physical distancing impacted their social relations and economic activities during the lockdown. Stress, social isolation, depression were particularly pronounced among the elderly interviewed who were unable to go out for economic purpose or rely on their families for economic support. Generally, while some of the interviewees complained about very heavy economic crises/burdens as a result of the pandemic, others lamented about poor means of livelihoods and their inability to obtain certain essential items such as food and drugs as their prices sky rocketed during the period. For instance, a 62-year-old male interviewee who was also a businessman in Abacha community (Idemili North) said:

The pandemic has really affected my means of livelihood. My business has been at a standstill. No income is coming from anywhere. I cannot go to do my normal business transactions and deliveries. To make matters worse, it also affects the economic situation of my children.

Some of the interviewees also lamented that the pandemic had also negatively affected the economic activities so much that they had to resort to poor diet, which consequently reduced their invulnerability. When people are unable to afford what they want to eat in terms of quality, they may just eat for eating sake (quantity). According to a 69 years old female interviewee at Alor (Idemili South):

The pandemic has completely changed my lifestyle and livelihood. As I am unable to go out to carry out economic activities, I eat what I see.

This experience had made some of them sad as they continually feared they would have low immunity which would have implications for their mental health. These are great challenges because changing of one's diet is not easy as it can make the individual unhappy and sick. It was not surprising that apart from going through the trauma of no money and change of diet, some of them were also grappling with the problem of how to take care of their family and other relatives who were by culture heavily dependent on them. There is a proverb among the Igbos that says: "Your wealth is not just for only you and your nuclear family but it is for the community of extended family". In other words, it is an abomination in the Igbo culture for one to have enough to eat whilst his/her relatives go to bed hungry. This thought of inability to meet one's responsibilities was found to have created a lot of anxieties in the elderly in the study area. Indeed, this was summed up in the words of a 62-year-old male interviewee at Umuoji, Idemili North) when he said:

The pandemic has affected me in so many ways. First, there were no real economic activities as everyone was forced to remain indoors. Second, I can't sell my goods because I can't go out and third, to make matters worse, relatives affected by the lockdown were always asking for one form of financial assistance or the other. It was just like asking for financial help from a man who himself needed more financial assistance. I was financially helpless myself. The pandemic has made me change my diet because I could not afford certain food that I used to eat before the emergence of the virus.

The above remarks are the dilemma many interviewees confronted, particularly those in business. It, therefore, becomes

traumatic when one is unable to fulfill his or her obligations as the head of the family. This situation was found to have led to emotional and mental stress of some of the interviewees, particularly when their dependent relatives failed to understand their plights as well.

Some of the interviewees stated how self-isolation, the stay-at-home order, social/physical distancing, movement restriction and the general government directives have affected their businesses and social interactions. It was therefore not surprising that many of them lamented about the directives that were aliens to their culture. This is because in Igbo culture, the traditional norms and values encourage people to interact, interrelate and intermingle with other members of the society including his family members. Thus, the living arrangements in which family members, kin and relations lived together in a household promote family solidarity and wellbeing of older adults (Albert and Cattell, 1994; Knodel, 1997). Thus, the Covid-19 Directives imposed by the government had negatively affected these cultural practices, which also had negatively affected the solidarity and the caring structure that preserves the quality of life of the people. Little wonder that their cultural orientation has made it difficult for them to adhere strictly to the Covid-19 safety protocols because they were unknown to them. In the words of 64-year old male interviewees at Abacha community (Idemili North):

These government's directives are alien to us. As an Igbo people, we are not used to living alone or in isolation. These directives have altered our cultural practices and it made me unhappy because I need my people to be around me always just as I also want to be around them. There is an Igbo proverb that, 'A man who has people is richer than the one with silver and gold. Being alone is not a good thing. That was what contributed to the mental health problems of so many of us because we are not used to solitary living.

He stressed further:

Covid-19 directives have also affected our communal setup. We no longer have the liberty of participating fully in children's weddings. There is this fear that such gatherings will expose us to the virus. We can no longer embrace or hug one another without fear of being infected. Nowadays, we see one another as carriers of coronavirus.

Rather than seeing ourselves as one integrated whole, we now see ourselves as strangers who are carrying dangerous weapons.

According to the female interviewee in Alor community of Idemili south aged 63 years old:

To be socially isolated was a very difficult experience I have ever had since I was born 63 years ago. It was not good for my psyche. I thought I was in another planet. It made me moody and erratic as I was entirely blocked from tapping from that strength that comes with a social group. That was why these orders were very difficult to observe because it negates the Igbo cultural practices. In my community here, people would have already hugged themselves before they remember government's safety protocols. Our people say, 'it is difficult to begin to use the left hand in old age'. We are hugging and touching people.

She stated further:

These directives brought frustration, particularly if one is unable to mix up with other people. It also becomes problematic where interactions with loved ones are lacking.

The interviewees were further asked to describe their inner feelings during the Covid-19 pandemic. The major inner feelings identified included anxiety, fear of contagion, uncertainty, helplessness, depression and hopelessness. For instance, a male interviewee aged 64 years old in Abacha community in Idemili North had this to say:

I got worried about contracting the virus each time I woke up. The fear became more whenever a family member had a cold or cough. This is because we were told catarrh and cough are symptoms of Covid-19. I was always emotionally disturbed and at a point, I suffered mild anxiety.

According to a female interviewee aged 62 years at Ogidi community in Idemili North:

The fear of contracting the disease made me restless. Listening to the daily update of the virus made the fear grow worse. During the period, it became a social problem because every member of this

community was always living in constant fear, panic and feeling of uncertainty, particularly when the government announced new infections and the rising death toll in the community.

Yet, another male interviewee aged 63 years old at Umuoji in (Idemili North) stated:

I was always apprehensive because of the uncertainty that one does not know who will be infected next in the community. Fear, sadness, and anxiety were the order of the day in the community because of the rumours that were flying about.

In the words of a 69 years old male interviewee at Oba in Idemili South:

Members of this community were always living in perpetual fear. Social interaction was reduced to its lowest ebbs. This has affected my inner feeling and inner peace because I am usually very worried about my future and the future of the community.

Another major effect of Covid-19 was gender-based violence that was rampant in the study area during the lockdown. In this respect, a female interviewee aged 61 years at Idemili community (Idemili North) stated:

Domestic violence was more rampant during the lockdown and movement restriction. This was as a result of frustration following economic loss, idleness and inability to meet family needs led to domestic violence.

This remark also agrees with those of the UNDP (2020) that “the implication of the economic impact of Covid-19 could cultivate conditions of disgruntlement and social unrest”. Thus, implementing isolation measures without taking regard to the local context can further exacerbate and in some situations, lead to stress disorders, mental health and in some cases protracted violence (ibid.). These feelings were found to have also impacted negatively on the mental health of the studied population. In other words, the effects of Covid-19 on the social fabric in the study area had often resulted in visible cracks where incidences of once socially unacceptable norms

became more frequent. This factor was found to have negatively impacted the social cohesion of the community members.

This section concludes that even though the interviewees believe that Covid-19 is real, they found it difficult to observe the safety protocols because it runs counter to their cultural orientation. In other words, culture played a strong role in people's reaction to the virus.

General Wellbeing

When asked about their general well-being during the period, some of the interviewees said they were not physically sick but mentally weak. They attributed this to the stress that accompanied the virus. Others acknowledged that they were physically down with "malaria fever", cold and catarrh for over two or three months before the interview and these conditions intensified their fear. Yet, others claimed that "the fear of contagion and how the disease kills older people created a kind of anxiety, psychological trauma and mental anguish for them. For these interviewees, fear, panic, unpredictability and emotional disturbances were the burdens they were carrying on their shoulders on daily basis during the lockdown. Some of them argued that their general well-being was not only being physically healthy but mentally strong as well. In the words of a retired Principal (aged 68 years) at Ogidi in Idemili North:

Some of us who are claiming to be generally well may not be well because they may also be suffering from mental disturbance as a result of the way Covid-19 was killing people. The way the virus was spreading and killing people was alarming and traumatic.

It is therefore not amazing that when the question was directed at a 75 years old female interviewee in Umuoji community (Idemili North LGA) and she said:

In the last two months, I cannot say I have been healthy as I have been going through a lot of stress which led to general body pain. One can see me and think all is well. My dear, all is not well. I may be physically okay to you but mentally, I am not. As you know, not allowing visitors or to visit friends and relatives could lead to a mental health problem. I have never experienced this kind of life before.

Yet, another female interviewee aged 69 years in Obosi community added:

I was sick for almost a month and a half. I couldn't really tell what exactly was wrong with me. The feelings were neither here nor there. This is because the news and rumors about the disease made it very difficult for me to cheer up. The period was really traumatic.

On how satisfied and happy they were during the period, the majority of the interviewees maintained that they were neither happy nor satisfied with their living conditions in that period. The 76-year old male interviewee in Oba community (Idemili south) LGA) asked rhetorically:

How could I be happy when people were dying like fowls? How could I be happy when I had lost three of my siblings to the virus? How do you expect me to feel when I do not know where next the pendulum will swing? All these thoughts affect my general well-being.

Correspondingly, a female interviewee aged 69 years at Ojoto community in Idemili south affirmed:

Right now, I am not quite satisfied with my life. This is because I have been living the kind of life I am not used to as a result of the lockdown and other Covid-19 protocols. Keeping me at home really affected my general wellbeing whether physically or emotionally. I am not used to that kind of life.

A 60 year old male interviewee at Ogidi community in Idemili north succinctly summed up these feelings as follows:

Honestly, I am not satisfied with this present situation. I must also confess that I am not happy because for over four months I have been at home doing nothing. Every morning, I wake up with nothing to do. They say time waits for no man. One is just wasting away at home.

Supporting the above statement, a 63 years old female interviewee at Ogidi, Idemili north said:

The fact that I have not been able to do anything meaningful for the past three months is for me an economic setback. This makes me unhappy every day. I am not satisfied with the present life I am living because it has been disrupted by Covid-19 pandemic.

67-year old male interviewee at Nnobi community in Idemili South affirmed thus:

Keeping everybody at home because government wants to keep them safe from Covid-19 pandemic cannot work because many people who restricted from going out to do their business are also dying of hunger. As you can see, there was expression of anger, sadness and anguish among our people.

Furthermore, 73-year old female interviewee at Umuoji in Idemili north expounded thus:

I am not exactly satisfied with my current way of life. The coronavirus pandemic (Covid-19) saddens my heart and I see many people suffering and dying every day. Others do not know what will happen to them next. Everywhere you go; there was fear and apprehension as if something sinister would happen to them.

64-year old male interviewee who referred to Covid-19 as “period of financial embarrassment” said:

Covid-19 resulted in irregular payment of salaries. This was with high cost of living in the country that has made life very unbearable for many. My major concern is that many people are finding it difficult to cope with the situation. While some are living from hand to mouth, others have nothing to eat, In fact, it was a period of financial embarrassment not only to me but to everybody in this community.

The above remarks show that the disruptive nature of the virus and the rumors surrounding the pandemic impacted the general wellbeing of the elderly interviewees either physically, psychologically or emotionally. This is an indication that the virus has a way of having a ripple effect on people even when they are not infected.

Specific Causes of Mental Health Problems among the Elderly

The interviewees were further asked to identify the specific causes of their mental health during the Covid-19 pandemic. Different causes ranging from “anxiety”, “poor sleep quality”, “loneliness”, “psychological stress”, “depression”, “unreliable news about the pandemic”, “poor nutrition”, “boredom”, “fear of Covid-19 infection”, “loss of a loved” to “constant panicking” were identified. For instance, a 68-year old woman at Obosi community (Idemili North) had this to say:

You know we practice an extended family system in Igbo land. This system is such that it encourages closeness among members, thereby reducing the problems of isolation and loneliness. You could see that social isolation has detached people from this cultural practice. Loneliness was a major cause of our mental health problem when the government imposed these directives. This is because, in Igbo land, we are not used to solitary living. Not having anybody to interact and mingle with can make one mad.

This finding is in tandem with Dykstra (1995) and Saba (1997) when they argued that because in the extended family, all family members, spouses, brothers, uncles, aunts, etc., are more likely to serve as confidants, care and support providers, facilitators of social interaction and emotional wellbeing as well as guards against loneliness. In their absence, there is likely to be an emotional breakdown. In another interview, a man, aged 70 years at Ojoto community (Idemili South) also stated:

Throughout the period, I was psychologically stressed up. At a point, I fell into depression. I was anxious about many things. This affected quality of sleep as it became very poor.

Another male interviewee at Abacha community (Idemili North) aged 63 years added:

I suffered boredom during the period. It was a period when I was unable to visit or physically interact or mingle with my friends and family members. This situation created a lot of anxiety, which affected me psychologically.

A female interviewee at Obosi community (Idemili North) aged 72 years affirmed:

My major problem was the continuous hearing of news about the pandemic. Some of them were true while some were not, particularly those that came from unreliable sources. Continuing hearing this news on daily basis from neighbours, radios and television was traumatic. It created a lot of fear and panic within me.

In Oba community (Idemili South) a male interviewee aged 66 years lamented thus:

I fell into depression when I lost my twin brother to Covid-19. Life became meaningless as the only surviving brother I had was taken away by the virus. The thought of his untimely death led to constant panicking and eventually, it affected my mental health.

Besides, a male interviewee aged 70 years at Ogidi community (Idemili North) stated:

To be mentally alert, one needs a balanced diet. This was not so with me during the period because I depended a lot on carbohydrates. Sometimes, I ate once a day. There was no money to buy medication for my ill health. The thought of these hardships affected my mental health.

Strategies Used to Cope with Covid-19 Directives

The interviewees were further asked the best activity for coping with Covid-19 directives they engaged in Covid-19 during the period. One of the retired female bankers at Obosi community (Idemili North) aged 68 years said:

It was difficult staying in one place on daily basis. To avoid boredom, I spent most of my time watching television and some Nollywood films, particularly the one they called African Magic.

In Ogidi community (Idemili North) a male interviewee aged 65 years old affirmed:

To keep fit, I took some exercises in the mornings and evenings. I also engaged in some indoor activities such as playing ludo and draughts and then had light workouts within my compound. I was also taking time to relax and have quality

Sleep.

Correspondingly, a female interviewee at Nnobi (Idemili north) aged 68 years affirmed:

The period allowed me to know God. I used the period to get close to my creator as I was always praying and studying the word of God.

A male interviewee, who was evacuated to an isolation Centre in Akwa, the State Capital explained:

I was admitted into the isolation Centre at Awka for almost two months. When I was there, I was encouraged to reach out to my wife and children for closeness and social/psychological support. This act of my caregivers really strengthened me physically, socially and emotionally as they kept on reassuring me that all would be well. Each day, I was always looking forward to constant communication with family members.

A 65-year-old male interviewee at Alor in Idemili South Local Government also opined:

In the beginning, I had the feeling of uncertainty, fear, panic and all that but when I realized that watching the news and looking at NCDC daily updates upset me and I also realized that having the coronavirus around us could be the new normal, I stopped keeping up with NCDC updates and my inner peace has been restored.

He added:

Also, I was always on a good diet and sleep well too. I was also engaging in constant exercise, reduced listening, or watching unreliable news. I was always getting in touch with my children and my relatives whom I had not spoken to for a long time.

This is an indication that this participant has devised a means of controlling mental health and being in charge of her life. Other participants did not experience fear and panic.

Discussion

In this section, the effects of Covid-19 on the mental health of elderly Igbo of southeastern Nigeria, their general wellbeing, the specific causes of mental health among the elderly Igbo, and the

strategies employed in coping with Covid-19 and its directives were examined. Results presented above show that generally, the mental health of the elderly emanated from their worries, fear of contagion of the disease, loss of loved ones, loneliness, sleeplessness resulting from stress, and inability to intermingle with family members. This situation was compounded by the absence or fewer interactions with family members who are traditionally caregivers of the elderly in African society due to the lockdown and restriction of movement. These factors were found to have contributed greatly to the mental health of the elderly in the study area. This finding corroborated the assertion of Albert and Cattel, 1994; Eboiyehi and Onwuzuruigbo, 2014) that interactions and mingling together of family members in multigenerational households has a way of strengthening the intergenerational relationship. This was possible because in traditional African society, spouses, children, grandchildren, brothers, uncles, and other kin groups are always there to cater to the basic needs of the elderly relatives. However, restriction of movement and physical distancing, for example, were found to have altered these kinship networks during the Covid-19. This was because the number of uncles, cousins, aunts and other members of both the nuclear and extended family significantly declined during the period of lockdown.

The findings on the general wellbeing of the elderly showed that they experienced stress, and weakness of the body which consequently led to discontent. This is a pointer to the fact that they were not in good physical shape and that their general wellbeing was poor. This finding supports Zandifar and Badfam (2020) who claimed that “this kind of disease situation contributes to stress and mental morbidity”. This goes to show that the result of the study even as it came from a different cultural context was still in line with what was found elsewhere, an indication that infectious diseases with epidemic properties may evoke the same physical and general wellbeing reactions across many cultures. This finding implies that the pandemic has the power to make uninfected people sick and when people are sick and they contract the virus, it makes it more devastating.

The study found that the virus also impacted negatively the socio-economic activities and wellbeing not only of the elderly but also of the younger ones, the presumed caregivers and supporters of

the elderly. It was therefore not surprising that some of the interviewees lamented how they have been impoverished by the inability of their children to send remittances thereby buttressing Shigemura *et al.* (2020) that the economic impact of Covid-19 and its effect on wellbeing as well as the likely high levels poverty do cause fear and panic behaviour. Furthermore, the economic effect of the pandemic in the study area was enormous because the people are majorly business people who build their economy and obtain their foods and other necessities from daily business activities. As such, the inability to go out daily for business means no money/earning which is even more devastating than the virus. This could partly responsible for the people's disobedience to the government coronavirus prevention directives. Little wonder that many of the participants lamented about poor means of livelihoods and their inability to obtain certain essential items such as food and drugs as their prices skyrocketed.

The study also found that the general government directives affected not only the business activities but also social interactions. In other words, Covid-19 directives impacted negatively on the communal setup as people no longer had the liberty of participating fully in social activities such as weddings, church programmes, among others. It was not surprising that many of the interviewees complained that the directives were aliens to their culture unlike in the traditional society where the caring structure that preserves the quality of life of members of such society was well pronounced. No wonder, one of the interviewees stated: "Social isolation entirely blocked me from tapping from that strength that comes with the social group". The frustration resulting from economic loss, idleness and inability to meet family needs were also found to have precipitated domestic violence.

The study identified "anxiety", "poor sleep quality", "loneliness", "psychological stress", "depression", "unreliable news about the pandemic", "poor nutrition", "boredom", "fear of Covid-19 infection", "loss of a loved" and "constant panicking" as the major causes of the elderly mental health.

Conclusion

Based on the findings of the study, it has been concluded that the Covid-19 and its protocols negatively impacted elderly mental health in the study area.

Recommendations

Based on the findings of the study, the following recommendations are made as follows:

- Government and other stakeholders should design effective intervention programmes that would alleviate the mental health problem of the elderly during Covid-19;
- there is a need to sensitize the older people about Covid-19 so as not to believe in Covid-19 protocols not only in the study area but in the entire Nigeria communities;
- the government should create awareness campaigns that would help prevent the spread of Covid-19 among older people. This would also help to dispel misinformation about Covid-19;
- mental health support should be provided for the elderly by various arms of government and nongovernmental organizations (NGOs) to be able to cope with Covid-19 protocols and;
- to alleviate the effects of Covid-19 lockdown and restriction of movement, the various arms of government in Nigeria should try as much as possible to give palliatives to the vulnerable group, particularly the elderly who are most affected by the lockdown.

Recommendation for Further Research

For further research, we recommend that the physical health issues of older people that may result from the Covid-19 pandemic should be examined and extended to other Local Government Areas in the State and beyond.

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Mary's Life in a Nursing Home during Covid-19

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ABSTRACT

Covid-19 cases surged across Canada in 2020 with outbreaks erupting in nursing homes numerous times. Nursing homes bear the brunt of the pandemic in Canada; almost half of the deaths from Covid-19 occurring in those aged 80 years and older living in such facilities. The presence of Covid-19 has affected care provision, quality of resident life, and is of serious concern to residents, family members, and staff. This is magnified by the increased complexity and care needs of nursing home residents, which are multifaceted and reflected in individual care and treatment plans that span a range from assistance with activities of daily living to support for those who may be technology dependent.

Keywords: Covid-19, Older adults, Nursing homes, Long-term care.

Mary, 88 years of age, a widow and former music teacher, was diagnosed with dementia a decade ago and admitted into a nursing home 4 years ago. She had faced increasing difficulty in living on her own and her daughter, Sally, was concerned for her mother's safety. Sally visited three times a week and played music for Mary, a reminder for her mother of her joy in music and teaching. Sally was forced to

stop visiting Mary when the facility was closed to visitors due to Covid-19. While some family members visited through windows, Mary's room, which she shared with another resident, was on the third floor, which made any type of face to face interaction with her daughter impossible. As the lockdowns continued, Mary become increasingly disorientated and spent more time in her room. While Mary's original Covid-19 test several months ago was negative, she lost her roommate of 3 years, to the virus. Her favourite staff member was also diagnosed with Covid-19, replaced by a worker who was a stranger to Mary.

Of Canada's population of 38 million people, approximately 18 per cent are aged 65 years or older (Statistics Canada, 2020). The first confirmed death due to Covid-19, which occurred on March 9th, 2020, was a nursing home resident (British Columbia Ministry of Health, 2020). According to the National Institute on Ageing (2020), by 24 November 2020, nursing homes reported 12 per cent of the Canadian totals of Covid-19 cases and 75 per cent of deaths. The high rate of Covid-19 mortality among nursing home residents is due to a combination of factors including advanced age, the presence of multimorbidity, and a high risk of contracting an infection due to multi-bed wards, aggregate living, contact with staff, in addition to an inability to physically distance and practice hand hygiene due to cognitive and functional limitations (Chow *et al.*, 2020; Guan *et al.*, 2020; Ng *et al.*, 2020). Within the nursing home population, about one-third of older residents under the age of 80 have a dementia diagnosis. The proportion increases to 42 per cent for those 80 and older according to an analysis conducted by the Canadian Institute for Health Information (-). Older adults with dementia have a different disease trajectory and symptoms for Covid-19 with higher mortality rates than those without dementia (Bianchetti *et al.*, 2020). Regardless of a dementia diagnosis, advanced age, or substantive functional decline, we need to remember that each of these residents, such as Mary, are people, individuals, many with families, and are worthy of care and protection during pandemics such as this one.

Background

Canada uses different terms for the various types of long-term care facilities, including continuing care, personal care homes, residential care, and nursing homes. These facilities share a common characteristic in that they provide living accommodation for individuals who require on-site delivery of 24 hour, 7 days a week, supervised care. Provided in these facilities is skilled nursing care and other professional health services, personal care, and services such as meals, laundry, and housekeeping. In these facilities, registered nurses and licensed practical nurses provide the skilled component of nursing care. Unregulated health care aides (i.e. certified nursing assistants, nursing aides, health care workers, nursing assistants, personal support workers) provide up to 80–90 per cent per cent of personal care in these same facilities (Hewkes *et al.*, *et al.*, Song *et al.*, 2020). Care aides have limited formal training for their role (Boscart *et al.*, 2017; Zysberg *et al.*, 2019). They experience burnout (Kim *et al.*, 2019), job dissatisfaction (Squires *et al.*, 2015), poor mental and physical health (Hoben *et al.*, 2017), receive low pay (Hussein, 2017), may work in hostile environments (Song *et al.*, 2020; Zysberg *et al.*, 2019), and sometimes work at multiple sites (Duan *et al.*, 2020a). At the same time, nursing homes often experience low retention of these same workers (Kennedy *et al.*, 2020).

The needs of nursing home residents are increasingly multifaceted, reflected in complex care and treatment plans that span a range of needs from those requiring assistance with activities of daily living to those who may be technology dependent. Newly admitted residents are more likely to be of an advanced age with complex medical conditions and care needs (Ng *et al.*, 2020; Rosenberg *et al.*, 2019). Admittance to a nursing home is often accompanied by a loss of daily life activities which had previously provided meaning and purpose. All these factors influence the physiological, psychological and social care needs of older residents. Duan *et al.* (2020b) reported that residents experiencing higher depressive symptoms and poorer physical and sensory function were more likely to report unmet needs. Similar findings about resident needs being unmet have been identified by other researchers including Chamberlain *et al.* (2020), Brink *et al.* (2018), and Olsen *et al.* (2016). Quality resident care requires staff who

have the appropriate attitudes, knowledge, and skills required to deal with the complex and fluid needs of residents.

Families often continue to play an important role in identifying and addressing residents care needs post admittance into a long-term care facility. A review of the literature identified that families continue to visit and provide various forms of assistance to their older members in nursing homes. Powell *et al.* (2018) reported that families were involved in the timely detection of changes in their older members' health through noticing signs of changes in health and informing care staff about these changes. While, Fetherstonhaugh *et al.* (2020) wrote about the advocacy work of families within these facilities to ensure that the needs of their older family members are met.

The ongoing Covid-19 pandemic has disproportionately affected older adult living in nursing homes. The most significant societal change in these facilities due to the pandemic has been termed "social distancing". To respond to Covid-19, nursing homes have implemented social distancing, or social isolation, defined as the objective state of having few social relationships or infrequent social contact with others (Simard and Volicer, 2020). As an important infection control strategy, it stops families and friends from in-person contact with the resident because the movement of visitors, staff, and residents may establish a transmission route with the outside community (Kemenesi *et al.*, 2020). However, the normal routine of residents has been abruptly changed by social distancing, and other the measures taken to counter Covid-19, such as activity restrictions. Nonessential events including as outings, entertainment, and craft activities have been cancelled, and communal dining is restricted. These restrictions are designed to reduce physical and social contact among residents and staff.

Participating in social activities provides older residents with opportunities for increased physical and sensory functioning, and interactions with others. Unfortunately, individuals in prolonged social isolation experience a sense of disconnection and loneliness, which increases risks for physical and mental decline, emotional despair, and death (Cacioppo *et al.*, 2015; Morley and Vellas, 2020). Researchers have documented that social distancing and social isolation practices impose a significant social and emotional cost on

residents (Barnett and Grabowski, 2020), especially for those with cognitive impairment and dementia (Edelman *et al.*, 2020). Because of the no-visitor and social distancing policies, residents have not been able to spend time with their families, or friends in nursing homes (Barnett and Grabowski, 2020), which put them at high risk of loneliness (Morley and Vellas, 2020; Simard and Volicer, 2020). Such feeling of loneliness may have deleterious consequences, such as hypertension, depression, suicidal thoughts, excessive worry or concern, and anxiety (Gerst-Emerson and Jayawardhana, 2015; Haj *et al.*, 2020; Simard and Volicer, 2020).

In addition, residents may experience fear or anxiety because of reduced contact with staff whose workload increased during the pandemic (Chen *et al.*, 2020). Most residents are aware of their own vulnerability and that nursing homes are dangerous during the pandemic. In a congregate living setting, residents cannot obtain enough safe accommodation and keep social distance from others who are potentially infected by Covid-19 (Jackson *et al.*, 2020). Consequently, preventing loneliness and meeting emotional needs are as important as providing residents assistance with personal hygiene activities or nutritional needs.

Mary's Life with Covid-19

Mary's life in the nursing home has changed since the emergence of Covid-19. Some of the challenges that she experienced prior to the pandemic are magnified and others are new. Restrictions introduced in response to the pandemic led to the increased risk of deconditioning in older residents (Di Lorito *et al.*, 2020), such as Mary. Several factors have placed Mary at high risk for deconditioning. These include increased age, presence of multiple comorbidities, cognitive deficits, poor mobility/use of a gait aid, depression, and deficits in basic or instrumental activities of daily living (Jerez-Roig *et al.*, 2017).

Mary has dementia. The diagnosis of dementia, especially in the most advanced stages, represents an important risk factor for mortality in Covid-19 patients. Bianchetti, *et al.*, (2020) assessed the prevalence, clinical presentation, and outcomes of dementia among subjects hospitalized for Covid-19 infection. They reported that the clinical presentation of Covid-19 in subjects with dementia is atypical,

reducing early recognition of symptoms and hospitalization. This places Mary at possible risk of a misdiagnosis, delayed treatment, and of increased risk to other residents of the nursing home if she gets COVID and it goes undetected.

Mary's daughter, Sally, early in the pandemic, and during subsequent lockdowns, was not able to visit her mother. Even since nursing homes in Canada have re-opened slightly, visitors are limited, and appointments must be made for family to visit. Sally is not able to visit multiple times each week. As a result of the pandemic, Mary experiences a pervasive sense of grief and loss including the loss of physical contact with her daughter and other residents, the loss of her roommate to COVID, the loss of contact with familiar staff members, the loss of confidence in care staff to be responsive to her needs, and the loss of familiarity with the routines of the nursing home in which she resides. The loss of relationships with significant others, such as her daughter and her roommate, is impactful to her overall wellbeing. Kale *et al.* (2019) in their study of residents' perspectives on their relationships with others reported that the cultivation of social relationships is central to promoting well-being in nursing homes. These relationships encourage residents, family members, and staff to be valued as unique persons and empowered as partners in care. The isolating constraints of social distancing heighten awareness that connections with others are vital to thrive. Kaufmann and Engel (2016) reported in their study of residents of a dementia special care unit that participants spoke about the importance of relationships and gaining comfort through human contact.

Social relationships are significant to Mary's health. Yet, Mary must be protected from contact with other individuals to reduce the risk of infection. Implementation of some of the strategies explored to help Mary included the use of videoconferencing and other on-line formats for interaction. For someone like Mary, this is a challenge as it requires the help of staff, who are working with reduced numbers in a challenging environment.

Another challenge faced by Mary is boredom due to the restrictions imposed within the facility due to COVID. Through focus groups and interview, Popham and Orrell (2012) asked to what extent the care home environment met the requirements of residents with

dementia. They reported that participants wanted more social interactions. While Tak, Kedia, Tongumpun, and Hong (2015) found that dementia residents wanted to take part in activities to socialising with others. Mary enjoyed listening to take music with her daughter. She lost this experience because of COVID restrictions. Gallego and García (2017) initiated a music therapy program for older adults with dementia. Forty-two individuals with mild to moderate Alzheimer disease underwent music therapy for 6 weeks. Significant improvement was observed in memory, orientation, depression, and anxiety. Similar findings were reported in a meta-analysis by Li *et al.* (2019). Their analysis confirmed that music therapy interventions can effectively reduce depression in people with dementia. The implication is that a lack of music, or other forms of activities and engagement with others, may contribute to further emotional and cognitive decline in Mary.

Shaping Mary's Future

What will Mary's future look like? Given the information arising out of the Covid-19 pandemic, it is undeniable that nursing homes need to be reconceptualized. The fundamental building blocks of long-term care: accommodation, meals, basic personal care, and medical care must be re-imagined in innovative ways to meet the needs and preferences of older residents. One advocated strategy is to include residents and their families in the re-imaging process (Hendriks, 2019). For residents, nursing homes are indeed their homes and must be viewed as such. The designs of spaces, both private and public, within the nursing homes impact residents' sense of home by meeting their needs for privacy and social interaction. Wada *et al.* (2019), in a Canadian study, reported the features of the physical environment are foundational for the emergence of social and personal meaning associated with a sense of home. They noted that reduced size of facilities better promotes the well-being of daily life for older adults with dementia.

As the current COVID pandemic has clearly illustrated, re-imaging of nursing homes must include crisis management, including infection control, strategies. Crowding in nursing homes is common and must be avoided to prevent the rapid spread of an

infectious disease and could reduce further Covid-19 mortality. These interventions include: (1) identifying maximum room occupancy at 2 for incoming residents, (2) creating temporary overflow capacity, to assist with the management of ongoing outbreaks, (3) adapting existing nursing homes, by converting multiple occupancy rooms into single ones, and (4) facilitating the development of new nursing homes with single occupancy rooms, to re-establish long term care capacity and improve safety for future residents.

As demonstrated by the Covid-19 pandemic, a strong infection prevention and control program is critical to protect residents, their families, and nursing home staff. A lack of personal protective equipment places the resident, their family members, and facility staff at high risk of both contracting and transferring potentially harmful viruses.

Solving the nursing home workforce crisis is closely linked with securing robust and sustainable funding for nursing homes. New federal and provincial dollars are urgently needed to tackle the nursing home workforce crisis so that Covid-19 pandemic conditions can be effectively managed and improve the quality of care, and quality of resident life for those living in nursing homes. Making nursing home care a career of choice for registered nurses and other professional health care workers is necessary to meet the current and future demand for high-quality services for older residents. Chronic under staffing, stress, burnout, and less than ideal working conditions are barriers to recruitment and retention (Quality Improvement Organizations, 2019), especially for health care aides. One concrete action arising from the pandemic, is higher compensation for direct care workers. During the pandemic, provincial governments aided by federal funds and individual employers implemented hazard pay for direct care workers in recognition of their essential frontline role. This temporary measure needs to become permanent. Other workforce measures introduced during the pandemic, for example streamlined hiring and orientation procedures, new recruitment approaches, and technology-based training activities should be reviewed for insight about how to improve recruitment and retention of personal care aides in the future.

Support for education for all levels of staff is essential, but arguably most needed for health care aides. Supporting residents with Alzheimer's disease and other dementias is a core tenet of nursing homes, reinforcing the need for both effective interpersonal and sound psychomotor skills to address the many and diverse needs of residents. Yet, due to COVID the need to understand infection control practices is also essential. Skill development can contribute to job satisfaction for personal care staff, thereby improving health outcomes for older residents. However, workforce development must be supported by government regulations and adequate oversight.

Research supports the opinion that older adults are increasingly adopting and using technology in their lives. However, those in residential care have limited use, and limited access to communal or individual resources. Digital engagement resources need to be placed on adopting technology-based options to connect residents with those important to them using both synchronous and asynchronous forms of communication. However, staff will require education to facilitate this strategy to enhance social interaction for older residents. These are but a few of the areas where change is occurring and hopefully will continue to do so

Conclusion

The Covid-19 pandemic has forced nursing homes to change the way in which older residents live within them. For individuals such as Mary, the Covid-19 pandemic has created new challenges in daily living, and erected barriers to receiving the physiological, psychological, and social supports necessary to maintain her health and wellbeing. Health care professionals need to view our current pandemic experiences as an opportunity to assess our responses, identify lessons learned, and develop strategies to address the complex needs of older adults living in nursing homes. Positive changes in nursing home care would not only reduce the frequency and severity of infectious outbreaks, such as COVID, but more importantly perhaps prevent deterioration in individuals such as Mary and improve her quality of life.

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Indian Journal of Gerontology

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Emotional Concerns of the Elderly During Coronavirus Pandemic in India

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ABSTRACT

The present study aimed to understand the emotional concerns of the elderly during the pandemic situation in India. An online survey using google form was conducted for the collection of data. A sample of 135 educated elderly (Male= 84; Female=40 and 5 respondents did not mention their gender) age varying from 60 years and above, was selected for this research through snowball sampling techniques. The findings revealed that the elderly experienced multiple difficulties during the coronavirus pandemic which included arranging for essential medicine, access to hospitals, transport services for visiting hospitals, managing household chores, and arranging necessities. In comparison to females, managing day-to-day life was much difficult for the male elderly. Females experienced higher emotional concerns than males. The fear of death and anxieties about coronavirus were high among females. In comparison to the young elderly, the older or the oldest old experienced more stress. The study recommends that emotional interventions must focus on female elderly to help them feel at peace. The elderly between 65–70 years of age need more emotional support and care to adapt to the changing life situations. Thus,

human service professionals must focus on psychosocial interventions for the elderly between 65–70 years as they are more vulnerable to disturbing emotions.

Keywords: Elderly, Emotional concerns, Coronavirus, Pandemic

The pandemic caused due to the coronavirus has affected all sections of society worldwide. As of 11th September 2020 corona cases around the world crossed the 28 million mark, the USA being the most affected followed by India and Brazil¹. Unfortunately, cases are increasing very fast in India and we have over crossed Brazil. In July, India was the 3rd most affected country in the world due to the corona pandemic with more than 879 thousand confirmed cases (Elflein J. 2013), but a tremendous upsurge is registered in India in the last two months. The pandemic situation has brought negativity, anxiety, and a series of concerns about life and livelihood. Research conducted in Italy, one of the worst affected countries in May has confirmed a high level of stress, anxiety, and depression among the general population (Barari S, *et al.*, 2020). In India, situations may be more aggravated due to a range of complex factors like huge population, scarce resources, loss of income for many families, poverty, and a sudden forced change in the lifestyle of all the people. Further, small houses and congested slums in many parts of the country leave no room for physical distancing and quarantine provisions. People are scared and living in constant fear of infection. Over and above, the health care system is heavily burdened in our country. People do not want to visit their doctors for existing medical conditions for avoiding the risk of contracting corona infection. This has further deteriorated their health condition and aggravated worries about health.

Though people of all age groups are at health risk due to the novel coronavirus, the elderly are the most affected all over the world due to existing co-morbid conditions, declining health, and weak immune system. The observational studies highlighted that factors like old age, male gender, and underlying diseases like heart, lung, and diabetes increased the risk of complications and death Finacial Express. (2020). The ministry of health in India has confirmed that of all the deaths due to the coronavirus about 53 per cent were above 60 years of age Banerjea A. (2020). Research has evidence that the risk of anxiety and depression increases for the elderly if they experience social disconnect

Armitage R, and Nellums LB. (2020). Research conducted in China to understand the psychological impact of Covid-19 among the elderly revealed that 37 per cent of the elderly participants experienced depression and anxiety (Meng H. *et al.*, 2020). The study revealed gender differences in the emotional reactions of the elderly and confirmed that women experienced more anxiety and depression than men (Ibid.). Social media and news channels had flooded news about the elderly being at higher risk of covid infection which may infuse serious anxiety, fear, irritability, and stress among them (Dubey S, *et al.*, 20202). During the pandemic situation, the delivery of required medicines and the inability to maintain pre-scheduled check-ups or follow-ups became serious concerns for the elderly (Ibid.). Thus, it necessitates the need to understand the emotional concerns of the elderly during the pandemic situation.

Methods

The researchers used a google form survey for data collection as this is quick and does not require any physical contact. The confidentiality and anonymity of the participants were ensured giving them a comfortable space to share their concerns. Data were collected during the 3rd and 4th phases of the lockdown period, i.e. month of May 2020. Google form link was shared through WhatsApp groups and social media platforms. The online survey could be completed with the use of a personal computer, laptop, tablet, or smartphone. The average time to complete the survey was calculated to be 8 minutes during the pre-testing phase. The Snowball sampling technique was used in the selection of participants from the different parts of the country. A total of 135 respondents' data was used for the analysis of the findings in this research. Data was imported to MS Excel and analysed using frequency distribution, percentages, graphs, and descriptive statistics. Further, Statistical analyses were conducted using SPSS software version 20 (SPSS Inc., IBM, USA). Since the elderly were considered a heterogeneous group so the researchers attempted to present the analysis based on age group strata.

Results

A total of 84 males (62%) and 46 females (34%) participated in the survey (figure 1). Five respondents chose not to respond to the gender

question. Maximum participation by both males and females was seen in the age group 60–70 years. The 70–75 years age group received participation mainly from males as only single females participated from this age group.

The majority of the participants (44%) in this sample were postgraduate, followed by graduates (27%). A small proportion (6%) had a doctorate. Few participants even had professional qualifications which included air force graduation, ACMA courses, engineering, chartered accountancy, and counselling in education. All in all, a very big majority of this sample (81.4%) were either graduates or had a higher educational degree. The majority of the respondents (82%) were married and had a living spouse. A small proportion (16%) lost their spouse and another 2 per cent were divorced/separated. A very big majority (68%) of the participants in this survey were from Delhi, while 19 per cent were from NCR (Noida, Ghaziabad, Gurugram) and another 11 per cent were from other states which included Maharashtra, Uttarakhand, Punjab, Gujrat, Tamil Naidu, Karnataka, Haryana, and Uttar Pradesh. Overall, this sample represents well-educated elderly from Delhi NCR, having a living spouse.

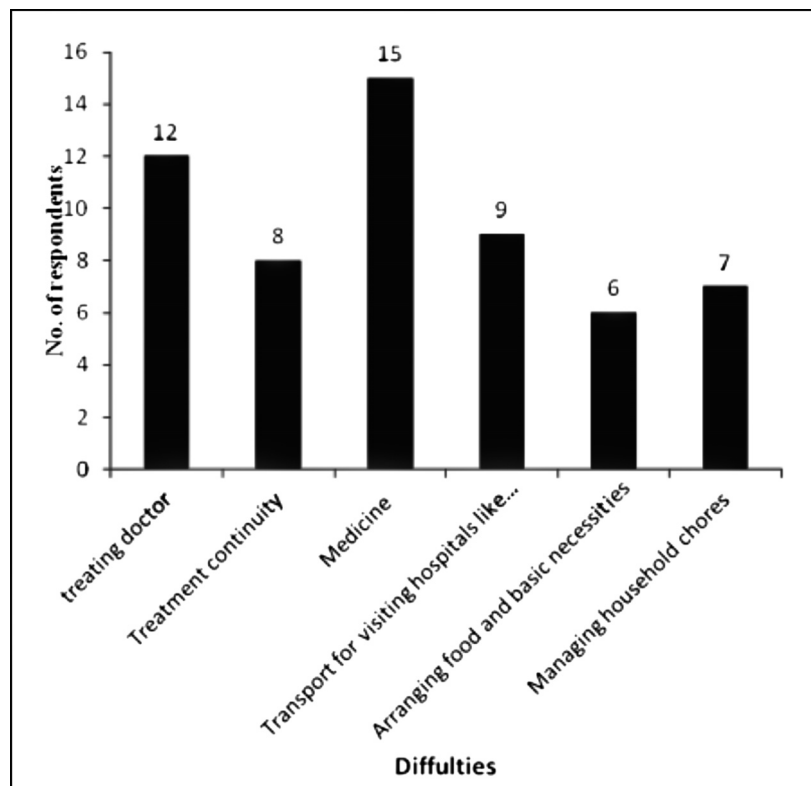
Health Concerns

The most common health concerns experienced by the elderly were blood pressure (44%), diabetes (30%), and joint problems (20%). In addition to health concerns shown in figure 3, nine respondents had other health problems too which included thyroid, backache, enlarged prostate, and respiratory complications. It is important to mention here that 23 per cent of the sample did not have any health concerns. Among such elderly 9 were women, i.e. 19 per cent of the total women participants and 23 were male, i.e. 27 per cent of the total male participants in this study did not report any health concern. A big majority of the elderly did not require any medical help during the lockdown. Among those who needed medical help, 16 were male while 9 were female. Comparing this with the total number of males (16/84) and females (9/46) in this sample, an equal percentage of males and female, i.e. 19 per cent required medical help during the lockdown period.

Nature of Difficulties Experienced During the Lockdown

The elderly were asked if they experienced any difficulties to manage their day-to-day life during the lockdown period. Though a big majority of the elderly did not experience any difficulty a total of 27 people, 10 females, and 17 males responded that they faced difficulties during the lockdown. All of them experienced multiple difficulties. In order of rank, these difficulties were: arranging for essential medicine, getting access to treating doctor or treatment provisions in hospitals, transport services for visiting hospitals like cabs/ambulances, treatment continuity, managing household chores, arranging food, and basic necessities.

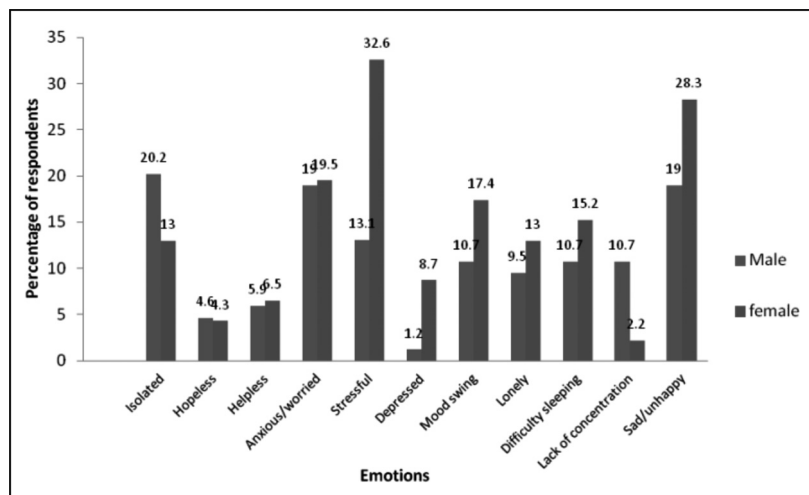
Figure 1
Nature of difficulties experienced by the elderly



Emotions During Lockdown

A total of 29 males (36.25%) and 13 females (26%) did not feel any disturbing emotions, the rest of all the respondents (63.75% male and 74% female) faced either one or multiple emotional concerns. The most common concerns reported by the elderly in order of rank were: feeling sad/unhappy, being stressed, anxious/worried, isolated, mood swings, difficulty sleeping, and loneliness. Emotional concerns reported by a female were higher than those experienced by male (figure 5). Hopelessness, helplessness, and being anxious were experienced almost equally by both genders. Lack of concentration was mainly reported by the male as only one female felt so. It is important to note that though more females than males had reported disturbing emotional concerns none of the males above 80 years of age felt any emotional concerns.

Figure 2
Emotional concerns of the elderly during the lockdown



The pandemic of coronavirus and associated measures of lockdown restricted the people to their houses and introduced a forced change in their lifestyle. So, in addition to the above emotions, we asked the elderly if they felt stressed, fear of death, insecurity about

life, worried, and uncomfortable about going out of their house for essential tasks.

A total of 62 elderly (45.9%) felt that the corona pandemic put extra stress in their life, while 31 respondents (22.96%) were not sure of any extra stress in life. Only 42 respondents (31%) felt that extra stress had not been brought in their life due to the pandemic. A very big majority (67.4%) did not fear death due to the coronavirus. Only 18/135 elderly (13.33%) felt fear of death due to the coronavirus. Another 26 elderly (19.25%) were not sure of their answer so responded: "maybe". Fear of death was found more among females (18%), in comparison to males (8.75%). Among those who feared death 37.5 per cent were in the age group 75–80 years of age which was highest among all the age groups.

Table 1
Age group-wise emotions of the elderly

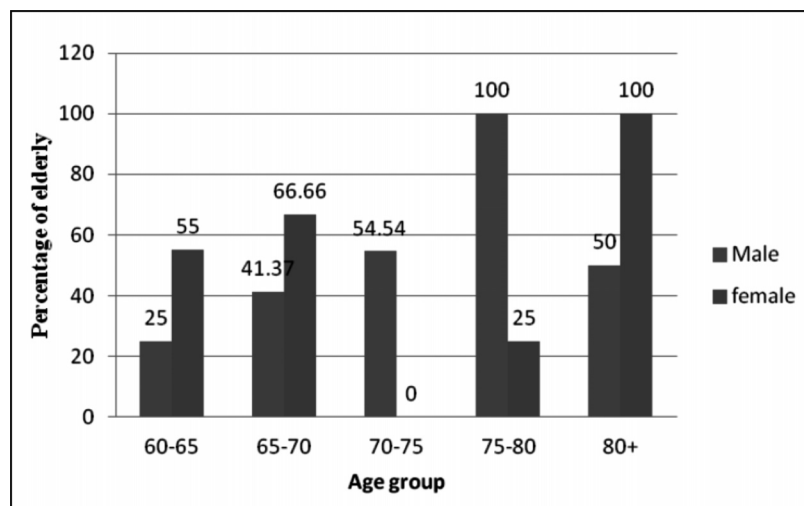
<i>Age group</i>	<i>Feeling Insecure (% in given age group)</i>	<i>Uncomfortable going out (%in given age group)</i>	<i>Worried (in given age group %)</i>
60–65	59.61	53.84	34.61
65–70	53.61	44.68	51.00
70–75	65.21	56.52	52.17
75–80	77.77	11.00	55.55
80+	100	50.00	75.00

A total of 82 elderly (60.74%) felt insecure about life either for themselves or their family members. We studied which age group of elderly felt more insecure and the same is presented in table 3. Data suggests that almost 60 per cent of respondents in the age group 60–65 years of age felt insecure due to coronavirus. The sense of insecurity though was a little less in 65–70 years of age (53.61%) but it was comparatively very high in advanced age groups. Almost 65 per cent of people in the age group 70–75 years felt insecure and 78 per cent of the elderly in the age group 75–80 years of age felt insecure, while all the elderly above 80 years of age felt insecure for their life (table 1).

A total of 68 elderly (47%) were not comfortable going out of their home for routine shopping and walk. The highest proportion of these elderly belonged to 70–75 years of age while people below 70 and

above 75 years of age were not as uncomfortable going out. Almost half of the sample (51.11%) was worried either about their life or family members' life due to the coronavirus. A total of 31 respondents (22 male and 11 female) were not sure if they were worried so they responded: "maybe". The percentage of elderly being worried about their life increased as they aged (Table 1).

Figure 3
Elderly being worried due to coronavirus



Gender differences were observed among the elderly being worried due to the coronavirus (figure 6). In comparison to males (45%), more females (52%) were worried about getting infected with the coronavirus. Female in the age group 60–65 (55%) and 65–70 (66%) years were more worried in comparison to above 70 years of age (25%). However, in the oldest old (80+) category all the females were found to be worried about being infected. We found that a single case of 80+ elderly was not worried, this may be because he was living alone and had no pending responsibility. A high percentage of males (62.5%) felt at peace while only 44 per cent of females felt so.

Emotional Concerns, Age, and Family Size

To check if the emotional concerns of the elderly were related to their age and family size, a t-test was performed and presented in table 4. We studied if the coronavirus crisis has put extra stress in their day-to-day life, gave them insecurity of life, making them worried, uncomfortable for going out of their homes, and induced fear of death. Statistical significance of these variables with age and family size was tested to assess if the age and size of the family play a role in the emotional concerns of the elderly. Table 4 shows that stress was significantly related to the age of the elderly ($p = .005$). This suggests that the coronavirus crisis has put extra stress in the day-to-day life of the elderly which is significantly related to their age suggesting that in comparison to young elderly the older or the oldest old experienced more stress. Other concerns namely insecurity and being uncomfortable in going out of the home were though statistically related to the family size of the elderly these were significant at $p < .10$. Since this significance level is not considered quite strong and there are chances of type II error so we did not accept the relations of the family size of the elderly with their insecurity and discomfort for going out.

Table 2
Statistical analysis of emotional concerns with age and family size

Emotional concerns		Age			Family size		
		Mean (SD)	t	p	Mean (SD)	t	p
Stress	Yes	67.57(5.67)	2.849	.005**	4.28 (2.80)	1.188	.238
	No	64.59 (4.52)			3.57 (2.82)		
Fear of death	Yes	67.66(5.35)	1.005	.317	3.61(2.72)	-0.556	.579
	No	66.32(5.12)			4.01(2.79)		
Insecurity	Yes	65.71(4.57)	-1.37	.172	4.37(2.85)	-1.68	.09
	No	67.03(5.94)			3.54 (2.72)		
Uncomfortable	Yes	66.57(5.63)	0.171	.865	3.38(2.66)	-1.638	.10
	No	66.38(5.45)			4.30(2.97)		
Worried	Yes	67.07(5.74)	0.924	.358	4.46(2.47)	1.141	.256
	No	66.02(5.42)			3.84(3.05)		
Peace	Yes	65.90(4.68)	-1.368	.174	3.69(2.75)	-1.711	.09
	No	67.98(6.59)			4.92(3.75)		

Emotional concerns of the elderly were related to gender to check if there is a statistically significant difference in emotional concerns of the male and female elderly. A Chi-square test was performed to assess the statistical significance of emotions with binary variables namely gender. Fear of death is statistically significant with gender ($p = .036$) confirming that more females experienced a fear of death as compared to males (table 5). The other emotions like insecurity and being worried presented weak statistical significance with gender ($p = .08$). Since the calculated value of $p (= .08)$ is not considered strong and leaves high chances of type II error, so we did not accept the hypotheses that insecurity and being worried were high among females than males. Thus we recommend testing insecurity and worrisome in a bigger sample study. Stressful feelings induced due to the coronavirus among the elderly were compared with their family size. Elderly living in very large families (more than 8 members) or small-sized families (less than 4 members) felt extra stress in their life as compared to those with medium-sized (5–6 members) families. It is interesting to note that only 25 per cent of the elderly living alone felt extra stress in their life. This suggests that they got adjusted to living alone and managing themselves and don't have close family members around with whom they are emotionally attached. Thus, any sudden change did not give them stress. A total of 82 respondents felt insecure about themselves and their loved ones. We checked if the size of the family is a predictor of insecurity. The mean family size of those feeling insecure was 4.37 and those not feeling insecure were 3.54. Though insecurity and family size were negatively related ($p = .10$), relating smaller family sizes with a higher level of insecurity. But statistically, any value of $p > .05$ is not considered strong evidence so we recommend studying this relationship in a bigger sample for checking its statistical significance at the accepted level.

Table 3
Statistical analysis of emotional concerns with gender

<i>Gender</i>	<i>Chi-square</i>	<i>P-value</i>
Stress	2.118	.492
Fear of death	9.24	.036**
Insecurity	4.922	.085
Uncomfortable	3.228	.070
Worried	7.376	.08
Peace	6.147	.148

Changes in Daily Routine

A big majority of the elderly both male and female were able to concentrate on their daily routine like yoga, meditation, walk, and prayers. In comparison to males, more female could maintain their daily routine. But during the pandemic period, the elderly had to discontinue some of their routine activities for avoiding risk to their health. These activities were (i) essential & health-related tasks, (ii) religious & social (iii) leisure (box 1). The main activities under these heads included going out of home for a walk, marketing, essential medicines, visiting a bank, library, temple, driving, therapy sessions, attending religious gatherings, meeting friends, relatives, traveling, dining out, watching a movie, newspaper reading and playing golf. The Elderly also experienced a few positive changes in their life which they took as blessings in disguise. This included giving up tobacco chewing habits, cutting off unnecessary shopping, and relaxing at home with the family like never before.

Box 1

Activities discontinued due to pandemic situation

<i>Essential and health-related activities</i>	<i>Religious and social</i>	<i>Leisure</i>
• going out of home, • marketing, • routine walk, • visiting bank, • visiting the library, • Driving • Bringing essential medicine from a dispensary, • therapy sessions	• visiting temple, • attending kirtan (religious gathering), • group prayers, • sitting on dharna and protest	• group yoga, • meeting friends, • traveling, • playing golf, • dining out, • movie watching, • newspaper reading

Discussion

The coronavirus crisis is unprecedented in the history of mankind. The coronavirus pandemic may be particularly dangerous for certain groups like the elderly and people with chronic diseases (Rao, S., *et al.*, 2020; Mertens, G., *et al.*, 2020; Daoust, J.F., 2020). The

scientific community yet does not have strong evidence to handle concerns of the different target groups (Pieh C., *et al.*, 2020). The present research is an attempt to understand the emotional concerns of the elderly people in India during this pandemic phase so that appropriate services can be planned for them. In this study, the sample was mainly dominated by male gender: the approximate ratio between male and female respondents was 2:1. However, in other countries females formed a major part of the online survey (Meng H., *et al.*, 2020; Mertens G., *et al.*, 2020; Pieh C., *et al.*, 2020). This suggests that in India, males are friendlier with technology and the use of smart devices than females. Thus, we need to have a women-focused programme for digital literacy making them friendly with technology and the use of smart devices. A very big majority of our sample (81.4%) were graduates or those with even higher educational degree. Secondly, this sample had a high majority of elderly from Delhi NCR (87%). This limits the generalization of our results to a wider population and warrants the directionality to the highly educated and Delhi NCR population. Only a very small percentage (15%) was currently engaged in work either as continuity of their services or as a second career option. In almost half of the cases, young adults were the main earning members in the family leaving the elderly in the dependant role. Thus, provisions of active ageing or second career option for the elderly as propagated by the National Policy for Senior Citizens (GOI 2011) is not appropriately realized even for educated elderly in metropolitan cities. The situation may be worse in small cities or rural areas. The average monthly income of the family was 74 thousand and the average family size was 4 members. Thus, the average per capita expenditure in the family was calculated to be 18 thousand, but we could not generate any evidence of the distribution of income resources in families. The National Policy on Senior Citizens had a goal for an age-integrated society (Ibid) but unfortunately, we could find only 1/3rd of the elderly living in three-generation families. This suggests that goal of the age-integrated society is very far away to achieve. Since 18 per cent of the elderly were not living with their spouse, it suggests elements of marital disharmony in old age. Thus, human service professionals

need to initiate programme on family cohesion and marital harmony in old age.

In our study, the most common health concerns experienced by the elderly were blood pressure (44%), diabetes (30%), and joint problems including arthritis (39%) and heart disease (14%). These concerns were reported as the most common health issues of the elderly by other studies too which were conducted in urban settings in a different part of the country (Kerala State Planning Board, 2009; Srinivasan K., *et al.*, 2010; Ramachandran, 2013). While in rural settings, joint problems, fatigue, vision were the most frequently reported health problems (Bhaskaraiah, and Murugaiah, 2013; Bhardwaj, and Bhardwaj, 2016). This suggests that the health problems of the elderly are not uniform in urban and rural settings and our sample is truly representative of the urban population. Almost one-fourth of the total sample (23%) did not report any health problem, among them a big majority were male. It is interesting to note that till age 70 equal percentage of males and females responded to having no health complications. But we observed a stark difference in the health concerns of males and females after 70 years of age.

All the women without any health concerns (9) were between 60–70 years of age except one who was 75 years old. This suggests that the probability of having no disease till 70 years of age among women is 1 out of 9. While among 23 males who had no health problems, 8 were above 70 years of age. This suggests that among the males probability of having no health concerns till age 70 is 1 out of 3 approximately. This trend indicates that more males than a females can live a long life without any health concerns after 70 years of age and this ratio is almost 3 times higher in male than female. Thus females may report more health concerns after 70 years of age in comparison to males. A previous study also reported poorer health status of females than males in India (Bora, and Saikia, 2015). Previous evidence also suggests that despite illness more men felt that they had a better health condition as compared to women (Rao S, *et al.*, 2020).

A total of 19 per cent of the elderly required medical help during the lockdown period. Male and female requirements of medical help differed based on their age. We found that below 65 years of age, the proportion of males and females requiring medical help was almost the

same but a sharp difference was noticed after 65 years of age. In the case of females, the probability of requiring medical help after 65 years of age became double in comparison to below 65 years of age, while for male the probability was threefold higher. This suggests that male elderly above 65 years of age need more frequent follow-up even if they do not report any health complications as for them medical emergencies may arise more spontaneously in comparison to females.

A big majority of the elderly though did not face any major difficulties during the lockdown period but 20 per cent of the elderly experienced multiple difficulties. More males than females experienced difficulties like accessibility to the doctor, treatment provisions, essential medicine, transport services like cabs/ambulances for visiting hospitals, managing household chores, arranging food, and basic necessity. We studied the problems experienced by the elderly about their family size. We found that arranging food and basic necessity was a problem either with very small families (2 or fewer members) or large families (8 or more members). Medium size families (3–6 members) did not face problems with arranging food or basic necessity. Similarly managing household chores was a problem in families with less than 2 members. This suggests that the elderly who were staying alone really had a tough time managing the household while large families (more than 8 members) did not experience difficulty with the household as it might be taken care of by young generations. Problems like accessibility to the doctor, treatment, medicine, and transport were uniformly experienced by the elderly irrespective of family size. We recommend that NGOs must come forward to take up this challenge and appoint care workers for extending help to the elderly for managing household chores especially to those living alone. Since access to treatment and medicine was a uniform problem with the elderly irrespective of family size, so we suggest training the elderly for online consultation and booking medicines online.

A very big majority of the elderly (60%) in our study reported disturbing emotional concerns, while a study conducted in China revealed that only one-third of the elderly population had disturbing emotional concerns (Qiu J., *et al.*, 2020). Another study showed

decreased mental wellbeing among the elderly (Banerjee, *et al.*, 2020). A stark gender difference was seen in the emotional responses of the elderly to the pandemic situation. The most common concerns reported by a male in our study were feeling isolated, anxious/worried, sad/unhappy, and stressed, while females reported being stressed and sad/unhappy more frequently than feeling isolated and anxious/worried. Our study demonstrated gender differences among the elderly for being worried about coronavirus infection. In comparison to males (45%), more females (52%) were worried about getting infected with the coronavirus. These findings support results from other countries too including the US, Western Europe, and China where women were found to experience more emotional concerns than men even though the difference was small^{6, 20, 22}. Past literature suggests that women experience a greater level of depression and sadness which has been evident in our findings too (Chaplin, 2015).

The literature presents several theories of gender differences in emotional expressions. These include biological, psycho-social development, socialization, and social construction theories. Here we chose to draw inferences from social construction theory. This was because few theoretical perspectives like biological, development, and socialization might be like an ex-post-facto strategy which may not hold much significance in the final phases of life. The social construction theory emphasizes on the expression of emotions in the present moment and context (Ibid). The proponents of social construction theory propose that emotions are expressed based on the interactions between the person, their environment, and culture at large. This approach emphasizes that emotional expressions are based on our interacting environment and culture. Deaux and Major's classic model (Deaux, and Major, 1987) of social construction suggests that the expression of emotions is dependent on situational and contextual factors. The cultural and social processes regulate the expressions of emotions by gender. We further explain this model in the cultural context and lifestyle of our country. In India, females are more engaged in social and family life so in our study females did not feel as isolated and lonely as males experienced. On the other hand, the male

is less engaged in the family or household responsibilities. Males are more concentrated in social circles outside their home which was hampered due to lockdown. Thus, males in our study experienced isolation and could not concentrate on activities in their daily life. Further, boys in our culture are not taught to express their emotions since childhood which might have contributed to less expression of internalized emotions by a male like anxiety, depression, and sadness.

A noticeable difference in the emotional expression of the elderly was seen based on age group too. Among all the age groups, respondents of 65–70 years of age group reported maximum emotional concerns irrespective of their gender. The percentage of elderly being worried about their life increased as they aged. Female in the age group 60–65 (55%) and 65–70 years (66%) were more worried in comparison to 70–80 years (25%) of age. It suggests that as women reach 70 years of age they get used to old age and perhaps are no longer worried about health issues. But this phase is temporary as in the oldest old (80+) category all the females were found to be worried about being infected. This suggests that as women age their anxieties about health issues also increase. We found that a single case of 80+ elderly was not worried. This may be because he was living alone and had no pending responsibility. Fear of death was found more among females in comparison to males. Among those who feared death 37.5 per cent were in the age group 75–80 years of age which was highest among all the age groups.

The coronavirus pandemic gave insecurity to all the elderly which increased with advancing age. Almost 60 per cent of respondents in the age group 60–65 years of age felt insecure due to the coronavirus which was comparatively very high in the advanced age group. Almost 65–78 per cent of people between 70–80 years of age felt insecure, while all the elderly above 80 years of age felt insecure about their life. A very big majority of the elderly were not comfortable going out of their home for routine shopping and walk. The highest proportion of these elderly belonged to 70–75 years of age. This may be because older elderly (75+) were not already going out of their house in routine life so it might not have brought any further change in their life. In comparison to females, more males felt at peace. This

suggests that males, on the one hand, show less emotional concerns, and second they can manage to be calm, composed and feeling peace much easier than females.

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Psychological Impact During Covid–19, Among the Elderly, in India

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ABSTRACT

In the present cross-sectional, exploratory, online research study, the researcher investigated factors influencing the psychological impact caused by or during Covid–19. 305 elderly from all over India (aged 60 and above), using convenience and purposive snowball sampling, were sent the Google forms. Only 205 respondents gave their responses. Through descriptive statistics, the findings of this study clearly show that (a) There is no gender difference in the level of psychological impact caused by or during the pandemic. (b) Preventive measures (example: quarantine, social distancing) do not hamper mental wellness. (c) Using positive coping mechanisms helps in maintaining mental wellness during the pandemic. Based on the present findings, it is suggested that to be able to cope mentally during the pandemic, the elderly should be provided the required medical support, proper communication with family members, and, opportunities for recreational activities.

Keywords: Covid–19, Mental health services, Psychological impact, Elderly, India.

Roy *et al.*, (2020), in their study found that for about 2/3rd of the participants, an idea of someone being there to absolve their worries regarding the Covid–19 pandemic was welcoming”. This paper being general in terms of the age group being studied doesn’t specify the

particular age of the population that is in need of it more than other age groups.

Further research on “Gerontological mental health in India” Ponnuswami & Udhayakumar, (2016) stated that “as the older population is more vulnerable to mental health-related problems, the number of older persons with mental health problems is expected to increase shortly.” Wang *et al.*, (2020) in their study stated that the “negative coping style had a higher level of psychological distress.” The research was conducted on the general Chinese population. Even though coping mechanisms logically reduce distress, the elderly might not be able to avail of those opportunities due to physical and mental constraints.

Preventive measures - It is said that “physical and social self-isolation, social-distancing, quarantine, negative news on media platforms” (Mukhtar, 2020) and “lack of interaction” (Fontes *et al.*, 2020) can hamper mental health. The paper by the latter researchers was review research and refers to the elderly’s from various countries.

Method

This study was cross-sectional, exploratory research, using convenience and purposive snowball sampling. Out of 305 participants, only 205 participants (M=50%; F=50%) responded, both genders were sent a questionnaire by Google form. The researcher personally interacted with some of the elderly, since they needed assistance to fill the form and solve any technology-related issues that were being faced. The data was collected from 18th December 2020–24th December 2020.

The researcher’s study used a mixed-method for the study - qualitative (interviews of experts in the field of psychology and gerontology, residing in various states of India) and quantitative research methods (survey). The former was done to make the questionnaire, solely for the elderly population of India as well as to verify the accuracy of the submitted responses, in comparison to the interview responses.

Out of the 10 experts that were contacted from all over India, 5 responded who were qualified Family and Counseling Therapists, Geriatric Counselors providing elderly care through Music Therapy, Clinical Psychologists, and Doctors.

The questionnaire was tested with a Cronbach value of 0.7 representing “good” (Cronbach’s Alpha, n.d.) internal consistency. A Likert Scale (1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree) was used for all questions to ensure smooth flow and understanding. It tested the psychological impact, in terms of mental health, on the elderly, due to Covid. The questionnaire was circulated online since the target population was settled all over India (also why snow-ball sampling was used), further ensuring the generalizability of results. The questionnaire used in Roy *et al’s.*, study (2020) was used as a reference for construction purposes.

Results

<i>Education</i>	<i>Percentage</i>
Higher Education	77%
Secondary School Certificate (SSC)	14%
Below SSC	10%
Higher Secondary Certificate (HSC)	10%
PhD	10%

The age range was 60 to 90. Education qualification ranged between below Secondary School Certificate (SSC) – Ph.D. A majority falling under ‘Higher Education’. The mean age of the respondents is 70.161.

Table 1
Showing the effect of Educational qualification on using positive coping mechanisms, preventive measures, negatively impacted during/due to Covid-19.

		<i>Mean</i>	<i>Std. Deviation</i>
Using positive coping mechanisms	HSC and below	13.73 ^a	3.439
	Higher education	15.01 ^b	3.476
Preventive measures	HSC and below	15.73	2.974
	Higher education	16.12	3.159
Negatively impacted during/due to Covid.	HSC and below	8.0500 ^a	2.86667
	Higher education	7.0727 ^a	2.77839

There is a positive significant difference between HSC and below, and, Higher education in terms of using positive coping mechanisms. This means that old age people who have a higher education engage more in using positive coping mechanisms during Covid-19. There is no significant difference between HSC and below, and, those who have a Higher education degree in terms of Preventive measures. There is a positive significant difference between HSC and below, and those with a higher education degree, in terms of perceived negative psychological impact during/due to Covid-19. This means that old age people who have studied till HSC and below perceived more negative impact during/due to Covid-19. Using positive coping mechanisms has helped to manage the negative impact during/due to Covid-19.

<i>Psychological Statements</i>	<i>Impact Percentage</i>
Using social networking sites and watching leisure programs.	80%
Being in touch with a higher power, being optimistic, and doing recreational activities.	90%
Manage emotional turmoil arising out of being homebound because of being more susceptible to infection; Keep a positive state of mind if need to be quarantined;	
Feel comfortable in individuals keeping a social distance for safety purposes.	90%
Being calm without a face covering in a crowd.	70%
May have been able to psychologically bounce back, stay socially in-touch, and be self-sufficient.	90%

Analysis and Discussion

Factors influencing the psychological impact that the pandemic caused were studied.

Results revealed that using positive coping mechanisms during lockdown helps in maintaining the mental wellness of the elderly. This would stop their mental health from getting deteriorated and hence should be encouraged by friends, family, and or relatives.

Results reveal that preventive measures taken during the pandemic have not hampered the mental wellness of the elderly. Thus, even though the elderly during the pandemic are vulnerable in terms

of physical health, they are not mentally as vulnerable in terms of mental health as we assume them to be.

There is no significant gender difference between the impact that the pandemic has had on the mental health of elderly women and men. The results implied no evidence of elderly females being more vulnerable in being negatively affected mentally due to the circumstances that the pandemic might have caused for them.

Qualitative Findings (opinions of some experts)

(Names of the experts cannot be revealed due to confidentiality purposes.)

A geriatric counselor and behavioral therapist from Coimbatore (Tamil Nadu, India) stated that “since the elderly are now living in a technologically driven era, they can learn to use digital methods to communicate with their friends and family members. This is a suitable coping mechanism that can be used during the pandemic”.

A music therapist, from Mumbai (Maharashtra, India), specializing in elderly care explained that “the younger generation should assist the elderly to cope. Doing so will make older adults more psychologically strong, for the rest of their lives”.

A family therapist from Delhi (India) conveyed that “along with preventive measures taken during the lockdown, too much interaction with the family members or the spouse could worsen existing familial problems, making circumstances worse, and hence exacerbating the risk of mental health problems making it important to maintain a healthy familial environment at home during the pandemic”.

A doctor and a clinical psychologist from Pune (Maharashtra, India) said that “the circumstances caused by or during the pandemic have increased the cases of Geriatric depression, but are still reported less. However, further research is still needed to substantiate this”.

Suggestions to Mentally Cope During the Pandemic

The following are the suggestions that the elderly respondents of this research study have given for other fellow senior citizens. These suggestions include ways in which older adults can cope up with stress caused by or during Covid-19.

1. 'Be inclusive and communicate with family.'
2. 'Get engaged in activities which give relaxation & have positive thinking, like yoga and meditation.'
3. 'Exercising, praying, reading, developing new healthy habits, journaling and creative outlets like music, art, photography, gardening.'

Limitations and Further Research

The limitations were as follows: (a) since it was an online study, and the elderly were not technologically savvy, it was difficult to collect more than a certain number of responses. (b) Since the survey used self-reported data of the elderly, the accuracy of the answers cannot be entirely relied upon. (c) Due to the pandemic, the researcher was not permitted to collect the responses from people living in retirement homes/old aged homes.

The need for further research is due to the following: (a) Unaware whether the population partaking in the study faced any preexisting mental health conditions or not, since that was not the focus of the research. Thus, further research involves procuring data from individuals with diagnosed pre-existing mental health conditions. (b) Further research is still needed to prove the link between the increase in geriatric depression cases and the circumstance caused by or during the pandemic. (c) Could interlink demand and mental health services during Covid-19.

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Covid-19 and the ‘New Normal’: A Gerontological Perspective

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ABSTRACT

Covid-19 pandemic has changed the health, socio-economic, educational, and cultural scene around the world in a way that is unprecedented. Lifestyle changes will be part of the ‘New normal’. Older people are likely to be affected more not only by Covid-19 itself but also by the way it will alter the familiar reality around them. There are reports of adverse effects of the pandemic on physical and mental health of the elderly and an increase in violation of their rights. This theoretical paper discusses issues such as mental health of older people, elder abuse, human rights, and caregiving scene in the context of the pandemic. There is also an optimistic belief that resilience and life experience of older people will help them adjust to the new normal.

Keywords: Covid-19 and older people, Ageing in New normal, Older Indians and Covid-19.

The world woke up to a new year in 2020 with the threat of a new pandemic. At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, in China. It rapidly

spread across countries becoming a global pandemic. In February 2020, the World Health Organization designated the disease as 'COVID-19', which stands for coronavirus disease 2019. Alarmed by the rapid spread of the disease and absence of known cure, countries went into lockdown leading to closure of educational institutions, offices, industries, and public places. While the disease did not spare anyone, older people were found to be more vulnerable. The UN issued a brief about Covid-19 and its impact on older persons in May 2020. It reported a fatality rate of five times higher than global average in people over 80 years of age. Neglect and abuse in institutional setting and care facilities were found to increase. It was feared that the pandemic could push older people into poverty and also lead to mental health problems. While acknowledging the diversity within older persons category, their resilience and contributions, it is also important to step up support for them and protect their rights. Older women living alone or providing care to older spouse are more vulnerable than others. The figure below gives a summary version of UN view of impact of Covid-19 on older persons.

Figure 1
Impact of Covid-19 on Older persons.



Source: UN Policy Brief: The impact of Covid-19 on Older persons.

The UN policy brief elaborates on these impacts and identifies both immediate and long-term policy and programmatic responses. Over the months, new guidelines have emerged to counter the second wave of the disease and the threat of a new strain. In January 2021, Indian Government announced that vaccine has been approved and dry runs have begun. Uncertainty about the cure and effectiveness of the vaccine cloud the entire health and social scene across the world. Countries that relaxed restrictions are seen reimposing them due to upsurge in cases. In this context, this theoretical paper examines the effect of this pandemic on Older persons, especially on the issue of adjusting to the 'New normal' that elders are encountering. A brief note on the virus, epidemiology, diagnosis and other health related issues is given to provide background information.

About the Virus

Full-genome sequencing and phylogenic analysis has indicated that the coronavirus that causes Covid-19 is a betacoronavirus in the same subgenus as the severe acute respiratory syndrome (SARS) virus, but in a different clade. The Coronavirus Study Group of the International Committee on Taxonomy of Viruses has proposed that this virus be designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Regarding the geographic distribution and case counts, updated case counts are given periodically by World Health Organization and the European center for Disease Prevention and Control. It is assumed that the reported case counts underestimate the overall burden of Covid-19, as only a fraction of acute infections are diagnosed and reported (McIntosh, Hirsch and Bloom, 2020).

Transmission

Understanding of the transmission risk is incomplete. Epidemiologic investigation in Wuhan at the beginning of the outbreak identified an initial association with a seafood market that sold live animals. However, as the outbreak progressed, person-to-person spread became the main mode of transmission. It is thought to occur mainly through close-range contact (i.e. within approximately six feet or two meters) via respiratory droplet. Infection might also occur by touching contaminated surfaces. It can also be transmitted to longer distances through the airborne route.

SARS-CoV-2 has been detected in non-respiratory specimens, including stool, blood, ocular secretions, and semen, but the role of these sites in transmission is uncertain. The precise interval during which an individual with infection can transmit it to others is uncertain. The potential to transmit SARS-CoV-2 begins prior to the development of symptoms and is highest early in the course of illness; the risk of transmission decreases thereafter. The risk of transmission after contact with an individual with Covid-19 increases with the closeness and duration of contact and appears highest with prolonged contact in indoor settings (Rothan and Byrareddy, 2020).

Increased Vulnerability of Infection in Elderly

Increased risk of infection is seen in elderly due to alterations in immune responses that occur with aging, a process that has been called immune senescence. Age related changes in cellular and humoral immunity, including decreases in specific cell populations, loss of the proliferative capacity of immune cells, and decreased production of specific cytokines, impaired defense against pathogens are risk factors. Since old age is associated with multiple morbidity, presence of other diseases increase vulnerability. The risk in older patients is often heightened by communal residence or other social institutions such as daycare programs or senior centers. Older adults may have atypical presentation of the infection which may be further complicated by a reduced capacity to communicate due to cognitive impairment. Across countries, the consistent major risk factor associated with death in critically ill patients with Covid-19 is older age (=64 years). Majority of Covid-19 hospitalizations and related deaths have been reported in older patients. As such, it is crucial for Covid-19-related trials to enroll representative patients, and to be inclusive of older patients to generate valid and generalizable results (Jaoud et al, 2020). Long term sequelae and the percentage of patients that require long term care is unreported. Particularly it strikes frail older adults and/or long-term care residents, posing considerable medical and ethical challenges to already overwhelmed health care systems.

Treatment and Prevention

Treatment for older adults is the same as for younger patients. However, issues such as advance care, palliative care (if needed) have to be considered due to the poor prognosis associated with severe infection in older adults. Older patients will require ICU level care for comorbidities such as asthma, eosinophilic pneumonia, COPD, adrenal insufficiency, or rheumatic disease. Like any critical illness, Covid-19 can cause significant psychosocial distress to patients and families. In addition, there is greater anxiety due to stigma surrounding Covid-19 and isolation and prohibition of visits by family. For prevention, practices such as 'spatial' or 'social' distancing, the use of protective masks, and handwashing, quarantining have been widely implemented. Frequent and regular sanitizing of public places, avoiding crowds and extra care with personal hygiene are recommended. WHO has issued standard recommendations for the general public to reduce exposure to and transmission which include hand and respiratory hygiene, and safe food practices.

A Gerontological Perspective

While Covid-19 is a global scare, it has to be examined through the aging lens to understand the impact on elderly, and search for remedial measures. Covid-19 has led to unprecedented public health measures being implemented such as the restriction of gatherings and closure of elder care facilities. Social distancing has led to social isolation with many older adults experiencing psychological problems. In many developing countries, prior to the pandemic itself the elderly suffered from chronic illnesses and comorbidities. Hypertension, diabetes and musculoskeletal conditions are frequently reported in Indian elderly. Following the pandemic, healthcare system is forced to direct all resources in containing the problem. This has led to a decline in the critical services that were offered for the elderly, thus worsening their comorbidities. Knights, Knights and Lawrie (2020) comment that figurative descriptions of the world turned 'upside down', due to coronavirus Covid-19, are accurate.

'New Normal' is a term that is getting paired with Covid-19. New normal is defined as 'The current state of being after some dramatic change has transpired. New normal is what replaces the

expected, usual, typical state after an event occurs' (Urban dictionary, 2009). Covid-19 is not just dramatic but a chaotic event that is creating havoc in our lives. World is preparing itself to adjust to the multiple challenges that are threatening all the systems-health, economic, social, educational, familial and cultural. The new normal includes limitations on freedom of movement, travel restrictions, ban on assembly of people, home confinement, and quarantine in case of suspected infection. Nations had imposed lockdowns save for essential services. These have been gradually lifted but may be reimplanted if there are new outbreaks. These measures are likely to impact mental health as well as rights of elderly.

Mental Health Issues

A Guideline issued by NIMHANS (2020) states that mental health issues following the Covid-19 pandemic stem from 'normal' people being exposed to 'extraordinary situations'. Pandemics have significant psychosocial impact. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. Misinformation and uncertainty may give rise to mass hysteria (Banerjee, 2020). The widespread social and economic disruption caused by the pandemic has produced a psychosocial impact unheard of in modern times. All these have thrown an unprecedented challenge to mental health care across all settings in India. Psychosocial problems before the pandemic may interact with the effect of the disease creating complex problems. WHO (2020) has published information about the responses to social isolation and lockdown; the psychological response to the diagnosis, public responses to those with symptoms suggestive of Covid-19 infection, as well as the aftermath of the infection.

Geriatric mental health has not been a priority area in India compared to child and adult psychiatry. Very often families also dismiss symptoms of mental illness in elderly as normal part of aging process. Aging comes with a myriad of psychological, social, and environmental vulnerabilities which pandemics may aggravate. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia are the major offshoots. Social distancing, though a major strategy to fight Covid-19, is also a major cause of loneliness,

particularly in settings like nursing-care or old-age homes. Social connectedness is vital during the public health breakdown, more so when old age is viewed negatively. During any crisis, people with mental disorders experience exacerbation of symptoms. The substantial stress generated by “information overload” can lead to paranoia and health care related mistrust which might lead people to avoid quarantine, having dire public health consequences (Banerjee, 2020). Older people may have problems with preventive measures and people with severe comorbid conditions like stroke or cognitive problems will have difficulty with self-protection skills. Continuous relentless media coverage of older adults being prone to infection and dying along with economic recession increases mental pressure in elderly (Rahman, Rahman, and Islam, 2020).

Older adults are more likely than others to develop serious illness if they contract corona virus. Physical illness is related to poor mental health. Isolation and social distancing limit their interaction with care givers and family members which leads to increased feelings of loneliness and anxiety. Elders living alone, separated from others, quarantined, or hospitalized are at risk to develop depression. Anxiety about family members living away or in ‘danger’ zones adds to distress of elderly. Mental health problems can present as physical complaints (such as headaches or stomachaches) or cognitive problems (such as having trouble concentrating). In a rapid survey by HelpAge India (2020), 42 per cent of the respondents reported worsening of their condition during lockdown. The breakdown in social networks will block mental health and psychosocial support needs of many older persons. Particularly those with cognitive decline or dementia are heavily dependent on care givers. Older persons having limited access or skills to use technology tend to get more isolated. The risk for prolonged grief disorder is likely to be increased among those older adults who lose a loved one during this pandemic. Goveas and Shear (2020) state that the challenges introduced by physical distancing restrictions have changed the experience of dying. Other COVID-19-related stress and loss have further disrupted the grieving process. The authors discuss how the pandemic is affecting the way terminally ill patients are being cared for, and how bodies are being handled and bereavement rituals performed. The bereaved are

required to mourn without the support of usual social and cultural rituals.

Research has thrown up concerns about negative effect of social isolation. Plagg *et al.* (2020) argue that social exclusion is significantly associated with higher risks of cognitive impairment. This may increase the risk of Alzheimer's disease and accelerates disease progression of existing conditions. Because of isolation, physical activity is reduced adding to health problems. Lack of regular social, cognitive, and sensorimotor stimulation of isolated people may lead to severe conditions and premature death in the elderly. Similar concerns are expressed by Vieira *et al.* (2020) who find preventive measures crucial but bound to have long-term negative consequences. Miscommunication, social isolation and poorer socioeconomic status can impair the wellbeing of vulnerable elderly. Misinformation may lead either to excessive fear or create a false sense of security. Elderly are the main victims of social distancing policies as they are a high risk group. This forces them to live in isolation as their social network and activities are limited.

Increase in Elder Abuse

WHO defines elder abuse as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. The elder abuse fact sheet shows that around 1 in 6 older person experienced some type of abuse in community setting during the past one year. Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities. Elder abuse has psychological consequences and reduces quality of life of elders. It is predicted to increase as many countries are experiencing rapid aging.

There has been a spike in instances of domestic abuse in many countries during the pandemic. Reports of elder abuse range from financial scams to incidents of family violence. Han and Mosquieda (2020) discuss a theoretical model called Abuse intervention/prevention model that focuses on the vulnerable older adult, the trusted other and the context in which abuse occurs and suggest ways to mitigate the risks. Rise in financial abuse of elders since Covid-19 pandemic has been reported by Dare (2020). Ahead of

World Elder Abuse Prevention Day (June 15th), Agewell foundation conducted a survey of older people in India. 71 per cent of the respondents said abuse against them had increased during lockdown period. 56.1 per cent said they were exposed to emotional and economic abuse in their families. Gonzales (2020) reports that Elder abuse has increased during the coronavirus pandemic as the community quarantine forced older individuals to be isolated with potential abusers at home for a longer period of time. This is a clear violation of human rights of older people.

Human Rights Issues and Covid-19

Autour and Barton (2020) state that the Covid-19 disruption has led some business and government leaders to make quick, difficult decisions without a playbook. This may conflict with certain human rights. For example, quarantines, isolation practices and travel bans may have limited freedom of movement for some; restricting access to public places or taking actions against journalists may have affected freedom of expression for others. For vulnerable people isolated in coercive or violent households, restriction on movement can have consequences for their personal safety, mental health and well-being. Similar views are expressed by Sekelala *et al.* (2020) that regulatory measures taken during Covid-19 rarely address human rights obligations. The norms and principles of human rights should guide government responses to Covid-19, with these rights strengthening the public health response.

The UN document on Protecting Human rights amid Covid-19 crisis asserts that Older people have the same rights to life and health as everyone else and difficult decisions around life-saving medical care must respect the human rights and dignity of all. UN human rights experts express alarm at reports of abandoned older persons in care homes or of dead corpses found in nursing homes. It is an obligation to exercise solidarity and protect older persons from such harm. Containment measures, such as social distancing and self-isolation, need to take account of the needs of people who rely on the support of others to eat, dress and bathe. Many persons, including persons with disabilities, rely on home and community services. Such issues should be taken care of during measures to fight the pandemic. The report

cautions about that the majority of older people are women, who are more likely to enter this period of their lives in poverty and without access to healthcare and policies must be targeted at meeting their needs. Reddy (2020) questions if the steps that have been taken to arrest the spread of Covid-19 are justifiable. Specifically, there are doubts about such steps improving public health understood according to widely used aggregate population health measures, such as Quality Adjusted Life Years (QALYs) and Disability Adjusted Life Years (DALYs) as much or more than alternatives. These views highlight the negative side of steps taken during the pandemic.

Care Giving Issues:

The issue of absence or decrease in care due to the pandemic is another concern. Social distancing will limit contact with care recipient and care providers may not be able to provide care in person. This may limit opportunities to detect any abuse that may be taking place. Older adults who have chronic health problems will find it more difficult to access health care. All these stressors – isolation, lack of personal carers, access to health care and financial stress can lead to depression and anxiety. Cancellation of face-to-face visits with health carer givers and unfamiliarity with technologies needed to conduct remote healthcare visits further affect seniors (Makaroun *et al.*, 2020). Caregivers of older adults, especially in India are usually family members (most often women) who are already burdened with multiple roles. they lack systemic support to provide care. The pandemic may make the situation worse with absence of social supports. This is likely to increase caregivers' risk of being abusive to or neglectful of their older care recipients.

In addition, due to closure of schools and businesses, demands on time and energy of caregivers increase. The fear of infection may keep family members away from older people which also affects quality of care giving. Stress often leads to increased anxiety and depression and use of alcohol or drugs. Avoiding physical contact with older adult due to fear of contagion may inadvertently lead to neglect of the need of elders. Neither the old person nor the care giver may be skilful in using virtual technologies to stay connected. These factors will influence the quality and quantity of caregiving as well as increase the

stress of carer providers. It should be noted that these are also the factors that are often associated with elder abuse.

Way Forward

Considering the enormity of the problem, UN has suggested certain key priorities for action. These include ensuring that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health. Particular risks faced by older persons in accessing health care, including age discrimination, neglect, maltreatment and violence, in residential institutions, need to be properly monitored and fully addressed. Efforts should be made to strengthen social inclusion and solidarity during physical distancing. The devastating social and economic impact of Covid-19 on older persons needs to be addressed both during the crisis and in the recovery phase. In addition, the structural causes that have left older persons behind and vulnerable in this crisis need to be addressed. Expanding participation by older persons and including them in shaping the policies that affect their lives is needed.

Tan *et al.* (2020) view this 'new normal' as an opportunity for programs to innovate despite the challenges. This forces people to innovate and come up with new strategies. They discuss a virtual and tele-delivered program that has been effective in alleviating social isolation and mood symptoms. Meng *et al.* (2020), based on their study of mental health problems in China give following suggestions – mental health measures should concentrate on vulnerable elderly such as females, poorly educated, divorced, widowed, and those who are living alone; attention to physical health as chronic underlying conditions decrease psychological capability; improve the system and mechanism of psychological counseling and psychological crisis intervention; make more acceptable the psychological health education in the media and new entertainment methods; and encourage use of psychological hotline, online consultation or visit a professional institution.

National Institute for Communicable diseases warns people that the virus cannot be just wished away, and people have to adjust to the new normal. People are advised to be more cautious if they are at risk and avoid getting ill. They are encouraged to be alert to early

symptoms and seek medical help quickly. Most advices are about healthy lifestyle, activity and guarding against known risk factors. It is predicted that Indian economy will suffer in many ways and destabilization is expected (De, 2020). All these will affect elderly also. But this crisis also provides opportunities. Countries may push for better health care, new social and behaviour norms and greater sanitization measures. Already several non governmental organizations have taken up the task of training older people in Virtual technologies.

Resilience of Older People

While there is concern that old people may be more vulnerable, there is evidence from several studies that life experience and wisdom of the aged may stand in good stead and help them cope with this crisis just as they have done with several others in their life. Fuller and Huseth-Zosel (2020) found older people using strategies such as staying busy, seeking social support, and having a positive mindset to cope with the pandemic. Contrary to predominant messaging about the vulnerability of older adults, these findings highlight the resilient nature of older adults. They suggest that future research should build upon these findings to better understand and promote late-life coping during crises. Practitioners should seek to support older adults' engagement in such proactive coping, and social policies should be developed to acknowledge the variable needs of older adults. Theoretical perspectives on coping suggest that advanced age may be advantageous for coping due to an accumulation of life experiences that foster the refinement of coping skills (Aldwin and Igarashi, 2016; Neupert *et al.*, 2019). The early findings of Vahia *et al.* (2020) suggests higher resilience to the mental health effects of Covid-19 in a proportion of community-dwelling older adults. This resilience may reflect an interaction among internal factors (e.g. biological stress response, cognitive capacity, personality traits, physical health) and external resources (eg, social status, financial stability). Older adults are found more skilled at coping than younger individuals (Neubauer *et al.*, 2019). Which may protect them from this crisis.

The Physiological Society and the Centre for Ageing Better, UK brought together physiologists, nutritionists, geriatricians, physiotherapists and clinicians to discuss critical areas where the impact of

the pandemic and lockdown on older people required greater consideration. A National Covid-19 Resilience Programme was developed to help seniors. It was found that in the absence of vaccines and treatments, physical activity (with tailored exercise or physical activity goals) represents the single most impactful way in which older people can reduce the risk of developing severe Covid-19, improve recovery, and limit deconditioning and frailty from home confinement. The three main ways to achieve this are through: 1. Tailored exercise/physical activity goals 2. Clear guidance about the importance of a healthy balanced diet containing sufficient levels of protein, with a balanced energy intake; and 3. Measures to counter the mental health impacts of social isolation. Older people will need to be supported to achieve these goals through clear advice and tools tailored to their needs. Enlisting help of relatives, care workers and other professionals to reinforce messages around resilience in their day-to-day interactions with older people was considered essential to bring about a behaviour change.

Conclusion

It is clear that Covid-19 will affect people young or old, either during or in its aftermath, the living styles of people. Suggestions abound regarding how older people could themselves take responsibility for their health and well being. Most of them could be summarized as advice regarding taking care of physical health, active lifestyle, modification in dietary habits, staying connected with others, and being careful about financial dealings. However, considering the possibility of cognitive and physical problems in elderly, the community and state should step in to ensure protection of the seniors. Making health care accessible, supervision of long term care settings, sensitizing people about elders' rights and supporting caregivers are methods needed to cope with the new normal. For older people entering the post-Covid era, it is a life that has to be lived with masks on, sanitizers used frequently, distances maintained and less expectations of family and social gatherings. Measures to improve their resilience are necessary to support them in the future. One can hope that the vast amount of life experience, wisdom and resilience of older people would see them through this critical period.

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Covid-19 Pandemic makes Elderly Life Harsh and a Way Forward: A Review

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ABSTRACT

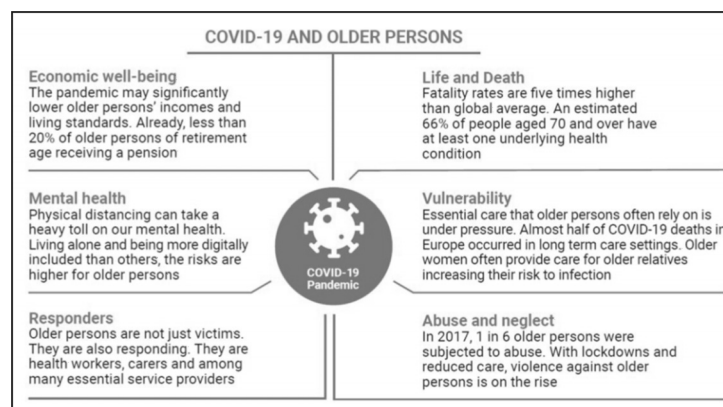
The paper aims to analyze the various problems related to older people during this pandemic lockdown and suggest some valuable measures to cope with it. A comprehensive and progressive review of the literature was done using appropriate keywords and highlights in various search engines. Also, multiple collections of newspapers and reports from India and globally were analyzed related to the Covid-19 pandemic and its impact on older people. Besides, a recent survey report of Helpage India and the Agewell foundation regarding the nationwide scenario of the elderly in this lockdown gives more strength to the paper. The findings revealed that in India, due to the current pandemic lockdown, the lives of the elderly were more critical and treacherous. With the commencement of the lockdown, the problems like inadequate access to the medical facility and health checkups, increasing mental burden, the accumulation of various worries, and amplifying elderly abuses and violence are widespread. It may be concluded that with increasing age, our elderly are getting weaker and more fragile, which further getting inferior due to the current Covid-19 pandemic.

Keywords: Covid-19; Lockdown; Older people; Elderly Problems; India.

Since 11th March 2020, the SARS-COV-2 virus declared as a pandemic by the World Health organization causing infectious diseases called Covid-19, began to threaten the people globally (WHO, 2020a). The virus affected more than 2,10,00,000 causing the death of about 7,60,000 peoples globally till 31st August 2020, resulting in considerable terror and panic among the living people (WHO, 2020b). Various health authorities from all over the world warned the older people that they are under a severe threat and also have high chances of casualty due to Covid-19. Data from Oxford evidence service of 25th March 2020 reveals that fatality rate was around 3.6 per cent for people aged the 60s, which further rises to 8.0 per cent and 14.8 per cent in the case of people in 70s and 80s. Hence, it is clear that the elderly are more susceptible to the virus, and globally many suggestions to protect the older persons are released, which include social distancing, isolation at home, avoid once of contacts as much as possible, and so on (Brooke and Jackson, 2020). According to the United Nations policy brief (UN, 2020), the present situation has consequences of distress in many spheres of the elderly's lives, including a socio-economic barrier to their mental as well as physical desolation (Fig 1). Therefore, many reports from all over the world confirm that older people are the most vulnerable group during this current pandemic situation (Age UK, 2020; CDC, 2020; Euro WHO, 2020; Robert Roy Britt, 2020; Dylan Scott, 2020).

Figure 1

The impact of Covid-19 Pandemic on the lives of older people.



Source: UN Policy Brief. 2020

India reported its first case of Covid-19 on 30th January 2020, with a travel record from Wuhan China (India Today, 2020) since then the cases were continuing to increase. In India, the numbers of the elderly population are about 104 million, with 53 million females and 51 million males, which is about 8.6 per cent of India's total population (Government of India, 2016). Such a massive number of elderly makes India, as a second-largest hub of an elderly citizen in the world, just after china (Population Reference Bureau 2020) and hence proper planning should be of utmost urgency in this situation of pandemic crisis. According to the Union Health Ministry of India, about 53 per cent of deaths due to Covid-19 is the senior peoples (Livemint, 2020a). Another latest report shows that about half of India's fatality rate is above 60 years, among which 39 per cent age between 60–74 years and 14 per cent age above 75 years (Hindustan Times, 2020).

Since the lockdown started on 25th March 2020 in India (Deccan Herald, 2020) the distress among the elderly of the country also continued to spike, as no one was sufficiently prepared for such long-term isolation, especially the older people. So the objective of the present study was to discuss the various types of suffering and problems related to the older people with the commencement of lockdown due to pandemic in India. The paper presents a detailed review, about how old life became so harsh due to the present condition. The motivation of the investigation is not only limited to the researcher and policymakers but it is hoped that its recommended solution might be beneficial to cope with the current situation as well.

What Makes the Elderly More Vulnerable?

Older people with previously existing medical conditions like cardiac problems, high blood pressure, cancer, lung diseases, and respiratory illness are more vulnerable ones compared to others (WHO, 2020c). A very recent study found that the susceptibility to sickness and chances of death are around three times high in the elderly age group. It is because older people always lack antiviral antibodies and CRP (C-reactive protein) with maximum involvement of lung-lobes, high blood-gases irregularity, and also a requirement of ventilation all these factors make the elderly more vulnerable (Zhonghua *et al.*, 2019).

Another critical study shows that with increasing age, a group of RNA known as microRNA weakens, as it can target and fight the virus by directly affecting the genetic material (RNA) of the virus (Fulzele *et al.*, 2020). Moreover, the Health advisory of India mentioned that older people are at a greater threat due to weak immunity along with various comorbidity factors including hypertension, kidney problem, and other chronic illness (MoHFW, 2020). Except, aged people also face problem to maintain proper hygiene and other safety measures due to their weak mental ability and poor thinking capacity which makes them more susceptible to the virus, resulting in a high mortality rate.

Methodology

The present study is based on a comprehensive review of literature related to the Covid-19 pandemic and how it affects older people's lives. A progressive search of literature and data was done on various scientific and web-based engines like Google, Google Scholar, Pubmed, and Research gate using appropriate highlights like "Impact of Covid-19 on Elderly", "Lockdown and its effect on old age people," "Elderly population during the pandemic," "Problems of Aged or Old people," and "India" between time-span of March 24th (beginning of lockdown) to August 15th, 2020 (present). Besides a corpus of leading newspapers from India and the World related to old age problems during the pandemic, various reports from WHO and UNICEF, Health advisory report of India based on older people were used to accomplish the paper. Except, the very recent survey report Helpage India (June 2020) named "The Elder Story: Ground Reality during Covid-19: Impact and Challenges" and survey of Agewell Foundation related to the elderly situation of India at the current pandemic situation were the ultimate source of data.

Major Problems Related to Older People Due to Covid-19 Pandemic

Difficulty to Access Health Checkups and Medical Facilities

The lockdown approach to managing the spread of Covid-19 has harshly impacted the scheduled health checkups, regular therapy, and

minor surgeries of older people. These consequences will adversely impact the physical as well as mental health of the weak older peoples. Therefore, restriction in movement and poor access to medical facilities result in an increased chance of physical infirmity, mental sickness and also degrades the overall immunity to cope with various diseases. It will ultimately intensify the chances of mortality and morbidity among older people. In India, since the commence of the pandemic, the outpatient treatment to all major non-communicable diseases like cancer, heart diseases, diabetes, etc has declined significantly (Nathan Grills and Srinivas Goli 2020).

According to a report by Agewell foundation India a charity trust, reports about five thousand elderly recipients across India face severe crises related to access to medical facilities. Among them, 44 per cent of the elderly found to be the most severe health issue; along with 55 per cent of elderly report current situation results in adverse impact on their health (Zee Business, 2020; Parul Agrawal. 2020). Moreover, a very recent survey by Helpage India found that about 42 per cent of older people report a deterioration of their health due to lockdown, among which 64 per cent were from rural background, and 36 per cent belong to urban area (Helpage India, 2020). Thus, the fear due to the virus attack results in a drastic change in the lives of the elderly, which have further short-term as well as long-term impacts on society.

Disturbed Mental Peace of Elderly

Older people are susceptible to loneliness during normal conditions, which is further intensified due to the present situation (Armitage and Nellums, 2020). The failure and disruption in social movement due to pandemic result in extensive pressure in mental fitness as well as psychological wellbeing for the older people, along with social distancing limits activities related to the older people which further degrade the mental health, especially those with poor memory or dementia patients ((UN, 2020). Besides, the daily media underline and news coverage about the Covid-19 mortality rate can produce a sense of negativity among the elderly, which ultimately deteriorates the mental peace by causing anxiety, poor sleep, and depression (Philip and Cherian, 2020). According to the CDC (Center for Disease

Control and Prevention) report, a pandemic can be traumatic as it consequences in Panic, adjustment disorder, insomnia, chronic stress, and Hysteria.

In India, a study found that about 34 per cent of the elderly are mentally worried due to pandemic, as the present situation is very dreadful for them now (Gaurav Vivek Bhatnagar, 2020). Further, a recent report reveals that 61 per cent of the elderly in India are restricted within homes, which results in self-isolation during the lockdown period (Helpage India, 2020). Along with multiple reports in India, it is clear that loneliness combined with chronic diseases and abuse makes the elderly more susceptible to mental degradation (Parul Agrawal, 2020; Times of India, 2020a). In addition to that, inadequate healthcare facilities can further exacerbate mental problems among the elderly and lead them towards fear and incredulity, which might evade the process of quarantine, having an ultimate impact on the community (Banerjee, 2020).

Major Worries of the Elderly Due to the Current Situation

The Covid-19 pandemic situation has resulted in the augmentation of worries and fear of dying alone among the elderly of urban India (Parul Agrawal, 2020). Another report suggested that about 70 per cent of older people already in trouble with their health and further worried that due to long extensions in lockdown, their health problem might proliferate. The same report reveals that about 75 per cent of older patients missed the therapeutic touch of their doctors, among which 43 per cent reported that they cancelled their regular checkups due to the restriction in lockdown (Gaurav Vivek Bhatnagar 2020). Moreover, the fear among them further escalate when it combines with loneliness and depression. The latest interview by Agewell foundation of India reveals that they receive more than 50 per cent calls daily from the elderly who needed to talk due to being isolated in the present situation; another interview from Helpage India reports that as with the first week of commencing of lockdown in India from the end of March to the first week of May, they received about 35,000 calls from elderly regarding various kind of assistance (Times of India, 2020a).

A very recent study by Helpage India related to the pandemic and its impact on the elderly, covering about seventeen states and four union territories of the country, shows that about 38 per cent of the older people in India worry about getting affected by the virus and fear being secluded. Apart from this, 34 per cent worried about financial depletion, hunger, and unemployment, further 12 per cent elderly were frightened to take any travel and worried about community spread due to low immunity. The remaining 16 per cent of older people worried about their health, their children's learning, and other problems. Also, 71 per cent of older people respond that pandemic disrupted their income and impacted their livelihood (Helpage India, 2020). Another study reveals that the number of suicide cases among the elderly in India increased during this pandemic time; as they end their life mainly due to the fear of Covid-19 (Rana, 2020). So it is clear that the pandemic brought a sense of terror to the general public and was much more susceptible and prone to increasing the mental strain and downgrading the overall health of the elderly.

Increase in Elderly abuse and Violence

Elderly abuse or mistreatment described as (a) planned actions that result in harm and injury to the older people by a caregiver or a person who was trusted by them (b) unable to fulfill the basic needs of the elderly by a caregiver (Hafemeister, 2003). Abuse of older people varies from physical nature to psychological; it also engages economic and another mistreatment. Despite any abuse, it will ultimately consequence in distress, pain or damage, infringement of personal privileges, and degrade value of elderly life (Brown, 1989).

As we know, in the current situation of the Covid-19 pandemic, the elderly are the most vulnerable ones. Multiple compulsory social distancing and lockdown initiatives create a sense of increasing dependency among older people, which results in more susceptibility to them in case of abuse (Han and Mosqueda, 2020). Thus, a very recent study by the Agewell foundation in India found that lockdown consequenced in a 71 per cent increase in elderly abuses, among which 51 per cent report the leading causes as intra-personal relationship. Moreover, about 56 per cent of elderly face abuse by their family and

society, and 63.7 per cent of older people face negligence from their caregiver (Livemint, 2020b; Times of India, 2020b). With the beginning of quarantine, the elderly were bound to lock themselves with their family or to caregivers, resulting in a higher risk of mistreatment, neglect, and violence. So, it is clear that due to the current pandemic situation, the elderly's lives became more vulnerable, disturbing their mental peace and impacting their overall health conditions.

A Way Forward

The imprint of fear due to the covid-19 pandemic has adversely affected the mental and physical strength of the elderly of India and the world. Hence, this led to raise multiple queries on how we would protect our senior citizens from the harsh suffering during these ongoing pandemic lockdowns. Therefore, some recommendations and suggestions can be given to tackle the distress related to older people during this lockdown period.

Firstly, regular communication with the elderly through daily phone calls and online means by their close ones must be necessary for psychological support. As we know, it is a very harsh time for the elderly, because those who spend their time with caregivers and small friends circle are now bound to maintain self-isolation, so comforting by their relatives and friends must be an essential factor to combat the fear of isolation, especially those who are in quarantine. More focus needs to be given to physical distancing rather than social isolation. Moreover, Self-isolation and depression can be controlled by proper planning, like altering their focus on music, exercise, yoga, and teaching them to adapt digital technologies like video calling to their loved ones to protect their mental wellbeing. It is possible to soothe their mental peace by adopting the above measure that ultimately lead them to good sleep and emotional happiness, which further can boost their immunity and mentally they can be able to face the current pandemic situation.

The involvement of various non-governmental organizations (NGOs) and foundations must be encouraged by the government and those who were operating for elderly support. Except for NGOs, here

the role of society can be very significant to help the elderly in this pandemic situation; for example; the people of communities especially from rural areas can plan to assist the older people of their surroundings by bringing them essential items like food and rations, to ask about their medicinal needs, providing them cooked food with proper hygiene and asking them regularly if they need something. These are some of the minor steps for the betterment of the elderly during this situation of crisis.

Furthermore, self-esteem and the honor of the elderly must need to be protected; ageism should not let them be considered as a vulnerable group for society. Caregivers must need to be additional cautious and empathetic during this current ongoing situation. The family members need to talk with them properly without any fear and stigma. Also, the family members of the elderly should need to teach them to care about the basics of hygiene and sanitization; like washing hands, sneeze with elbow rather than hands, and avoid unnecessary gatherings.

Also, special healthcare facilities and medical supplies must be allocated for the older people, like home-based health checkups through calls and online services. These types of tele-session related to health checkups already started in India, for example by AIIMS (New Delhi), PGI (Chandigarh), NIMHANS (Bengaluru), and Tele-consultations have been started by most places including central Government institutes like NIMHANS (Bengaluru), PGI (Chandigarh) and CMC (Vellore), along with Emergency services have also been made available round the clock (Nature India, 2020). Besides, immediate action needs to be taken for the elderly with a pre-existing health issue and those who live alone. Further, the government can encourage the elderly by ensuring them about India's various health care schemes, like Ayushman Bharat Yojana, Central Government Health Scheme (CGHS), Pradhan Mantri Suraksha Bima Yojana, and Universal Health Insurance Schemes.

Moreover, to protect the elderly from mistreatments like abuse and violence, strong law needs to be enacted at both national and international levels. Not only from abuse but also to defend and safeguard

the rights and dignity of the older person, there should be a robust legal framework.

Further, the advisory released by the Government of India for the older people which contains various measures to combat the current situations (MoHFW, 2020) needs to be circulated more rigorously through radio broadcast, advertisement in televisions, text messages, and also through web services so that it would reach to every corner of the nation.

Conclusion

This present paper is an attempt to highlight the various problems related to the lives of the elderly in India due to the current ongoing Covid-19 pandemic situation. The study reveals that older people are more vulnerable, mentally, and physically, which needs to be averted soon. The present discussion is evidence that reveals the variety of troubles related to the older people spiked during the present crisis, from fear of death to being mistreated by their own family. Therefore, the findings are valuable to further fill the gap related to the lives of the elderly during the pandemic. The various measures discussed are also very significant for the researchers and policymakers to cope with the emergency and to accomplish their needs appropriately.

Due to age, our seniors might be prone to fall ill as they are frail, but they are not as fragile as we thought about them. A famous line of Albert Camus should be remembered that "The old can go through every plague," (Respecting Elderly, 2020) which connotes that the strength of the older people can be remarkable if secured carefully. Thus, it is the time to protect and uphold our seniors together, as their lives matter too and also, it would indicate the real progression of humanity in society.

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Elders' Dignity and Challenges During Covid-19 Pandemic

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ABSTRACT

The paper attempts to investigate and understand the elder dignity and challenges of elderly persons of 60 years and above during the period of the Covid-19 pandemic. A paradigm shift in the current trends and process dealing with the challenges of ageing at the individual, family, community, and all others concerned have been analysed in the span of the Covid-19 pandemic. The paper has two objectives: (1) to analyse the socio-psychological problems of the elders, and (2) to examine the sources of these problems. Given the limited availability of the information on the concerned issues, the researchers have used the available secondary materials.

Keywords: Dignity, Alienation, Psycho-social problem, social isolation, Cultural shock, digital divide.

Society, on the whole, is gripped by a coronavirus outbreak and the situation is worse for the elderly population. The entire humanity is now facing the challenges of the coronavirus-2019 diseases (Covid-19) where almost all the countries are under lockdown to save human lives. The pandemic is still accelerating globally, with infections doubling. During the lockdown period, the fear created by coronavirus has produced widespread anxiety and the crisis in the

everyday life of individuals particularly 60 years and above. Most studies and electronic media literature on the elders of the world focus on the death rate of the aged by the Covid-19/distressed elders due to social distance or lockdown. There are increasing numbers of distressed elders after the outbreak of Covid-19 and the consequent India's lockdown which stirred up anxiety and fears of dying alone among the elderly mostly from middle and upper-class homes, which have been badly affected as those in rural areas (Help Age India).

Drawn from different studies and perspectives, the Covid-19 victimized those who were already suffering from diabetes, cardiac diseases, and hypertension. According to the Ministry of Health, the elders are considered as the most vulnerable to Covid-19. It has been observed that most of the deaths are being reported from the elderly population, above all, among the elders with comorbidities. Similar news reported that as many as 16.7 per cent of the 60+ affected by the Covid-19 already had health issues (Times of India, 2020). People aged 60 to 74 years comprising 8 per cent of the total population accounted for 388 per cent of Covid-19 deaths. Those above 74 years, representing 28 per cent of the population, constituted 128 per cent of total deaths (Times of India, 2020). This Covid-19 pandemic acts as a beginning point of the reorientation of the primary health care systems. Poor health infrastructure is the reason for the vulnerability. Maharastra has more number of elder populations compared with other states and they have poor infrastructure facilities, which resulted in a leading position in Covid-19 cases (Amit Kapoor & Sampriti Mukherjee, 2020).

Due to Covid-19, death was the furthestmost riddle among the elders. The co-morbid condition such as diabetes makes the infection deadlier. In this 34 per cent of the patients are in the age of 40 to 60 years and 19 per cent of the cases are in the age of above 60 years (Hindustan Times, 2020). It is estimated that about 6 per cent of the senior citizens in India live alone. Loneliness among elders is a predicament that cuts across classes and is a challenge in cities as well. The World Health Organization (WHO) has said that "older age and underlying conditions increase the risk for severe infection." Government support was required for these people. A more

permanent and substantial policy is required to take care of elderly people, especially during a crisis (Help Age, 2020).

Above 50 per cent of the elder people died in Covid-19 and 38 per cent of coronavirus cases are above the age of 74. Especially 73 per cent of the elderly people who were affected by COVID 19 already had health problems. The virus easily affects elderly people because of their poor immunity and it very easily affects the elders who are sick. Indian Council of Medical Research (ICMR) also said that the elder people who died in hospitals were assessed in terms of their medical condition (Times of India, 2020). The increase in Covid-19 infections among elderly people is not seen in absolute numbers but in proportion to the overall spread of the virus.

Focusing on the shift in elder dignity, Age Well Foundation's online survey argues that 71 per cent of the elders faced abuse during the lockdown period. In this survey, 58 per cent of the respondents claimed that the interpersonal relationship was the main factor which is responsible for the fast increasing incidence of elder abuse in families. The most common ways of elder abuse were found to be disrespect and verbal abuse, silent treatment, denying proper food, denying medical support, ignoring their daily needs, financial cheating, physical and emotional violence, and forcing them to work. Among them, 63 per cent of the elders were facing neglect in their life. More than half of the elders (56.1%) suffer from abuses in their families as well as dear and near ones (NGO Age Well Foundation, 2020).

This aggressive virus is making people confront the reality of death every day, but our culture doesn't sensationalize the elderly and immunocompromised fatalities. The bias is pervasive and insidious, their lives are seen as expendable. It is this idea that underscores the push some politicians are making to reopen the economy sooner than most public health experts are recommending. The economic costs are not worth the deaths of some elderly people (Maryellen, Stewart 2020).

Socio-web and Cultural Shock – Correlated to Covid-19

Society is a web of social relationships between the institution, community, and organization. The social institution plays a vital role in the aspect of the relationship. Families are the basis of the social

existence and backbone of human society. Family structures are the deciding phenomenon for the entire society. The social system has become dynamic, due to westernization and modernization, the 'cultural shock' may happen. The joint family system is a pillar for the stability of the social system and structure. In this media-driven world, the joint family is split into the nuclear units and the elder people have become unloved. Elders are serving as leaders, teachers, and giving emotional as well as spiritual guidance in a family. A high level of socialization among seniors helps increase longevity. The unreliability in the social structure is due to the 'nuclear families' and the elders being neglected. This loneliness and isolation among the elders are not only affecting the individual and families but also society. During the crisis, support for the elders is necessary to handle the situation and avoid the infection. But with the spread of Covid-19, the elders are considered to be the most vulnerable segment of population. The elders' isolation and disconnect among the circumstances are creating an inappropriate situation in society. Already the era for the elders' neglect is supplemental and complementary and it may enlarge in a quandary situation. The mature or senior is not a word, it is the form of superior, a paradigm shift in attitudes to older people is required, towards viewing them as a resource rather than a burden. The older or senior person has unique talents through their experience in the realms of community development and social development. They have more ability to enhance the quandary situation as Covid-19 compared with the other citizens of society. The web between the relationship of elders and society is pivotal (Deepak, 2000; Ronald Inglehart & Wayne E. Baker, 2000; Gitanjali Kolanad, 2001; Cacioppo, JT & Cacioppo, S., 2018)

Socio Dimension of the Covid-19

Even though the covid-19 is health-affecting infectious disease, the impact of the virus takes place in all aspects of society. Spin it into different angles, their impacts among the people, especially among the elders is increased. Death is a noticeable visibility but the invisible impact of Covid-19 is the vulnerability, mental health, abuse, and neglect is a hidden complication in the crisis time. Figure: 1 Possible Impact Due to Covid-19 among Older People.

Elder's Victimization in Covid-19

The isolation and neglect of the elderly already exist in society, particularly in many retirement homes. The isolation in Covid-19 might either get them deprived of their regular health checkups or stay in crowded environments which may increase health risks. They will also have sensory issues, memory problems, mobility challenges, and mental health issues. The elderly are often victims of loneliness and social deprivation if they were quarantined due to public chaos and competition; there is a chance to skip the testing. Apart from physical health, elderly people are directly affected by various psychological evils. Health anxiety, fear of life, loneliness anxiety, and so on. Such type of anxiety among the elders increased during social distancing/lockdown. Further, they are affected by stress; this is because they are repeatedly thinking about the news of Covid-19 and its spread. It further leads to panic about their future safety. These types of panic among the elders might be increasing depression and obsessive fear about their life span. They are more vulnerable to misinformation as well as these types of mental and psychological health issues. The existential questions like 'End of life, what after me, and care of family' arising in the pandemic. Elders are susceptible both physically and psychologically (Indian Express, 2020).

Age and ageism is a crucial text in Covid-19, the focus of this paper is to assess the vulnerability of mental health care, and the needs of elderly people. It focuses on the psychological and mental health problems of elderly people in the pandemic. The mortality rate of the elders increased due to respiratory problems and the geriatric age group is already having unique physical, socio-psychological and other environmental vulnerabilities. The additional burden of this infectious disease is neglect, loneliness, isolation, depression; anxiety, and abuse are the associated evils of social distancing among elders in the present times. It can be more problematic all over the world especially for institutionalized elderly like old age care homes. At the time of social distancing, families are responders to ensure the mental health of elderly people. Emotional support, encouraging physical activity, and ensuring nutrition among the elders may reduce the physical and mental problems of elder people. An elder in old age homes or in

isolation should need telephonic counseling to avoid psychological problems (Debanjan Banerjee, 2020).

The Societal Dilemma of Elders: Social Panorama

The majority of the world's elderly population lives in developing countries. Elderly mistreatment and neglect are hidden and ignored problems in developing countries. There are 14.8 per cent of the people affected by the novel coronavirus at the age of 80+ and 8.0 per cent of the elderly are the age of 70–79. 1.3 per cent of the people affected by corona at the age of 50–59. 0.4 per cent of the people affected at the age of 40–49. 0.6 per cent is affected below 40. The elderly are more vulnerable to Covid-19; this is because of both physical and social reasons. Health is not only a physical thing, it is also intertwined socially. Social distancing makes the loss of social security; Depleted social networks, loss of experience in social roles, and other factors are an added reason for the health issues of the elderly. On the one hand, the elder people don't have a good immune system against health problems so they are vulnerable to infectious diseases and on another hand, they might also have isolation or social mobility challenges. They can't get information and ideas about what to do and they are sometimes not able to get the food and other necessary needs. In many developing societies the senior citizens are more likely to live in poverty which makes the situation more difficult and this kind of social problem will affect the elder's health too (Kate Whiting, 2020).

When it comes to infectious diseases, older people are the most vulnerable. According to the data released by the government in India, 51.2 per cent of deaths that happened due to Covid-19 have been among adults above the age of 60 years. Anxiety among the older people increased at the pandemic time, due to the fear of infection, fear of their social guilt, embarrassment, feeling of abandonment during isolation, and fear about the future. These problems are exacerbated among the elder people, especially among those who live alone or in old age homes. The Covid-19 pandemics is reported to have affected the mental health of many, in April. The report is based on India spends interviews on Covid-19, with the elderly persons connected through helpline and support groups. The problems of elderly callers

ranged from a shortage of medicines and physical support to anxiety, fear, and anxiousness (Parul Agarwal, 2020).

The outbreak of Covid-19 and the high rate of mortality will inevitably cause mental health problems. Seniors who are living alone are more prone to feel lonely and helpless and these mental disorders could be exacerbated by the Covid-19. The elderly population faces the greatest challenges faced by Covid-19. They affected physical, mental as well as social dimensions. Their affliction will inevitably lead to a huge burden being placed upon health care systems and containment. Compared to the younger generation, due to limited access to the internet for news and updates promptly, seniors may not be well informed or prepared for the pandemic (Qing Zhang MD, 2020).

Psychosocial Tribulations of Elders

The isolation and home confinement could also increase in psycho-social problems among the elders. A digital divide is an economic inequality between social groups, broadly constructed in terms of access to the use of knowledge of information and communication technologies (ICT) based on social, economical, cultural, and political factors. Between information about rich and poor is a social divide due to the 'digital divide' and 'social divide,' the use of new technological devices for social contact is very difficult for them. They lost their formal and informal social networks in this crisis both in rural and urban areas. Elderly face great barriers to access health services and support. Age discrimination and neglect to be increasing in crisis time like Covid-19. In the critical phase of the pandemic, elder people in the social institutions could have higher risks to be isolated from the outside and they have a risk of not receiving food and medicine. Social institutions that take care of elders can act as an incubator of infection. The acute phase of the pandemic puts high pressure on the health care system and the availability of resources is not enough to cope with their needs. Social problems like the digital divide, social distancing, Age discrimination, social networks, and social institutions (like families, age care homes, and so on) play a paramount role in the aspect of the elder's health (Donatella, Rita Petrett, 2020).

Every Indian home has elderly people. The rest of the world too has elderly people but not too many countries are as hugely and densely populated as India. In many countries or societies, some more elderly people live in poverty. Poverty presents a whole range of health challenges not only to physical health also in mental health. It makes it more difficult to sustain their life in the present world. In India, there is more number of elders who live in elder homes. During a crisis period like Covid-19, they became helpless. They are compelled to be socially isolated to prevent or control the novel virus. Isolation may be a normal thing for other age groups but it creates harm among the senior citizens. The novel coronavirus creates multiple complications among elderly people (Rajkumar, Singh 2019).

The psychosocial factor of the elderly has a vital role in social and cultural dimensions. In the technological world, elders are seen as non-productive, futile, and a burden to their surroundings, families, and society. They are isolated by society and only they are considered as objects of sympathy and not empathy. Their only needs in the final period are to expect companionship and love. They wish to participate in the gatherings and functions of their family. Seclusion is the foremost reason for health problems among the elder people. Already the isolation of elders has increased in this mechanised world, but it was doubled in the crisis period. It may be a manageable one in developed countries but in the aspect of developing countries, it is a great barrier especially in highly populated countries like India. Health and economy are conjoined factors for the overall development of the country. In the aspect of health not only physical health but mental and social health of the individual emphasizing the development (Debanjan Banerjee, *et al.*, 2020).

Alienation of Elders

There is a low degree of integration of elders within the society that resets the social bond. The Pandemic time is also increasing risk factors in this phenomenon. The elders are the vulnerable people affected by Covid-19; they are easily neglected and separated from their families. The psychological thought of the elders usually is that they are meaningless to society. The elders are becoming hopeless due to the lack of social security from the cherished circles. The feeling of

frustration and inadequacy among older people is a very common thing in social isolation during the pandemic. As a result, the older people who are in social isolation in this pandemic are completely alienated from the social relationship, social integration, social interaction, families, neighborhood, work, and society as a whole. Alienation is characterized by the five type's symptoms like social isolation, meaninglessness, normlessness, powerlessness, and self-estrangement. Figure: 2 Parameters of Alienation among elder people.

Alienation among older people happens when they are dissatisfied with society. The elders are expecting more care from their surroundings and they are interested in participating in all the social aspects of their families. The elders expect social recognition from society but society considers them as unusable or unfit for anything. This neglect is a first cause to the elders that alienates them from society. This leads to a loss of hope for them and they think they are powerless to do anything. The elders become self-estranged, due to the gradual decline and disappointment about the self. The absence of social contact, social interaction, and relationship with the family and friends, an individual, and society will lead to social isolation, which in turn would foster loneliness. Living alone is seen as a potential health risk due to functional disorders, inappropriate nutrition, smoking, social exclusion, and chronic illness among the elders (Lobsang Norbu Bhutia, 2020; Micheal James, 2020; D. Raja, 2020; Karenwoodall, 2020).

Conclusion

Elders are the most vulnerable people affected by the Covid-19 pandemic. In the psycho-social aspect, the elders are vulnerable not only bodily but also socially and psychologically. Society is largely connected by a diverse set of social systems and its dynamic. The culture also diverges from one society to another. Due to modernization, cultural shock may happen; the existing culture may fuse into that of a nuclear family. The change in the family pattern will create a change in society's structures too. This pattern may be severe in this pandemic. The elders are considered as unfit for anything, but actually, they have more knowledge about cultural treatment. It may

be helpful in this pandemic. Ageing is an inevitable process; it is only for the parts of the body and not for their mind and its activity. Elders are not a burden to society; they are the responders of society.

Compared with the younger generation, they are less connected with the internet and other accessories of modern life. The elders who are living alone may feel hopeless during the pandemic. Social isolation may lead to fear of life, loneliness, normlessness, self-estrangement, and depression. Social distancing and social isolation will alienate the elders within society. The abuse and neglect from their family members or their environmental circumstances may cause stress and depression. Elders already have some underlying conditions like respiratory problems, chronic illness, and diabetes, and so on. The weaker immunity and psycho-social factors make it harder for them to fight Covid-19. The wandering and irritability can worsen and it makes it difficult to follow the instructions and the hygiene. The stress about the infection may lead to mistrust of the healthcare system and paranoia situation. The divide between the social relationship and society is a social divide and the divide between the individual and communication is a digital psycho-social divide. The social and digital divide might have happened and it was the foremost reasoning for all the problems of elders during the pandemic. The study finds that telephonic counseling, medical care, social respect, social dignity, psychological needs from their families, and personal hygiene are the immediate needs of the elders to face the challenges.

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Self-adaptive Coping Strategies among Urban Community-Dwelling Elderly Population Amidst Covid-19 Pandemic Situation in India

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ABSTRACT

The purpose of this Cross-sectional survey was to determine self-adaptive coping mechanisms associated with health distresses among the urban community-dwelling 50 elderly (Male=33, Female=17) population amidst pandemic situation in India. The respondents were telephonically interviewed. An open-ended semi-structured questionnaire comprising of fifteen questions on socio-demographic characteristics, utilisation of lockdown period, nature of physical activities, sleeping, and food habits before and after lockdown, priorities, and challenges during the lockdown, the impact of psycho-social support system and coping mechanisms of elderly people was used in the information collection. The interview transcripts were analysed using the thematic analysis method' Braun & Clarke (2006). The generated codes of the thematic content analysis included various components of health distress domains, namely mental health, social health, and physical health. Findings revealed that most of the mechanisms are

overlapping and used by the elderly are not new to them, but their impact became more significant in this pandemic time. This study conveys the messages to gerontological social workers to integrate the 'strength-based approach' more comprehensively rather than traditional perspective while dealing with elderly cases in the era of the Covid-19 pandemic.

Keywords: Ageing, Coping-strengths-based virus, Health distress, Kolkata, Lockdown, Strength-based approach.

SARS-CoV2, (Severe acute respiratory syndrome coronavirus 2), the virus that causes Novel Coronavirus Disease-19 (Covid-19), a previously unreported mystery illness or unknown strain of pneumonia first identified in the Wuhan city, of Hubei province of China (Lupia *et al.*, 2020) in December 2019. Its rapid dispersion across the globe in a matter of weeks (Cruz *et al.*, 2020), had caught countries and healthcare systems off-guard. At the time of writing, the Covid-19 global pandemic has raged for about one year, distressing more than 218 countries and territories worldwide, and affecting over 110 million people, causing over 2.4 million deaths to date (World Meters, 2020). The SARS-CoV-2 can affect any age group, but this pandemic has emerged as a geriatric healthcare concern (Verity *et al.*, 2020). The severity and fatality of this virus is higher among the elderly, as they are at a higher risk of Covid-19 infection due to their decreased immunity and body reserves, as well as multiple associated comorbidities like diabetes, hypertension, chronic kidney disease, and chronic obstructive pulmonary disease, etc. (Novel, 2020). The geriatric group already has unique physical, psycho-socio-economic and environmental vulnerabilities, owing to frailty, which is conceptualised as a sum-total exposure to the physiological and psychosocial attributes associated with age (Banerjee, 2020a). India, the world's second-most populous country, has 103.9 million elderly (Census of India, 2011) which is about 8.5 per cent of its total population. The prevalence of acute morbidity is 30 per cent in the age group of 60-69 years to 37 per cent among 80+ aged Indian elderly individuals (Bhatnagar, 2017). WHO-SAGE India-Wave-1 emphasised that chronic diseases are one of the leading causes of death in India (Arokiasamy *et al.*, 2013), highlighting the emergency to address the requirements of more protection of older adults during these times. To

prevent the spread of Covid-19, a sudden nationwide lockdown announced in India on March 25, 2020, which encouraged elderly people to practice physical distancing to protect themselves from getting infected (Ministry of Health and Family Welfare [MOHFW], 2020a), but eventually, this leads to negative impacts to their holistic health (physical and psycho-social) (Banerjee, 2020b; Mukhtar, 2020). The effect of lockdown can lead to loneliness, social distancing from their loved ones, grief, anxiety, and chronic stress that can have long-standing psychosocial effects among the elderly (Wang *et al.*, 2019; Santini *et al.*, 2020). Additionally, the fear of pandemics can also be an increased effect on the mind of the elderly as they are aware of their vulnerability. On the other hand, due to generation limitations and cognitive deficits, many elderly may be unaware of the latest updates of Covid-19 and lockdown situations, which makes them easy targets of misinformation and inadequate precautionary measures, which needs to be followed at present (Banerjee, 2020a). Therefore, understanding and addressing the geriatric group's special needs and coping strategies during the Covid-19 pandemic are essential. Coping is defined by Folkman and Lazarus (1980) as "the person's constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as exceeding the person's resources". A review study conducted by Ribeiro *et al.*, (2017) explained that, when elderly people faced ageing or adverse circumstances, they used several coping strategies with favourable and unfavourable health results. Thus, it is high time for the policymakers, researchers, and gerontological social workers to recognise the coping strategies of the elderly population amidst the Covid-19 pandemic situation in India. India had already recorded more than 12 million confirmed cases and over 1,55,913 deaths to date (17.02.2021) (Ministry of Health and Family Welfare [MOHFW], 2020b). To understand and tackle the healthcare challenges of ageing societies posed by the situation, this study aims to identify the self-adaptive coping mechanisms associated with health distresses among the urban community-dwelling geriatric population in India.

Method

Sample

Fifty community-dwelling elderly people aged 60 years or older with a mean age of 69.98 ± 7.53 years residing in Kolkata (W.B.) were selected by convenience sampling method for this study. The contact details of these respondents were obtained from an organisation, named *Banchbo Healing Touch* (Socio-Cultural Association in Kolkata). Initially, a list of 70 elderly persons, keeping in mind a wide range of socio-demographic variations, was prepared. (**symbol)

All the individuals on the list were approached for participation and informed about the purpose of the study. After obtaining consent, a list of willing participants was made, and the researchers communicated over the phone following their convenience. After exclusion (due to physical disability, unwillingness, and unavailability) of individuals, 50 elderly persons were selected.

Out of these participants, 66 per cent ($n=33$) were male, 72 per cent ($n=36$) were married, 48 per cent ($n=24$) were living with a spouse, but without children, 86 per cent had graduation or above education, and 39 per cent ($n=43$) belonged to the economically stable group.

Tool Used

To answer the research questions, the researchers developed a topic guide checklist based on the literature reviews. Topics covered the essential socio-demographic characteristics (e.g. age, gender, marital status, living arrangement, educational status, and perception of economic stability), utilisation of lockdown period, nature of physical activities, sleeping, and food habits before and after lockdown, priorities, and challenges during the lockdown, the impact of psycho-social support and how challenges could be overcome for the betterment of elderly people. The pre-tested open-ended semi-structured questionnaire (in the Bengali language, the mother tongue of the study participants) was administered individually. However, the questions varied concerning older adults' suggestions, modified or eliminated some questions as well.

Procedure

In this cross-sectional survey in-depth telephonic interviews were conducted and with the participants' permission, interviews were audio-recorded. The discussions lasted 1 hour, 40 minutes to 2 hours. The interviews were conducted over one month (March 25 to April 30, 2020).

The interview transcripts were analysed using thematic analysis. This analysis was carried out based on the Braun & Clarke (2006) method. The first step of the analysis is reading and re-reading the transcripts to get a rich overview regarding the diversity of material gathered. The first author (SD) reviewed and coded the transcripts. To improve inter-rater reliability, selected transcripts were reviewed by another researcher (AD) to check for bias and alternative interpretation of the data. Discrepancies were discussed until consensus was reached. At the end of this step, the codes were organised into broader themes that seemed to say something specific about our research question. Results and data saturation were discussed after the review of all the themes. Themes and respondents were chronologically leveled in Arabic numerals (e.g. Respondent 3.2 for theme number 3 and participant number 2) for the convenience of the analysis and representation.

Results and Discussion

The three major themes central to self-adaptive coping experiences included (1) mental health distress, (2) social health distress, and (3) physical health distress.

(1) *Coping strategies for mental health distress:* The majority of the elderly respondents of this study talked about their anxiety and helplessness to avail of necessary items and the difficulties of standing in a queue in the markets and medical shops. Some of them tried to confront the situation by planning in their way. "I prefer to visit the market at very early morning to avoid queue and crowd as well" (Respondent 1.1, female, 78 years, living with a spouse but without children). On the other hand, most elderly individuals have relied on their well-wishers, administration, and NGOs to cope with the situation. "My neighbours are accommodating; they are well aware of the fact that I am an elderly woman and living alone in this situation.

They are helping me to avail my daily needs” (Respondent 1.2, female, 62 years, living alone). “...and to be honest, I never expect help from anyone. However, I found that local administration is quite active to help needy people. Thus I called them for medicine, which was not available at nearby shops. Furthermore, they helped me to find the same within two days” (Respondent 1.3, male, 71 years, living with a spouse without children). Many individuals shared the stress among them which was highly triggered by TV news and daily newspapers. These days it is mostly focused on several disappointing news regarding the Covid-19 pandemic situation. “I prefer to watch old movies to avoid my stress and loneliness as well” (Respondent 1.4, female, 70 years, living alone). “During our free time, we sat together and recalled our old days through the photo albums we have with us” (Respondent 1.5, male, 81 years, living with a spouse without children).

(2) *Coping strategies for social health distress*: The researchers found that ageing perceptions influence the social behaviours of the elderly. The elderly people, who still have the responsibility towards the family members in decision making and financial aspects, Covid-19 pandemic do not affect their livelihood. They expressed that self-motivation is the only way to deal with the same. “Age is just a number! I still have lots of responsibilities for my family. So, I never judge myself as aged” (Respondent 2.1, male, 61 years, living with spouse and children). “I have struggled a lot to survive my whole life, now it is time for enjoyment. I do not believe that I am vulnerable rather this virus can affect anyone at any age” (Respondent 2.2, male, 78 years, living with a spouse but without children). Many elders are staying alone or with a spouse, but they are worried about their children and themselves without children. In this situation, social media and networking technology play a vital role in managing the fear of social distancing. “We are retired and living far away from children... so what we have is time; thus we are spending lots of our time on phone calls and video calls to children and other relatives” (Respondent 2.3, male, 71 years, living with a spouse without children). “Most of the TV channels are telecasting old television series, and I am spending plenty of my time watching them” (Respondent 2.4, male, 60 years, living alone). “Facebook and WhatsApp are now a huge part of my leisure time” (Respondent 2.5,

female, 65 years, living alone). Neighbours, friends, and relatives, those living near the elderly, provide tremendous social support to them during social isolation due to the Covid-19 pandemic. “I am unmarried and lived all alone during my post-spine operation period. But I came to my sister’s place on the very first day of lockdown. Now she is my only support system” (Respondent 2.6, female, 74 years, living alone). Few elderly women individuals highlighted the problem of gender stereotyping in their families. Due to lockdown restrictions, all the family members are at home, but the women members are the only ones taking all the responsibilities of household chores. Furthermore, they believed that the only way to cope with such a situation is cooperation and help from other family members, and it is also prominent from the comments of other male elderly individuals. “I am doing household works with my family members. We have divided our works; otherwise, no one can do all the things all alone” (Respondent 2.7, male, 80 years, living with a spouse without children).

(3) *Coping strategies for physical health distress:* The elderly expressed that they have to change their food habits because they face digestion issues due to less physical activity. Thus, they are trying to retain the nutritive value of food, by decreasing the quantity, but not compromising the quality. “We have to decrease food items” (Respondent 3.1, female, 71 years, living with a spouse without children). “We have stopped eating spicy and oily foods” (Respondent 3.2, female, 64 years, living with spouse and children). “Strong immunity is the only key weapon in the fight against Covid-19 thus my priority is to concentrate on my immunity system” (Respondent 3.3, female, 65 years, living with spouse and children). Elderly individuals described that most of them are highly dependent upon their domestic help for their daily activities. However, due to lockdown, most of them asked their maid or other domestic help to avoid coming until further notice. So, to manage the situation “we are trying to use technology-driven methods to mop the floor or wash the clothes, etc. by avoiding physical stress” (Respondent 3.4, male, 78 years, living with a spouse without children). But another individual highlighted that “doing all the work all alone is not possible for me, so I am allowing my domestic help but only for three days in a week but

maintaining all the precautions” (Respondent 3.5, female, 65 years, living alone). Another issue emphasised by some individuals is that they feel suffocated to wear masks and gloves, which irritates them much. Thus, they commented that “I have to visit markets and ATMs for daily needs, but I am taking care of other precautions” (Respondent 3.6, male, 82 years, living with a spouse without children). Phobias regarding health are also common among elderly participants. Some participants mentioned that they like to be involved in things that help them to be healthy, “...doing exercise during lockdown is not easy, but to keep me healthy I woke up at very early morning and chose to exercise at my terrace” (Respondent 3.7, female, 64 years, living alone). “We scheduled our whole day in such an interesting way, that we never felt that we are passing through a terrible time rather this phase is helping us to improve our quality of life” (Respondent 3.8, male, 82 years, living with spouse and children). The elderly face the fear of seeking health care or intervention for their medical complications due to lockdown restrictions. However, to deal with the same, it is necessary to communicate or consult medical practitioners regarding an emergency problem rather than postponing or avoiding the situation. “I have postponed my cataract surgery by consulting with my doctor and knowing the fact that it is not an immediate issue” (Respondent 3.9, male, 82 years, living with a spouse without children). “I have high blood pressure, diabetes, and several other medical conditions as well. So, being aware of the fact that comorbidity increases the risk regarding Covid-19, my family suggested me to postpone my monthly doctor visit” (Respondent 3.10, female, 78 years, living with a spouse without children).

The coping mechanisms observed under the mental health aspect showed how the population dealt with anxiety and helplessness. The elderly participants choose to explore ways to become self-reliant and self-dependent without expecting much from others. However, unexpected assistance and positive receptivity of help from others to cope with mental health distress are also well appreciated by the participants. Coping strategies by having a positive outlook towards the neighbourhood and perception of cohabitation and coexistence with the neighbourhood community can be interpreted by Urie Bronfenbrenner’s Ecological Systems Theory (Bronfenbrenner, 1981).

It explains how human development and behaviour are influenced by different environmental systems, especially micro, mezzo, and Exo systems comprising friends, neighbourhood, and community. Present study findings highlighted that if the people were a little empathetic towards the elderly especially during vulnerable times like the Covid-19 pandemic, then the greying population could live more comfortably. Community inclusivity and environmental modification can decrease much elderly anxiety. Few external non-human factors can play as negative instigators or some can play as stimulants among the elderly population for coping. The present study found that news channels and newspapers can influence discouragement to cope up with mental health distress attached to the pandemic, while some external non-human factors like old photo albums stimulate coping mechanisms among the elderly population. So, it is not the lack of awareness that pushes the elderly population towards stress, but the lack of empathetic gestures that trigger anxiety and helplessness among them.

The findings of this study have reflected how the urban elderly population has dealt with the challenges and difficulties that emerged in social health contexts. During the lockdown period, for the sake of maintaining physical distancing, the elderly population is pushed to become distanced socially with children who are living far away or with relatives who cannot visit them. To cope with the unprecedented lengthening of the 'physical distance', the participants have tried to use networking technology (phone calls, video calls) to connect with their children and relatives, at least virtually. Social media applications in technological devices like mobile phones have also helped elderly participants to cope with their solitary times. It was found that involvement and a sense of responsibility towards the family tend to diminish the feeling of being aged. Not exactly like a young parent but continued responsibility towards the family may have a positive perception regarding ageing in the minds of the elderly people. It can also help them retain their self-motivation to remain socially active. The societal notion that ageing leads to suffering or makes a person weaker or vulnerable has been negated. Proven facts also support the coping perception of the elderly that it is not only age that makes one susceptible to get affected by the Covid-19 virus, but it is also the

immune system – which might be deficient in any person, irrespective of the person's age (The Economic Times, 2020). However, it is also required to realise that an increased careless perception of 'enjoying life' and decreased attention towards staying safe from contamination may harm the health of the elderly. The present study also highlighted that the absence of social support and the prevalence of gender stereotyping in some families, especially in household chores' responsibilities. It is observed that due to increased gender roles and participation of male members (gender role reversal and interplay), an understanding and sensitisation has occurred in them that household chores are a shared responsibility and not one person's duty in a family.

Physical health problems of the urban elderly population are varied. However, the related coping mechanisms can be categorised into mostly preventive strategies and some curative strategies. The elderly participants explained that most of the physical distresses (e.g. indigestion, constipation, etc.) was due to decreased physical activity during the lockdown, which they took care of by reducing food intake and/or by stopping to consume spicy and oily foods. Some were also undertaking a few curative strategies with possible ways of regulating food intake and took preventive measures to stay healthy from Covid-19 by prioritising those foods that enhance immunity. On the other hand, many participants commented that preventive measures like wearing gloves, masks make them feel suffocated or irritated, but those problems appear secondary as they take all the prevention while going out. The study also highlighted that the older adults who cannot go outside to exercise, manage to cope with the situation by lacking exercise at their terrace early in the morning. Physical involvement and staying busy by maintaining a physical activity-based routine helps to cope with the changing times and holistically keeps the elderly healthy. Prioritising the health treatment needs is another way of preventive coping mechanism that the urban elderly population has adopted. To deal with the restrictions, they postponed the monthly doctor visits and/or surgeries which is not an urgent requirement, as they are aware of the fact that they are more vulnerable for Covid-19 due to their comorbidities. The present study also explained that concern over the domestic help's safety and the preventive safety

measures are maintained by the elderly population during the lockdown period.

While assessing the coping mechanisms associated with health distress under the three domains separately, it was observed that interrelations and interdependence between the domains might affect the effectiveness of the coping mechanisms adopted by the elderly. An elderly using a primary coping mechanism to deal with mental health distress is assumed to have substantially coped with social and physical health issues. If otherwise, the elderly would not have been satisfied with the outcome of the primary coping mechanism in the first place. Also, the fact that the elderly prioritising to cope with social health issues does not substantiate that he/she is also coping with mental health and physical health problems. Similarly, having the narratives cover the primary coping strategy used by the elderly does not restrict the particular elderly to use another coping strategy considered as secondary, which again may be a primary coping strategy for someone else. However, this study highlights the fact that determining effective coping strategies for elderly individuals is essential to remove the strain level and find out the root cause of the distress by providing a long-term solution. This information is also needed for a better understanding of Covid-19 transmission and controls health care expenses.

Conclusion and Suggestions

The findings of this study revealed that most of the self-adaptive coping mechanisms used in the elderly were interrelated and not new to them. It is only that their impact became more significant in the era of the Covid-19 pandemic. The observed coping mechanisms became essential and indispensable for the health and survival of the elderly who are vulnerable to comorbidities and other risk factors. Continued adoption of the mechanisms might make the elderly population resilient in the crisis. The observed needs and capacities of the elderly also might help the policymakers revamp the geriatric policies accordingly.

The gerontological social workers can also adopt the 'strength-based model' more comprehensively than the traditional perspective while dealing with urban elderly cases. The study has opened possibilities for further research on the differences and

similarities of self-adaptive coping mechanisms among the urban, semi-urban, and rural elderly populations worldwide. It shall also be interesting to explore how these coping mechanisms evolve in post-pandemic situations in the study population.

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Covid-19: A Personal Account

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I am a specialist consultant physician with nearly 45 yrs experience of working in the British Health Service looking after mainly ‘older’ people with complex medical problems. I retired from ‘active’ clinical activities a few years ago; at present involved only in teaching, lecturing, writing and many other charitable work in the UK.

Like all other socially alert individuals all over the globe, I also heard about an ‘infection’ in China sometime in December 2019. I was told that this was due to some ‘rare’ virus like an earlier one known as SARS (severe acute respiratory syndrome) occurring in many countries causing significant fatalities.

Initially the overall public reaction was somewhat muted; people thought that would afflict certain groups of Chinese only residing in China. Unfortunately no one had realised how this disease would rapidly spread to the rest of the globe causing lots of sufferings and deaths, as a global pandemic. The World Health Organisation labelled this ‘new’ infection due to a hitherto unknown virus – Covid-19 (coronavirus disease 2019).

At that time/stage in early 2020, not much was known about the natural history and clinical effects of this virus; and as to be expected, there was no available recognised treatment or cure. Needless to say

the full effects and range of the virus was not understood. The infection had reached the mainland Europe (mainly Italy and Spain), United States and different parts of Asia and Africa by early 2020.

Handling of the disorder was by isolation, not to come in contact with any other person, washing both hands with soap and warm water for 20 secs frequently and to wear protective face mask. And these were the advice from the World Health Organisation and adopted by most countries – some more strict than others.

Within a few weeks the ‘seriousness’ of the infection was realised; an acute respiratory illness requiring assisted ventilation proceeding to multiple organ failure and untimely unfortunate death! It was noted that older subjects and those with ongoing serious ailments, cancer etc, had become the major victims. General Hospitals were flooded, ventilator support beds became exhausted; there developed a ‘crisis’!

In Britain, care of older people is a very important medical and social entity; subsequently all older people were advised (and instructed) to isolate themselves and to stay at home.

Let me look at this aspect in a little more details. I have been practising ‘Care of the Elderly’ as a senior specialist physician in Britain for many years and I would like ‘to make an overall observation on the standards of care for the older people with Covid-19’

In this country, although the majority of older people live in the community with or without their family, a significant number are looked after in ‘care homes’ under strict guidelines of the State Health Care System. The payments are related to their individual circumstance and many receive the total cost of their long term care.

On this occasion, a panic occurred at most large hospitals; no one knew what was going on, no proper set up, shortage of beds, subsequently many elderly with on going physical/mental problems were ‘discharged’ to the nearby care homes without a proper assessment of their Covid status and thus the infection got spread to many care homes and affected many frail and disabled elderly, many of whom sadly died as a result. This resulted in a national outcry!

The ‘personal protective equipments’ (PPE) offered to hospital doctors and nurses/care staff were not available to the ordinary care workers at the care homes; no aprons, no proper gloves, no plastic face

protection masks. More over there was no official arrangement for those elderly patients and care staff to get a test for COVID as for the staff in acute hospitals. To be honest, perhaps this was not intentional but mainly the result of a national panic!

The other special effects of Covid on older people are due to long term isolation and home confinement without any one visiting them, including close relations. In many cases, close relations were forbidden to visit care homes, causing exceptional psychological adversities for all concerned. Mobility also deteriorated due to prolonged stay at home; depression had become common and clinically evident. We all know how important it is for older people to communicate with others; this, however, has stopped. These are some of the ‘unnoticed’ effects of this pandemic. Hopefully the overall care-scenario of the frail older people is changing slowly; authorities are attempting to rectify their earlier errors!

We are now almost in December and subsequent to enormous world research and a series of discoveries we all sincerely hope that proper immunisation measures will soon be available and not before long, perhaps some form of effective treatment too. The overall social and medical effects of this pandemic are becoming evident and no doubt, will affect many more older individuals in the future, long after the pandemic comes under control, whenever that happens.

Arup Kumar Banerjee
Bolton UK

Nov 2020

(references from British Medical Journal, The Lancet, The New England Journal of Medicine, Age and Ageing, various bulletins from Age UK, National Care Forum, Dementia Forum etc – I have deliberately avoided the various social media often with incorrect and fake news/information)

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