



Social Connect: Is it a Source of Resilience in Urban Elderly during Covid-19?

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Abstract: COVID19 pandemic had impacted the routine of one and all across the globe. This study was to understand the emotional well-being during the lockdown time period. It was based on the presumption that the elderly are especially vulnerable during the pandemic as they could not step out with persistent warnings that the virus could prove fatal for them. 54 elderly in the age group 60 years and above living with spouse, with or without children in the NCR of Delhi comprised the sample of the study. The exclusion criteria were elderly with chronic illness and/or death of spouse. The data collection was largely done through google generated questionnaire and social media messaging apps. This was supplemented with follow up calls if required for clarity. The research findings report the challenges faced by the elderly during such trying times. Limited mobility, prolonged stay at home, disrupted routine with increased workload in the absence of a maid and fear of contracting infection were reported as factors causing stress. Interestingly most reported coping well with this stress. The support system of partner, children and friends emerged to buffer the anxiety if any. Digital socialization, friends and family emerged as resilience promoting features during this time.

Key Words: Elderly, COVID, well-being, resilience.

1. INTRODUCTION:

The process of ageing starts from the day we are born. A child becomes one year 'old' on its first birthday itself! During the process of ageing, the person undergoes a series of developments that impact the present and the future. In the course of one's life, the experiences encountered by an individual play a major role in defining the value of life. Years add to one's experience and the quality of these experiences adds to one's well-being especially in the advancing age. However, ageing is not an absolute term. There can be no concrete definition of old age. Using biological age as an indicator for old age is just one perspective. According to World Health Organization, the ageing process ('normal ageing') represents the universal biological changes that occur with age and are unaffected by disease and environmental influences. Physical ability and mobility is one of the major affected areas in old age. Biological process of ageing makes body fragile and prone to falls. In fact, many a times it is not clear if brittle bones and weak ligaments caused a fall, or vice versa. Based on the physical capacity to work, the old are placed in three categories:

- Recent old who are still active and undertake normal activities without support;
- Old who work with difficulty and hence have reduced activities;
- Very old who work with difficulty in the home or not at all. (WHO, 1999)

It is important to note here that individuals of the same age could be 'recent old', 'old' or 'very old' based on their capacity to work. There is not one parameter that contributes to this capacity. A host of factors are responsible in increasing or decreasing one's capability to perform daily activities. So biologically one's body will age almost equally with their cohorts but the other factors will determine the quality of this process. There are cultural differences in the 'roles' of elderly. Social stratification and orientation play a major role in contextualizing elderly. Ageing is inevitable, what is essentially needed is making provisions to ensure their positive mental and physical health involving family, community or other ways.



Challenges of elderlies in India:

Advancement in medical facilities in the past few decades has led to increase in the percentage of active elderly population world over. Census shows increase in population of elderly in India as well. By 2025, the geriatric population is expected to be 840 million in the developing countries (WHO). UN has projected an increase of 20% in share of elderly in India in 2050. Hence independent seniors are the new demography and need to be accounted for and catered to. In India elderly population is vulnerable due to factors as unattended chronic diseases, malnutrition, unaffordable medicines and treatment. The government's role on elderly social security is far from needed. In urban areas, there are issues related to social isolation and elderly are primarily dependent on hired domestic help to meet their basic needs (Rajan,2006). Hence an interest developed to understand the impact of ongoing Covid -19 pandemic on them keeping their vulnerability in mind. The assumption based on review of literature was that elderly in urban areas experience social isolation and loneliness. In a study by Lena et al.(2009) 47% respondents had reported a feeling of unhappiness and 36.2% had reported a feeling of being a burden to the family. The present study has tried to understand how elderlies responded to the period of lockdown and a constant fear of contracting infection.

2. LITERATURE REVIEW:

Geriatric care is relatively new in a developing country like India (Ingle, Nath 2008), although the proportion of elderlies has been adding. As per the 52nd round of National Sample Survey Organization, nearly half of the elderly are fully dependent on others, while another 20 percent are partially dependent for their economic needs. The needs of elderly are not homogeneous; it varies according to their age, socio-economic status, health status and the standard of living (Siva Raju, 2002). Improved life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. The ageing process being diverse and different puts a great demand on *multi-disciplinary and multi-activity* research strategy, to concentrate on contemporary ageing issues in society (Siva Raju, 2011). There is a need to initiate requisite and more appropriate social welfare programmes to ensure life with dignity for the elderly (Mane, 2016). In fact, it has not been very long ago that policies and social welfare programmes were passed for elderly. (Gokhle, 2005).

3. METHOD:

The elderly populations that were a part of senior citizen group were purposively identified in different locales of Delhi- NCR. Snow ball sampling helped in adding more to the sample universe. 54 elderlies in the age group 60 years and above living with spouse, with or without children in the NCR of Delhi comprised the sample of the study. The data collection was largely done through google generated questionnaire and social media messaging apps. This was supplemented with follow up calls if required for clarity. The exclusion criteria followed was elderly with chronic illness and/or death of spouse. The information was collected on the demographic profile as age, sex, SES, educational qualification and family details. The other themes probed were health status, impact of Covid-19 on their routine and engagements during this period. Factors causing stress, support system and sources of resilience were also of interest and explored. The forms were sent to around 80 people but complete information could be gathered from only 54 elderlies and has been analysed.

4. RESULT/ DISCUSSION:

The results from the study have been divided into four sections. The first section reflects demographic profile of the elderlies followed by the second section which refers to the impact of Covid-19 on the routine. The third and fourth section depicts the stress causing factors and the support systems or other sources of well-being and resilience that facilitate the coping during such demanding times.

4.1 Demographic profile of the Elderlies

This section covers the demographic profile of the elderlies. It includes indicators such as age, sex as well as health status as perceived by them. The family structures and socio economic status has also been noted. The respondents were mostly young old in the age group of 65-70 years (50%) and 70-75 years (28%). The family structure was a mix of nuclear (44%) and joint families (56%). The socio-economic status was middle or upper middle income group (87%). The educational qualifications were mostly graduation or above (91%).

Table 1: Profile of elderlies

Age and gender of elders	Male	Female	Total
65 -70 years	17	10	27
70 -75 years	9	6	15



75-80 years	6	2	8
80 years and above	2	2	4
Total	34	20	54

Analysing the health status as perceived by them, most of the young old reported to be active and enjoying good health (56%). Ageing related changes had affected mobility (37%) or activities of daily living in 44% cases. Refer to the figure 1 below.

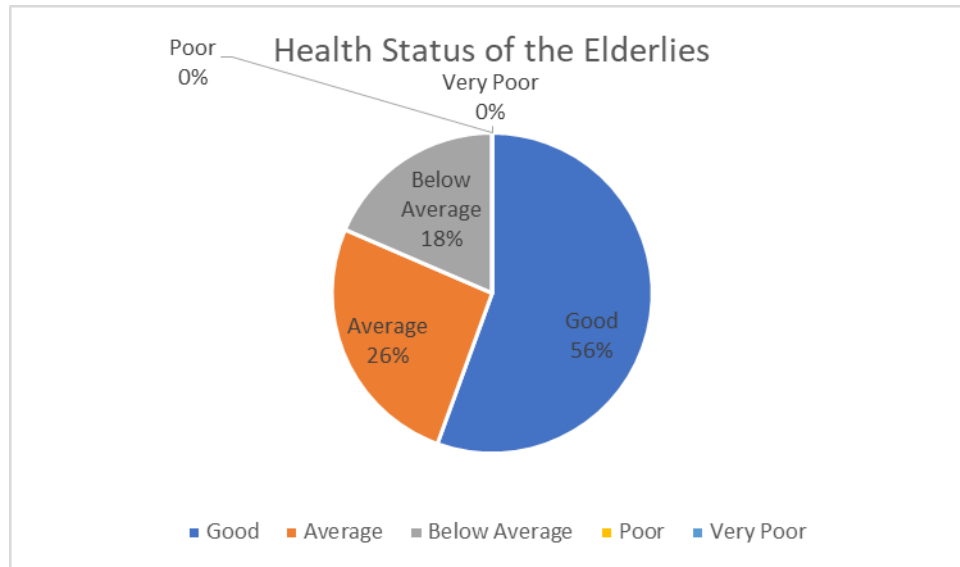


Figure 1: Health Status as reported by the Elderlies

4.2. Impact of Covid-19 on routine:

How Covid-19 had impacted the daily routine was of interest, hence questions were structured around any changes during the lockdown, family routines and how time was being spent. The elderlies were asked about the time spent on various activities before and during the lockdown. Covid-19 lockdown had forced the elderly to spend time at home while they were usually outside for 3-5 hours on a daily basis before this lockdown. This was reported by 63% of the sample. 47% reported no change in sleep or eating pattern. The various activities they engaged in before and during the lock down have been collated in the fig 2 below. It can be clearly interpreted that lock down had increased house chores and television viewing time. While before the lock down, these elderlies were spending time on recreational activities outside home, meeting friends and travelling.

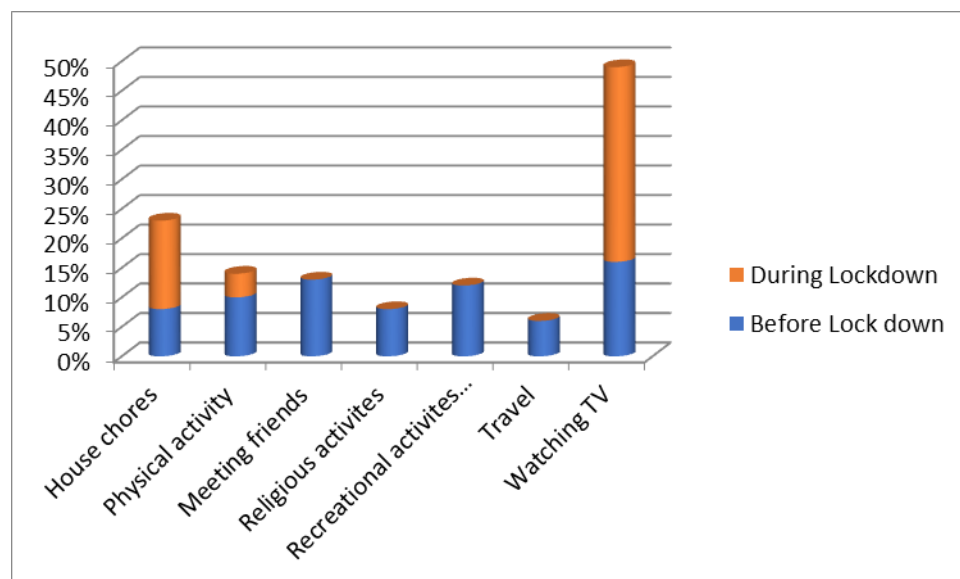


Figure 2: Engagements before and during lockdown



4.3. Stress causing factors:

The different factors if any that were a source of stress or anxiety during this period were also probed and have been recorded(Fig 3). The responses to factors causing stress were more to do with prolonged home stay and disrupted routine of the family members. Many respondents stated that they had active morning and evening walk groups and used to spend time talking together which has been restricted by the lock down. Some were anxious due to uncertainty related to Covid-19. One of the respondent stated, *“I have not stepped out of house to buy things. All groceries are ordered on line. Earlier my son ordered for me, but I have learnt it now.”* Yet another stated that *“I am scared of visiting the bank also. In case of very emergent situation if I go, I prefer early morning time.”* *“I am not going to dispensary to pick medicines due to covid-19. I fear catching infection, so not getting my tests done”*, was one of the response showing how the elderly are delaying their health care needs. Increase of household work in the absence of maids also emerged as a stress factor. One of the female respondent said, *“disinfecting and cleaning vegetables takes so much time, so I buy once in a week. We both spend the day cleaning and putting them in place that day.”*

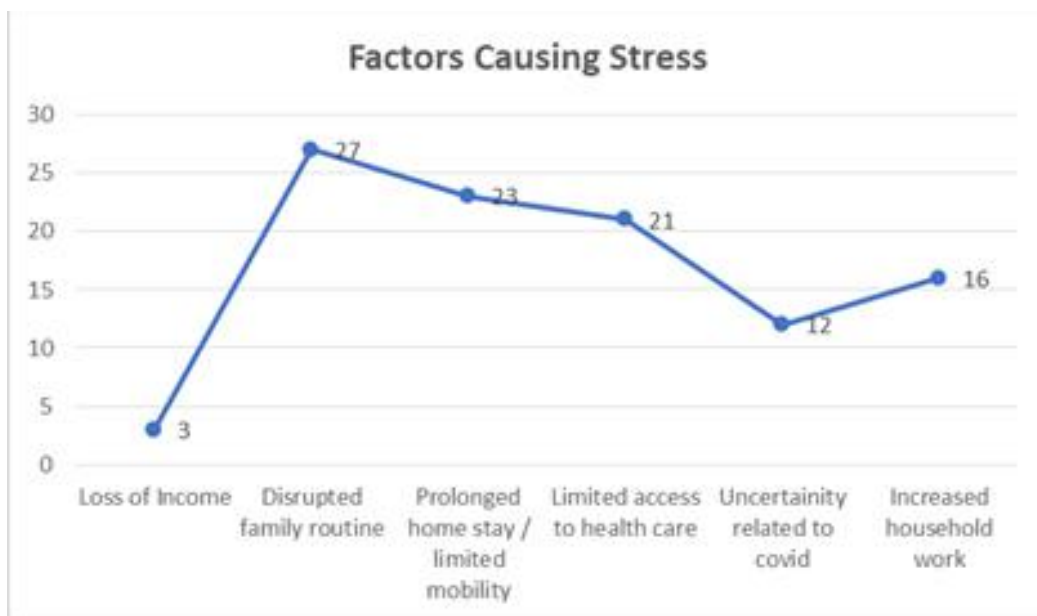


Figure 3: Factors Causing Stress

4.4 Sources of well-being and Resilience:

The elderlies were also enquired about their satisfaction level with the new routine, how they are coping, their support systems and what they are doing to ensure positive mental health during the restrictive lockdown. The responses have been documented below. 69% respondents reported coping well with this situation. This could be attributed to a good support system that fostered their well -being in this difficult time and added resilience to adapt to the new normal.

4.4.1 Support System:

Partner (35%) and friends (31%) emerged as a big support system for them, closely followed by children (27%). Most of the elderly in the study were active members of a senior citizen whatsapp group. One of the respondent stated, *“We all are together in this time.”* The important messages about Covid-19, immunity boosting home remedies, society sanitization and safety measures were discussed on these digital media social platform. In fact, when infection spread in a few houses, how food supplies are to be maintained or garbage disposal is to be done safely were some of the aspects worked upon by this active community.

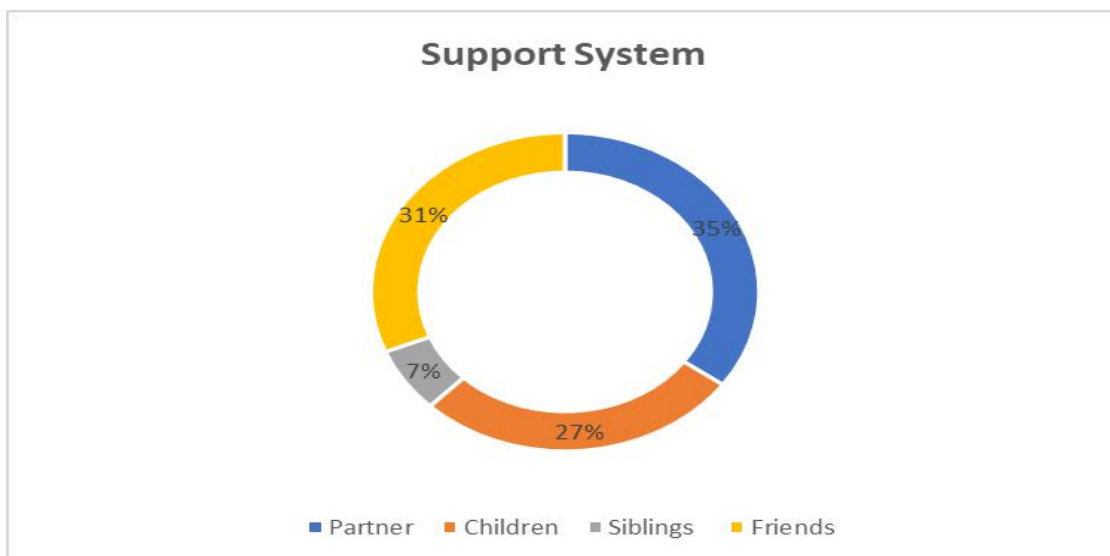


Figure 4: Support System reported by Elderlies

4.4.2 Source of Resilience:

One the question asked was what were the elderlies doing to ensure positive mental health during the restrictive lockdown. The responses received have been arranged in the Fig 5. Some interesting responses received have been elaborated as well. Six respondents stated that they used to play tambola (a game) in the evening through their whatsapp group. One female respondent stated sharing videos of good recipes in their group. Three respondents stated that since they could not visit their religious place during the lock down, they had made arrangements where in their temple/ gurudwara organizers would play bhajans on a loud speaker. Group calls on a fixed time in the day were also reported by a few (9). Keeping a healthy routine also seemed to a significant factor.

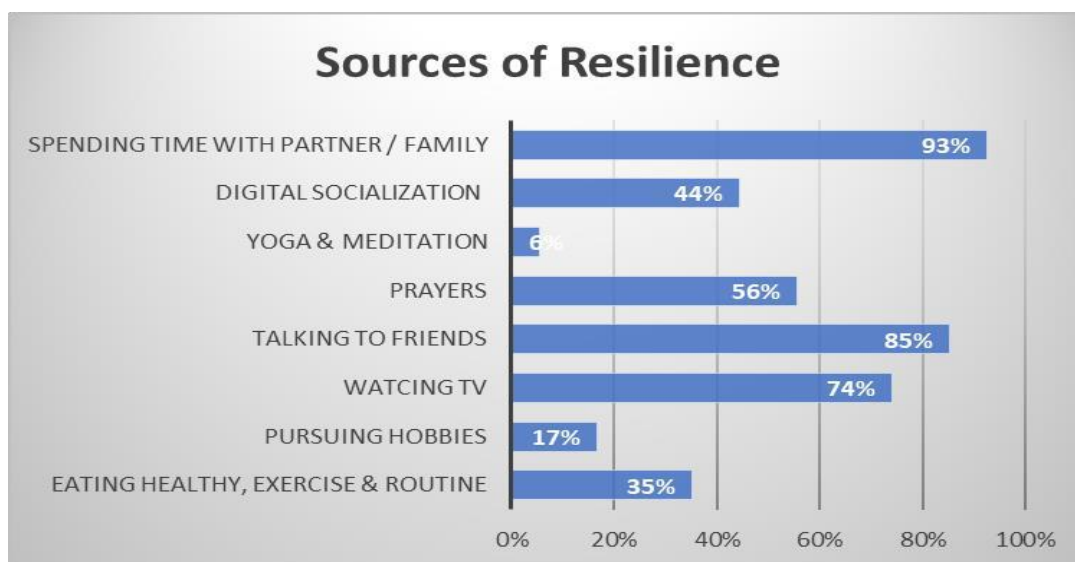


Figure 5: Source of Resilience

5. CONCLUSION:

The data gathered highlights that the elderly population is diverse and active. Better medical facilities and health care has ensured active adults. Hence we need to redefine our perceptions towards the aged and ageing. Covid-19 has been a major blow to people all over the globe, with elderlies projected to be more vulnerable to this fatal infection. Lockdown imposed had affected their family routine and pursuit of recreational activities outside the house. It had led to increase in household chores due to sanitization regime and absence of help. However, they coped largely well to this new normal. Partners, children and friends connected through digital media seemed to have kept them abreast and active in an otherwise anxiety driven lock down situation. However, the data is representative of elderlies



from middle and upper middle socio economic status in urban set up only and does not account for a large percentage of elderlies living in difficult circumstances. Yet it does suggest the sources of well- being and resilience for the aged in this sample universe to plan for this changing demography.

REFERENCES:

1. WHO (2002) University School of Nutrition and Policy. Keep fit for life: Meeting the nutritional needs of older persons. WHO, Geneva, Switzerland.
2. Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.
3. Lena A, Ashok K, Padma M, Kamath V, Kamath A (2009) Health and Socio Problems of the Elderly: A Cross Sectional Study in Udupi taluk, Karnataka. Indian J Community Med 34: 131-134.
4. Krishnaswamy B, Sein U, Munodawafa D, Varghese C, Venkataraman K, etal. (2008) Ageing in India. Ageing International 32: 258-268.
5. Siva Raju, S (2002) Health Status of the Urban Elderly: A medico-social study, B. R. Publishing Co., Delhi.
6. Siva Raju, S (2011) Studies on ageing in India: A review, BKPAI Working Paper No.2, United Nations Population Fund(UNFPA), New Delhi
7. Mane,A.B(2016) Ageing in India: Some Social Challenges to Elderly Care. Journal of Gerontology& Geriatric Research 5:136.
8. Gokhale, S.D. (2005) Towards a policy for ageing in India, In Phoebe S. Liebig and S. Irudaya Rajan (eds.), An Ageing India: perspectives, prospects and policies. Rawat Publications, New Delhi.