

Challenges Of Elderly People In The Covid-19 Pandemic

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Abstract: Coronavirus disease 2019 (COVID-19) prevails as an exceedingly transmittable disease, was first noticed in Wuhan, China, in December 2019. The disease has spread to most of the countries and territories around the world. India is not an exemption; the disease was first identified on 30 January 2020 in Kerala. The number of infected people in entire India is rising day by day. This study focused on the difficulties faced by elderly people who are predominantly affected during the span of COVID-19 Pandemic. Elders were mainly influenced by social vulnerability; especially experienced at the times of lockdown and quarantine were loneliness, anxiety and uncertainty can give rise to depressive disorders and insomnia. The challenges faced by the elders during COVID-19.

Keywords: Elders, Social Distance, Social Exclusion, Alienation

1. INTRODUCTION

On December 31, 2019, China reported the World Health Organization (WHO) of a bunch of pneumonia cases of an unidentified cause in Wuhan City in Hubei province (WHO Situation Report-1-January 21, 2020). Basically, SARS-CoV-2 is different from other corona virus; it can affect people of all age groups, but the higher risk of severe COVID-19 disease influences the older people and those with underlying medical conditions. For adults and children, it can cause a significant percentage of colds and are not a serious threat for healthy adults (Armitage and Nellums, 2020). But in the case of elderly people, they are facing so much of problems in this pandemic situation. They face physical as well as psychological problems because of this lock down and social distancing. They were restricted from their daily activity and also facing restriction in accessing their basic services.

The restriction faced by the older people has made to become weak in their physic and also to get psychological problems. These changes resulted in aggravation of chronic diseases and the immobility also makes them to face so much disorder in their physic. They started to think they got isolated from the main stream of the society. Generally speaking older people need listeners to share their thoughts and feelings and this was fulfilled by their friends or grand children but the social distancing has put an end to this because when the parents are at home children may not spend time with them and due to lock down they cannot go out to meet their friends. These situations have made them to get frustration and when the financial situation the family is not good then they are getting dual stress. Another side, they fear about the Covid-19's infection because of the news they hear from people in the medical field and media about the virus Covid-19. Due to less immunity the virus infects the old people and children easily when compared to young and adults.

The heightened risks of COVID-19 for older persons are evident in all national data (WHO Coronavirus, 2020). Older persons living in long-term care facilities, such as nursing homes

and rehabilitation centers, are particularly vulnerable to infection and difficult outcomes from COVID-19 (WHO interim guidance, 2020). Older people, particularly affected by COVID-19 need special attention during the COVID-19 crisis, and should hear their voices, respect their opinions and concerns must be heard. Isolation is the known temporary precautions for this pandemic. Unfortunately, elders face difficulties in self-isolating them. Care giving of grandchildren, a role undertaken by some older persons, can augment the risk of COVID-19, as it makes it impossible for older persons to self-quarantine (Lloyd-Sherlock, 2020). In addition, the higher mobility of younger family members living under the same roof adds additional risk of infection for older persons.

2. THEORETICAL APPROACHES TO THE STUDY

Gerontology, study of ageism has many theories for understanding and analysis the problems and solutions for the elderly in all circumstances. Although, the area of study touches various types of theories like social exchange theory, salutogenic theory, mistreatment interpersonal theory, social learning theory, stressed caregiver theory, etc. it mainly focuses on the salutogenic theory and the social exchange theory (Skinner, 1996). The other theories like Caregiver Stress Theory explains that elder mistreatment occurs when a vulnerable elderly was under the care and control of an adult family member at home may not be able to manage their care giving responsibilities. The elderly person is considered as dependent on the caregiver who becomes frustrated and abusive because of the continuous caretaking needs of the un-well care recipient. Social Learning Theory (Bandura, 1973) is an explanation that has been focus to elder mistreatment that has been influenced through various types of theories like the Cycle of Violence Theory, Social Learning Theory and the Intergenerational Transmission of Violence Theory.

Salutogenic Theory

The salutogenic theory recommended that stressors violating one's sense of unity may comprise his/her comprehensiveness, manageability, and meaningfulness of a person if no appropriate coping strategy was developed. The control belief, or the sense of mastery, has been recognized as an indicator of resilience. For older adults, resilience represents the ability to return to the equilibrium when difficulties occur and has been found as a predictor for health status, especially mental health (Skinner, 1996). With better resilience, older adults may compensate their loss of functional capacity and physical health. Moreover, older adults with better resilience tend to attain better health outcomes, such as successful aging, less depressive mood, and longevity (Sales, & Mayordomo, 2015). The COVID-19 pandemic has caused widespread fear and stress, which extensively challenges the resilience of older adults.

The fear, stress, loneliness, and social isolation or self quarantine of older adults during this COVID-19 pandemic may undermine their resilience and further lead to risk their health and well-beings as the consequence. Older people used to obtain various home or community services and were encouraged to interrelate with their relatives, friends, or neighbors in the daily life cycle, but the COVID-19 pandemic suspended many of these activities due to lockdowns, quarantine and social distancing. Preventing functional declines, frailty, anxiety, depressive moods, and social isolation has become significant but challenging tasks during COVID-19 spread (Chhetri et al., 2020). Older people with multiple comorbid health conditions are the most vulnerable populations during the COVID-19 pandemic, so the serious psychological burden may result in extreme health risk for older adults. Older persons with cognitive impairment may have difficulties to understand trustable information related to COVID-19, to conduct self-protection, and their behavioral and psychotic indications may

aggravate when their usual and routine care services are not present (Lim et al., 2020). As the lockdown, social distancing, and holdup of community activities continue, older adults are of greater risk of infirmity, anxiety, depression, and cognitive declines that challenges their ability of returning to normal daily life.

Social Exchange Theory

The present paper is based on social exchange theory to understand ageing, as this theory is not confined to describing the behaviour of only aged persons. In fact, the processes and outcomes identified could be relevant to any individual experiencing comparable changes in resources. This theory can be used in explaining selected facets of social interaction between different generations (Phillips, 1986). Social exchange theory provides a more detailed explanation of why individuals behave as they do in particular situations. Social exchange theory uses the principles of economics to explain family experiences. Social behavior is considered an exchange of material and non-material goods. Material goods include things like money, living arrangements, inheritance, and non-material goods include approval, prestige, etc. Persons that receive a lot from others are under pressure to give much to them in return (Homan, 1974). In elder mistreatment, there is a need to look at both the older adult and the trusted other in order to most fully understand the dynamic. Looking at the older adult is not blaming the victim but respecting that fact that, as an adult, relational dynamics are not unidirectional. Therefore, these theories strongly propose for this study.

India and COVID-19

The disease has widely spread across 210 countries around the world, with a total of more than eleven million confirmed cases. In India, the disease was first identified on 30th January 2020 in Kerala in a student who returned from Wuhan, China (India today, 28.3.2020). The total number of confirmed affected people is 721310 till now 07th July 2020 (Ministry of Health and Family Welfare, 2020) across India. After the first three cases identified during 30th Jan -3 Feb 2020, there were no more active confirmed COVID-19 cases for about a month. The COVID-19 cases again appeared from 2nd March 2020 onwards. These cases are connected to people who have been evacuated or have arrived from COVID19 affected countries. From 20 March 2020, there is an exponential growth in the daily number of COVID19 cases in India. According to the reports of the government the elders, who comprise 10% of whole India's population, accounted for over 50% of the country's Covid-19 deaths. Besides, 73% of Covid-19 deaths were among those with co-morbidities. People aged 60 to 74 years comprising 8% of the total population accounted for 38% of Covid-19 deaths. Those above 74 years, representing 2% of population, constituted 12% of total deaths. The analysis as the novel coronavirus death toll rose to 5,598 with 204 more fatalities, while 8,171 new cases took the total number of infections to over 1.98 lakh. Covid-19 fatality rate of 2.82% is among the lowest in the world, compared to a global fatality rate of 6.13%. India's Covid-19 fatality per lakh population was 0.41, against 4.9 globally (Times of India, June, 2020).

According to the data from health ministry report, over 83% of Covid-19 cases in India are below the age of 60 years. The majority of people nearly 41% infected by Covid-19 in the country are in the age group of 21-40 years. While the elderly are said to be the most vulnerable to the disease, people above 60 years account for only 17% of total cases in the country till April 2020. This implies others are also susceptible and the younger age group, particularly in the 21-40, may be more representative of foreign travelers seen to be the source of Covid-19 in India. . (Times of India, April, 2020).

An age profile analysis of all the positive cases of Covid-19 cases in India so far shows 8.61% of positive cases are in between 0-20 years, 41.88% cases in the age group of 21-40, 32.82% in 41-60 and 16.69% in the people are above 60 years of age (Updates on COVID-19, Ministry of Health and Family Welfare). Another statistic also refers that the deaths in elderly adults reports high. According to the IDSP analysis, the age-wise breakup of deaths shows that 0.54 percent of deaths were in children aged less than 14 years, 2.64 percent of death in people aged between 15-29, 10.82 percent of death in people aged 30-44 years, 32.79 percent in the 45-59 age group, 39.02 per cent in the 60-74 age group and 12.88 per cent in people aged over 75 years (Integrated Disease Surveillance Programme, 2020)

Impact of Social Distancing on Elders

Social distancing is the strongly known temporary remedy to stop spreading virus. Social distancing is when people stay apart (6 feet) they are less likely to be exposed to the virus. COVID-19 is spread through respiration. This includes coughing, sneezing, or otherwise touching surfaces where the virus lives for several days. Very few people may have affected by the virus but may not have any symptoms, which means that everyone must follow safe and hygiene protocols. Many assisted living communities across the country are requiring of mandatory 14-day quarantine for anyone who leaves the community. This would minimize their chances of spreading the virus to someone if they are confined to their area. Post lockdown, many elders are feeling isolated and are susceptible to depression, especially those living alone. Simple pleasures like morning walks, going to the market or visiting their grandchildren are now curtailed. With most elders, their part time daily help are also no longer coming into their homes, adding to both physical and mental strain on them.

COVID-19 and Older Persons

COVID-19 was presumed to be more threatening to elderly persons since it was first reported, with the mean age of patients being 49-55 years. (Zhang Q, 2020). There are both physical and social reasons. Older people don't have strong immune power so they are more vulnerable to infectious disease. They're also more likely to have issues such as heart disease, lung disease, diabetes or kidney disease, which weaken their body's ability to fight against infectious disease. It causes higher mortality among older persons, particularly in persons with underlying medical conditions, such as cardiovascular disease, chronic respiratory disease, diabetes, and cancer.

The half of the deaths are occurring among senior citizens and government has been repeatedly asked to stay home even after the unlocking process began which shows that there is a significant proportion of mortality in the 45-59 age group. Due to the Covid-19 crisis and lockdown-oriented rules and regulations have forced most of the older persons to live in isolation, with life of 69% of them affected adversely during the current situation, revealed a survey report released on Saturday, done by an NGO Agewell Foundation. Data from the survey conducted during the first two weeks of June, on over 5000 elderly respondents in all over parts of the country and the report has explained that 71% elderly respondents said that cases of elder abuse have increased during lockdown period (Livemint, 13.1.2020). Among them 58% claimed that interpersonal relationships were the main factor responsible for fast increasing incidence of elder abuse in families. It has been noticed that due to coronavirus a negative atmosphere has been twisted around elder persons, who are turned as soft target of coronavirus. Even younger family members are hesitating to become close to their own elder family members. Older persons are not alone facing social limitations but also family limitations, imposed by their own respective families. Older persons under medical

complications are not able to make health checkup with their doctors. They are not able to interact and share their worries with their friends or relatives.

For many elders, health is influenced more by their regular activities than by medical interferences. Changes in the types of foods taken due to changes in the availability of food during isolation orders may precipitate the exacerbation of heart failure, for example. Lack of physical exercise due to lockdown at home may lead to deconditioning with following weakness and falls. Elders with medical, cognitive, or social weakness have less reserve to compensate when their homeostasis is threatened. When facing the challenges of social isolation, they are particularly vulnerable to rapid declines. When health issues occur, fear of gaining medical facilities may prevent people from getting the care they need a likely contributor to anecdotal reports of marked declines in hospitalization for non COVID serious illness that have been observed in some hospitals. Moreover, the telephone and video alternates for in-person examination pose special challenges for some older adults. Hearing loss, cognitive destruction, and unfamiliarity with new technological devices may compromise their ability to effectively use these modalities. Yet another problem for many older adults was they have become the only source of connection with the medical care system.

Elders in Isolation

As elderly people act as caregivers of grandchildren when parents go to work, it is very difficult for them to make social isolation, home confinement and quarantine. So, we need specific interventions to support grandfathers, grandmothers and to support people who must work during pandemic. There is a higher risk of infection for elderly who live in rest homes, nursing homes and similar facilities. Unfortunately, these institutions can act as an incubator of infection. Once again, the greater the age, the higher the risk and the presence of more than one disease could lead them to a situation of complete dependency from the outside and from professionals. So, old adults who live in the institution need to be protected and they need to be supported with physicians and nurses (National Institute of Mental Health and Neuro Sciences (NIMHANS)).

In the outbreak, there is the need to share information and to spread new information in a very quick way, but elderly people face great barriers to access information with new media, mainly due to a “digital divide”. According to salutogenic theory the elderly could also face great barriers to access to the health service and support, including an age-based discrimination, also for diseases and disorders different from the ones caused by COVID-19 (mental health diseases, cardiovascular diseases, tumors, and other age-related disorders). During quarantine, specific attention should be paid to old adults with disabilities. For them, social distance, the use of protective masks and gloves could be very disabling, because it could reduce their communication power.

Exclusion from the family due to Social Distancing.

A series of challenges have occurred in the emergence of the COVID-19 pandemic, including Economic well-being, mental health, Vulnerability, Abuse and neglect and Responders. At the same time, the COVID-19 pandemic has placed a spotlight on the harmful effects of ageism on older peoples. Similarly social exchange theory uses the principles of economics to explain family experiences. Older adults with good economic status can manage the pandemic. In other hands people with poor financial status will face a drastic downfall which leads them to live in sufferings. Normal middle-class elder adult can lose their job or his health may not support after the recovery from infection. If the family sole support was an

elder adult, it will definitely make an impact on their whole family. It will have a harder time to reentering the workforce People of all ages are currently affected by the record-breaking unemployment rates brought on by COVID-19-related business closed. In this current situation and for the present study area, social exchange theory is appropriate.

Disruption in Usual Services

In this lockdown period, staying in a particular place orders and the closing of companies or industries have prevented many people from having their preexisting physical, emotional, and social requirements met through aging network services and the medical care system. Many of the organizations that “serve vulnerable seniors are scrambling to regulate and minimize possible damage” Due to self isolation, volunteer drivers, many of whom are older adults, cannot fulfill their coursework. The social exchange theory besides expecting decrease in communication also analyses the associated reasons. These changes to diet programs can cause older adults with a limited budget to rely on processed foods, making it difficult to achieve sufficient nutrition. Alterations in diet can lead to difficulties with underlying health conditions. Many home care agencies are struggling to maintain clients and workers because both groups are opting out of routine care arrangements in fear of spreading of the virus. This lack of attention to personal care, medication arrangement, and diet will lead to deterioration of health condition and the need for more health oriented supportive services in the long term.

Emotional Effects from Increased Isolation and Anxiety

The salutogenic theory explains that the Social isolation and loneliness both have been interlinked to negative physical and mental health outcomes, such as increased in depression and anxiety and increased risk of hypertension, cardiovascular issues, obesity and even death. Before this period of continued social distancing, social isolation was disproportionately affecting older adults because of limitations in social networks, living arrangements, and lack of wide transportation. During this pandemic, older adults have advised stricter social distancing, and they were first encouraged to stay home. Older adults who have been in a prolonged period of isolation may face health effects. The impact of this period of self isolation or lockdown on future physical and emotional well being of older adults is yet to be determined.

Ageism

The risk of increasing rigorous illness from COVID-19 and of dying from it increases with age (Hans, 2020). This statistical association has led to number of highly problematic policy proposal and comments revealing underlying ageist attitudes and promoting age prejudice. Such attitudes are based on negative stereotypes of the health and functioning of older adults. Older adults may encounter stronger internal and external ageism. Approach and actions in connection to this pandemic have been attributed to reduce concern about and value attributed to older people. Countries were slow to treat on old people. Treatment and mitigation procedures have been more sufficiently developed for children and youth in certain hospitals.

Mental Support

Older adults, especially in isolation and those with cognitive decline may become more angry, anxious, stressed, agitated and withdrawn during self isolation and quarantine. It is necessary to provide practical and emotional support through informal networks and health professionals. Sharing simple facts about regular happenings and giving clear information about how to reduce risk of infection in words older people with/without cognitive

impairment can understand the situation. Repeat the information whenever necessary. Instructions should be communicated in a clear, concise, respectful and patient way. Information through writing or pictures may also be helpful for older peoples. Engaging family members and other supporting networks in explaining information and helping people to practice preventive measures like hand washing, keeping social distance etc...

If they have an underlying health issues, make sure to have full access to medications that they are currently performing. Always be prepared to get emergency help if needed, like touch with taxi, food deliveries and requesting medical assist. All necessary medical utilities and requirements should backup for up to two weeks. Learn few simple physical exercises to workout at home in quarantine or isolation period. Apart from these methods Debanjan Banerjee a geriatric psychiatrist at the National Institute of Mental Health and Neurological Sciences, Bengaluru has suggested some radical advice for elders to stay focus and alert on this pandemic.

Weakness is one of the most important issues faced by elders that are related to movement restriction, malnutrition and poor immunity. Weakness leads to loneliness and isolation with poor nutrition. Sensory problems that having difficulties in vision, hearing etc... can prevent them from taking sufficient precautions. Poor cognitive abilities like memory power, processing speed, thinking capacity and communication can prevent them from understanding and follow the prevention measures. People with dementia might have behavioral issues and wandering nature that can be a great challenge of keeping they isolated. Social distancing alone might not always be possible because, multiple people of various specialties mixed up in their care. It is necessary that elderly should be aware and updated with genuine information about the infection and the spread through a variety of modes.

Social vulnerability, especially experienced at the times of lockdown and quarantine were loneliness, anxiety and uncertainty can give rise to depressive disorders, insomnia and chronic stress. The Grief and bereavement due to loss or keeping distance from their loved ones can be foremost and prolonged. If the stress is prolonged, it can increase the risk for post-traumatic stress syndrome. The elderly is prone to chronic bronchitis, obstructive lung disease and common cold leading to chronic cough, sore throat and flu-like indications which overlap with those of COVID-19. These can be easily misguided with COVID-19 leading to social segregation and impaired mental well-being. Overcrowding and lack of self care in old age homes are other main contributing factors for spread of disease.

3. CONCLUSION

COVID-19 carries significant mental health hazards. There is a scarcity of research addressing the mental health issues during the COVID-19 pandemic for all age group people. Unfortunately, older adults who have contracted the coronavirus may have increased in health vulnerabilities. Current data indicates that most cases that contract COVID-19 will see a full recovery, but the long-term effects of the issue are not fully determined, particularly for patients who need more special care. It is probable that these ongoing health difficulties will disproportionately affect older people who have been weak and more likely to die from virus related complications. People who need the use of ventilators are more likely to experience damage to the lungs and not all the cases will return to full functionality. Additionally, researchers are concerned that COVID-19 may be associated with cardiac injury, as preliminary data indicate that COVID-19 may cause heart damage in patients with and without previous heart problems.

As the mortality and morbidity statistics are reaching new peaks every day, isolation and lockdown states are inevitable and getting prolonged, recreational opportunities for people are lessened and the financial crisis is building in, mental health issues are likely to grow exponentially. There is a need to understand the mental perspectives of elder people in respond to COVID-19 and possible measures to cope with the pandemic for their effective management. The mental health issues faced by older people can be immediate (short-term) or remote (long-term). Present records collected from past few months' addresses only the immediate mental health concerns. Hardly, it is essential to analysis the long-term mental health structure of COVID-19 infection. Nothing is identified about the after effects of novel coronavirus infection. Hence, there is a need for extensive and immediate research in terms of its impact on various groups of populations with special reference to elder people.

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