

Life of Older Adults Post Covid-19

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Abstract

The Covid-19 pandemic has released the chain of destruction for the whole world and the society lost its social order. The pandemic has restricted the face to face interaction of human beings and introduced new concepts like social distancing, quarantine and self-isolation. Children and older were considered to be the most vulnerable to the virus. The focus area of the article is to explore how the pandemic has affected the everyday life of the elderly and their coping mechanisms post Covid-19. The pandemic had brought horrific situations for the aged where they had to face lockdown in the country, leaving them in a psychological distress. The pandemic has passed with so many after effects where many elderly have lost their spouses, childrens and closed ones and as a result bringing them in a Post-Traumatic Stress Disorder (PTSD). The study has two objectives such as to explore the change in the quality of life of the elderly post covid-19. And to study comparatively the change in the lifestyle of rural and urban elderly post Covid-19. The study followed qualitative in-depth interviews where the case study of five respondents each from rural and urban areas of lucknow district has been collected to analyze the changes in their lifestyle post covid-19.

Key Words - Covid-19, Older, Quality of life, PTSD, Quarantine, Social Distancing

1. Introduction

According to (census 2011) in India people aged 60 and above are reported for 8.6% of the total population. The share of older people is expected to rise further to 19.5% (319 million) by 2050 (UN Population Division 2019). Pre- retirement phase population (45 years and above) will rise over 40% of India's population or 655 million people by 2050. 75 years and above older people is expected to increase by 340 between 2011 and 2050 (census 2011). Northern states of India like Uttar Pradesh (72.7), Bihar (85.5), Jharkhand (71.4) have higher young dependency ratio than other states (census 2011).

The increasing older population in the country has become a matter of concern for the policymakers of the country as it challenges the social structure of the country . The developing country like India must allocate some funds for the older population and should establish some healthcare and social security

programmes, so that it can help its older population at the time of pandemic issues like Covid-19. The demographic composition of the older population in India is divided into three phases like older adults aged 45 years and above, who are in the pre-aging and pre-retirement stage and are still the bread earners in their family. Whereas the retired population constitute 60 years and above, who are either getting pension or are dependent on their children. The oldest-old who are 75 years and above are 1.7% according to (census 2011) they are at the most vulnerable condition as they are more prone to disease due to comorbidity. This population needs proper care and support by the family and the government should also emphasize more on them. The oldest-old have more free time than the other two age groups and they have comparatively lesser social networks due to their increased age.

Pandemic affected different sections of the population in a different way. Most vulnerable category of population had been the elders. Given their co-morbidity and low immunity they had suffered in a major way. Pandemic snatched away the lives of spouses of many elders and it made their coping more difficult as they were already a burden and a liability for their families. Social security benefits such as pf and pension schemes were not provided to the elders working in an unorganized sector. Therefore the elders who had worked in an unorganized sector were the biggest sufferer. In this light it becomes imperative for us to study and analyze the coping mechanisms and the quality of life of elders.

2. Literature review and Research Gap

Bakshi and Bhattacharya, (2021) In the study Socially distanced or socially connected ? Well being through ICT usage among the Indian Elderly during COVID-19. The study highlighted the relationship between the older people and the use of technology by them at the time of covid-19 pandemic when the face to face interaction was disallowed by the government due to safety purposes. The study focuses on the response of the older people with respect to how they have used the technologies at the time of covid-19. It was seen in the study that some older people were very fast learners only with the little hint about apps they could use to access it. On the other hand some were very slow learners. Older people who can access the internet and the app were not feeling isolated rather than felt it to be the safest way to share their feelings with their near and dear ones. According to them elders were more to the pandemic so they should avoid face to face interaction. Whereas there were other older people who believed that rather than learning new things which are difficult for them to learn, it is better to engage themselves talking to their children and grand-childrens who were there at home due to the lockdown . Some believed in spite of wasting time on social networking sites they should pray to god so that they can go back to normal life as before.

Roy, singh et.al, (2021) In the study Mental health implications of Covid-19 pandemic and its response in India. According to this article stress, anxiety, depression, symptoms, insomnia, anger and fear are the major results of Covid-19. According to the article over 50% of the elders have minimum one comorbidity putting them in a more vulnerable condition. The fear of contamination of viruses lead to the act of discrimination which affects the elders most, as they were left without proper care which they should be given due to their age.

Das and Bhattacharya, (2021) In this study Social distancing through Covid-19: A narrative analysis of Indian peri- urban elderly, It can be seen that how social-distancing in covid-19 has brought threat for the society and mainly for the elders who were already in a vulnerable condition due to comorbidity of diseases. Social isolation made their situation worse as they had to suffer from loneliness, various mental

and physical illnesses. (Gupta, 2020), (Khan, 2020). The paper focussed upon two main points which are to explore whether elderly got affected with certain set of rules and procedures which they have to face during lockdown and the other is how they were able to cope with the changing situations. It was found that the situation of elders got worse and specially the elders who have lost their spouses got more affected with the pandemic as they were already facing loneliness but the lockdown has restricted them with their friends also. The study also suggests that technologies can help to get over the loneliness of the elders but it can never replace the human face to face interaction.

Saltzman, Hansel et.al, (2020) This article Loneliness, isolation and social support factor in post- covid - 19 mental health, emphasizes on the use of technology in the lockdown by the people. The pandemic has changed the typical life-style of the people where before covid-19 people believed in interacting face to face with the people and sharing their happiness and sorrows by face to face communication with their near ones. With the outbreak of the pandemic the rule of social isolation and physical distancing made people dependent on the technologies. In order to entertain themselves and communicate with people they have to learn new things at this age which is very difficult for them and sometimes it is also a boring thing to do as they are not as interested in the technologies as the present generations are aware of and interested in these tech worlds.

Mandal,et.al,(2022) The article Quality of life among geriatric suffered from Covid-19 disease in West Bengal, India, focused on the quality of life of elders during Covid-19 pandemic where it was found that the presence of co-morbidity of family members increased the chances of having poor quality of life of elders 16.72 times. The study also showed how the restrictions during the time of covid-19 had proved to be psychologically detrimental to the elderly. It was also found that post covid-19 the elderly population need much more care like physiotherapy for their complete recovery. They need to get rehabilitation after covid-19 so that they can get over their mental illness. It was seen that getting access to necessary things related to health like medicine and other medical help, good food have a direct relation with the good quality of life of the older people of the urban areas. Those who are getting these facilities are having good quality of life in the pandemic. The study concluded by the fact that 40% of the older population had poor quality of life in covid-19 and this was mainly due to the existence of comorbidity among other family members which bothered the older population mental health more than their own health conditions.

Patel and Kumar, (2020) In the article A sociological study of suicide during Covid-19 in India, Indian Psychiatry Society (2020) stated that there will be post covid trauma where people will suffer from mental illness and other problems such as anxiety, depression and will be more dependent on the consumption of alcohol which will also lead to increase in the suicide rates.

According to Emile Durkhiem “suicide is generally considered as a violent act, in which physical power is used but it may also happen that same results come out of a person’s negative thought or just response” (Jones, 1986). In this study it was found that 16.39% (20) individuals who are in the ag group of 46-60 years committed suicide where as in 61-75 years of age group 13.11% (16) individuals committed suicide due to the fear of pandemic. As far as causes of suicide is concerned there were 11.48% people who committed suicide due to isolation, loneliness and quarantine. The nature of suicide presented in this study shows that 37.71% committed anomic suicide, 32.79% committed altruistic suicide and 29.51% committed egoistic suicide which is a durkhiem’s classification of suicide. There was a case of a retired railway employee is there in the study who committed suicide due to the fear of non-acceptance by his family and other relatives.

By undergoing extensive literature review it has been found that a negligibly small amount of literature is available on the quality of life of elders post pandemic. Further there is a dearth of literature that discusses it in a qualitative way.

3. Objectives

To explore the change in the quality of life of the older adults post covid-19.

To study comparatively the change in the lifestyle of rural and urban older adults post Covid-19.

4. Methodology

This research is exploratory in nature. Ten respondents each five from rural and urban areas of Lucknow district have been taken to do detailed case study. It is a qualitative study. Urban and rural cases have been taken from Sarojini nagar block and Kakori block of lucknow district respectively. Again, respondents have been chosen by following a purposive sampling method where only those respondents have been chosen who fall between 75 to 85 years . Case 1 to 5 are the cases of urban areas and cases 6 to 10 belong to rural areas.

5. Results and Discussion

The description of the cases are as follows,

Case 1 - 'A'

'A' is an elderly man aged 82. He had been working in a private firm as a peon. It was a formal sector job as the respondent was having a salary account and covered by social security like provident fund. But after the outbreak of the pandemic he had to resign the job as he was scared of his health because he was already having respiratory disease. And as a result he became financially insecure which led him to psychological distress. So, his life was not going well in the pandemic as he was not able to support his family with a wife and 3 adult childrens. His childrens were adults but not doing any job therefore all the financial burden had to be borne by the 'A' only.

Post Covid, he started a vending stall near his house to sell eggs. Now he is able to earn something for his family and one of the sons started working as a motor mechanic and started helping his father financially. After lockdown there family condition came to a normal as they could earn their livelihood and also the health of 'A' improved since he has started interacting with society and also started work to engage himself in money making, and resultantly he came out of psychological distress as he is now able to support his family and is no more alienated to work as he can do his small business now. Which keeps him engaged and he has no time to think unnecessary.

Case 2 - 'B'

Respondent 'B' is an elderly male aged 78 having a history of chronic arthritis and spondylitis. 'B' works in a private firm in an informal sector with no social security benefits such as pension, gratuity and p.f. In the pandemic the elder son of the 'B' got infected due to which the whole family with six members got

infected with the spread of the virus. As the immune system of the respondent is already very weak, he also got infected with the coronavirus and suffered severe respiratory complications for a year. He was diagnosed with respiratory tract infection and also with diabetes due to the heavy intake of medicines. He had no social security benefits which he could utilize during his sickness therefore the economic stability of the family had gone down during the pandemic also because the elder working son had to resign the job after he got covid infection and the saved money was also spent for the treatment of the covid. Post Covid the respondent 'B' again joined his job but now his health condition does not allow him to continue his job and he remains in a stress and many a times he tried to quit the job as his limbs are also not working due to osteoarthritis and rheumatoid arthritis and multiple disease have makes him suffer lots of financial and psychological distress. In addition to these vulnerabilities his wife is also a heart patient and her medical bills used to be exorbitant. In his family there is a widow daughter and a daughter's son whose school fee and all related expenses have to be taken care of by the 'B' only. In his family of 6 members he is the only earning person but his health condition compelling him to leave his job and he would leave his job soon and would be sitting idle in his home with no work and with his deplorable health condition. Coping capacity has almost ended and he and his family have to live with lots of uncertainties.

Case 3 - 'C'

Case 'C' is a woman aged 80 years. She is a housewife and was living with her husband and a married son who is having two childrens. But in Covid she lost her husband aged 82 years. Her husband was a pensioner but he was a private sector employee in some firm therefore her husband's pension was not transferred to her after his death. During the pandemic her family faced a lot of trauma.

Post covid she is having post traumatic stress disorder as her husband was the only person who was caring for her. Unfortunately her married son and his wife do not take care of her needs, she is often ignored in the family due to which she has to go to her daughter's home which is not considered as good and desirable in her culture as it is a believe in hindu system that ones a daughter is married the parent's family should not take any favor from her in law's family due to which she has to often face sarcastic remarks from the married son and daughter inlaw and the neighbors. Already existing trauma in the mind of the respondent gets aggravated by listening to these sarcastic remarks, situations become even worse when her married son and daughter in law exchange abusive words and do not provide basic amenities like room, food and other recreational activities. They even disallow her to talk to the neighbors which has ended her up placing her in a closed cage. The researcher herself lives in the same localities of the respondent 'C' and sees her sitting in despair at the entrance of her home sitting on a chair and remaining hopeless. Her social and economic securities has lost after she lost her husband in the covid and the basic needs like food, shelters, clothing e.t.c, has been snatched away by her family. The respondent 'C' was very educated and had been a teacher in her working age but covid and post covid has snatched away all her happiness and joy forcing her to live a life of destitute and making her helpless to cope with the society.

Case 4 - 'D'

Case 4 'D' is a male respondent aged 85 years. He was working in a semi-government cotton mill. After his retirement he started living with his wife and one married son. The respondent is a pensioner but the pension is a meager amount that it can only support the respondent himself. The respondent had lost his wife in covid who was an asthmatic patient. Although the respondent has two sons who are earning good

money but since very earlier they were not ready to take the responsibility of the elder couple, the couple had to take the responsibility of their own .

Post covid the already vulnerable condition of the respondent who has recently lost his wife became worse when he has to sell his house with no share to his sons as they were not ready to take the responsibility of there father and mother during the lifetime because of this he had to take a radical decision of selling his property and giving no shares to his sons. As a consequence of it, his childrens started condemning him and not giving him entry to their respective personal homes. Due to which he has been forced to live the life of destitute.This way the pandemic has snatched all his happiness and has forced him a life of wanderer in his elderly life. It is clear that he has lost his coping capacity.

Case 5 - 'E'

Respondent E is a retired police sub-inspector who is 81 years of age getting government pension . During covid he was living with his wife and a married son with two childrens.as he was a government employee drawing a government pension but in the second wave of covid he lost his wife who was 65 years old now his life turned to bad fate.

Post covid his married son gave birth to a new girl child and his son left his job, and he is a chronic drunkard the son is very irresponsible person that he does not support his family so the responsibility falls on his retired father who was retired (respondent E) .The respondent is already devastated as lost his wife in covid he has to earn money to sustain the whole family for which he has joined the job of watchman in a private firm with meager salary. His son does not care for him and adds to his problems in various ways such as drinking, sellings household items for money,wife battering, not taking care of his kids. Therefore he is living a very substandard life with lots of stress and pain. He is not able to enjoy his retired life . He has hope with no joy of living and since the family financial capacity has gone down therefore the coping mechanism of the respondent has also gone down. In order to sustain his family he often does overtime this shows the vulnerability of him as an elderly.

Case 6 - 'F'

Respondent F is a male aged 76. He works as a mason. He lives along with his wife and two sons in which one son is married. During the pandemic he did not find work. He was dependent on his married son. His wife is having multiple diseases and for whom, he has to spend a lot of money. He did not live a quality of life during the pandemic despite being a working person as he did not have savings to sustain. But after the pandemic got lessened and unlocking happened he started working again and now he can sustain his family and became self dependent again. He can now pay for the medical bills of his wife. He does not have to ask for the money from his son for daily expenses. As he is now having work his mental condition also improved as he is busy in work. His health improved.

Case 7 - 'G'

Case G is a retired male who is aged 80. He worked in a public sector company. During the pandemic he lived with his wife along with his two grandchildren. During the start of the pandemic they were able to deal with their life in a decent way as they were financially well off. But after some time he lost his wife due to covid related health issues. After that he went into depression. Post covid he is living a bad quality of life due to his clinical mental health issues and all his pension goes in seeking healthcare and treatment.

He had continuously been thinking and scared of the health of the childrens in their family. He is more worried about his family members rather than him.

Case 8 - 'H'

Case H is a case of a lady aged 75. She had been running a Kirana shop in her village to earn a livelihood for the family. After the outbreak of covid her son left the job due to fear of spread of infection and came to settle in the mother's house. Therefore due to the influx of more family members it became difficult for the family to sustain.

The covid situation did not come to normal as the son could not get a job again. He started doing agriculture on contract basis on some other land. Due to under productivity he became indebted and the financial situation of the family deteriorated. The elder mother has to bear all the family expenses. In her retirement age she has to do work for a living and support the family.

Case 9 - 'I'

Case I is a retired male of age 77. He has retired from the irrigation department. He lived a good life along with his wife and a married son and two grandsons. Married son had been working in a private firm and the family was doing well. But after the outbreak of the pandemic the health of the married son deteriorated due to corona and his mother also got infected with the virus, due to which both mother and son could not survive. This unfortunate event demolished the patience of the respondent and his family. Respondents could not recover from the post traumatic stress disorder even after the post pandemic period. He and his family are living a life full of despair.

Case 10 - 'J'

Respondent 'J' is a female aged 78 she is a housewife she is a widow she lost her husband nearly 10 years ago, she lived with her daughter's children who are adult males. Since there was no source of earning after her husband's death she started cow keeping in her home primisis. She has nearly half a dozen cows and selling the milk of cows was the only source of income which sustained her family of three before pandemic covid times. After the outbreak of pandemic she lost her livelihood as the customers were not coming due to covid-19 social distancing norms. She is already an asthmatic patient so she could not come out of her house to sell the milk and milk products. One of her daughter's sons returned to his native village and the other son of her daughter's son is not mature enough to take the household responsibilities therefore the family situation had become worse during pandemic times. Post covid the quality of life did not come to normal as she is facing various health related issues and the life stocks has also become less in numbers to sustain the whole family. As she is also ridden with lots of disease she is fearful of spreading the virus again in future.

6. Analysis

By studying all the ten cases we have got following findings-

1. Pandemic has led working individuals either to lose the job or the risk of job loss. After the pandemic those who had skills could financially sustain. This means that financial security is a prime factor for the sustenance of the elders.

2. Those working individuals who don't have social security benefits like provident fund, pension and gratuity have suffered more as they do not have any financial cover which could have provided financial safety during and after pandemic.
3. Those elders who were already having a history of chronic or non chronic disease had to suffer more as the covid pandemic affected the respiratory systems of the individual. Post-COVID elders might need to manage long term health impacts resulting from coronavirus. Regular checkup and medical care may be necessary for which they need to have financial securities such as pension, or any other source of economic support.
4. In most of the cases the elders even at the retired age had been working and they had been supporting their family and childrens but due to the spread of virus they faced a risk of going out and had to quit the job in most of the situation or they do not have work.
5. Economic security in terms of job or pension has been a key factor deciding the quality of life of the elderly. Economic self dependent respondents had lived a quite better quality of life compared to those elders who were dependent on their families.
6. Women's lives have been more challenging as in most of the cases they have been dependent on their husband or children.
7. Elders who had lost their partners had to suffer post traumatic stress disorder.
8. In most of the cases it has been found that elders were treated not as a family member but as a burden or a liability by the families. They had not been given due care and consideration by the families.
9. Elders who have lost their spouses were more vulnerable.
10. Many times it has been found that elders even being retired had to do paid work to support their families as their childrens were not taking the responsibilities of the families. Pension had also been appropriated by the families giving only a very small share to the elder despite being his money.
11. The studied cases of women respondents are showing a different pattern. In most of the studied women cases they were living a very poor quality of life. In one case an elderly woman had lost her husband and she had to become dependent on her son and daughter in law and they were mistreating her and abusing her mentally, physically and financially and she was living a traumatic life. In the Indian scenario where mostly womens are housewives and being dependent on husbands, they have to suffer a lot if they have lost their husbands.

By comparing the cases of urban with rural we obtained the following results-

1. Rural elderly respondents lived a comparatively risk free life as compared to urban elders because they had options to do recreational activities and talk to neighbors as the social distancing norms were not followed in a strict sense by the rural inhabitants.
2. As compared to urban locations rural places are relatively more sustainable and affordable and it contains plenty of resources which could help individuals sustain their lives. And this helped the rural elders cope better.
3. Rural elders lived comparatively a disease free life as they were more connected to nature and natural things. Which helped them retain their good health during and post covid.

4. From the studied cases it has been found that women in rural areas had been better able to cope with the post pandemic situation as they were relatively free to do jobs or work of any kind such as cattle keeping, grocery shops, etc. Therefore the situation of rural women is quite better
5. As far as financial situation is concerned it is found that the older people of urban areas are more financially sound in post covid-19 than rural older people because even after retirement those who are not getting pension could help themselves and their family by doing a job in a private firm as per their educational background and their capacity.

7. Conclusion

It is clear from the study that pandemic has qualitatively affected the lives of the elderly. Elders having a history of chronic disease had been more vulnerable during and post covid. Pandemic and the resultant lockdown has given a severe shock to the already vulnerable elderly population of the country. Economic self dependency played a major role in the coping mechanism of the elderly. Social security benefits such as PF, and pension had not been provided to the elderly in most of the studied cases and due to these they had to suffer a lot of economic hardships. Elders who had lost their spouses had been the greater victims as they were mistreated by their family members. Elders had been given a life of liability and no active care was given to them. Rural elders lived a comparatively better quality of life. Pandemic has had a significant impact on the emotional health of elderly. They suffered isolation, loss of loved ones, anxiety, and depression. During the pandemic they had not been able to interact with the society. Therefore reintegration of the elderly into society, proper vaccination, access to healthcare, psycho and physio therapy and caregiver support may be needed to rehabilitate them.

8. Limitation and scope for further research

The main limitation of this paper is that this study is based on only two blocks of Lucknow. Further the study is qualitative and no quantitative data has been gathered or used. Therefore there is a scope for further research based on the mixed method or the quantitative method specifically.

References

1. Bakshi, T., & Bhattacharyya, A. (2021). Socially distanced or socially connected? Well-being through ICT usage among the Indian elderly during COVID-19. *Millennial Asia*, 12(2), 190-2080.
2. Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2021). Mental health implications of COVID-19 pandemic and its response in India. *International Journal of Social Psychiatry*, 67(5), 587-600.
3. Das, M., & Bhattacharyya, A. (2021). Social distancing through COVID-19: A narrative analysis of Indian Peri-Urban Elderly. *Social Sciences & Humanities Open*, 4(1), 100139.
4. Gupta, S. (2020). Social distancing comes with psychological fallout. *Science News*. Published March, 29.
5. Khan, A. (2020). Doctor's Note: The psychological effects of social distancing. *Doctor's Note | Al Jazeera*.



6. Saltzman, L. Y., Hansel, T. C., & Bordnick, P. S. (2020). Loneliness, isolation, and social support factors in post-COVID-19 mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S55.
7. Mandal, S., Bhattacharya, S., Roy, A., & Mondal, S. Quality of Life among geriatric population suffered from COVID-19 disease in West Bengal, India.
8. Patel, A. B., & Kumar, S. (2021). A sociological study of suicide during COVID-19 in India. *Mental Health and Social Inclusion*, 25(1), 76-87.
9. <https://censusindia.gov.in/census.website/> retrieved on 02/02/2023.
10. <https://population.un.org/wpp/> retrieved on 03/02/2023.