GLOBUS

Cosmos An International Journal of Management
A Refereed Research Journal
Vol 11 / No 2 / Jan-Jun 2022 ISSN: 2278-1218

GETTING OLD IN A PANDEMIC: A CHALLENGE

* Dr. Manisha Jha

Paper Received: 03.06.2022 / **Paper Accepted**: 20.07.2022 / **Paper Published**: 24.07.2022
Corresponding Author: Dr. Manisha Jha; Email: manisha2174@gmail.com; doi:10.46360/cosmos.mgt.420221009

Abstract

Regardless of their demographic profile, the epidemic has had an unprecedented impact on people's lives. The elderly are more susceptible to infection. Although we have all been affected by COVID-19 Pandemic, seniors are especially prone to its health consequences, which include an increased risk of hospitalisation, health issues, and mortality. Because seniors are more likely to live alone or in institutions, public health policies that restrict social interactions put them at risk of social isolation.

The rapid diffusion of technical advancements, together with the ageing of the nation's population, necessitates that we evaluate the importance of contemplating the adoption of technology by the Indian old. The influence of social isolation and the use of technology on the daily lives of elderly people during the pandemic has received little attention. COVID-19's public health problem has exacerbated the digital gap by digitally marginalising older people, particularly in underdeveloped countries, who typically lack awareness, access, and training to use technology.

This study examines the difficulties or problems faced by older individuals in coping with social distancing tactics through the usage of Information and Communication Technology (ICT). It is critical to adapt to the special demands of older people and construct aged friendly technologies in order to create a technologically inclusive society for them. We can better fulfil seniors' current and future needs if we have a better knowledge of how they fared early in the pandemic. The goal of this page is to provide an overview of the pandemic's health, social, and economical effects on Indian elders.

Keywords: Aged, Pandemic, Population, Covid-19, Social Isolation, Lockdown, Anxiety, Loneliness, Healthcare System, Family, Fear of Loss, Social Support, Mental Health, Use of Technology, Caregivers.

Introduction

With over 1.34 billion individuals, India has the world's second-largest population, making management of Covid-19 transmission challenging. The Indian Ministry of Health and Family Welfare has launched a number of public awareness campaigns to educate the public about the Do's and Don'ts of Coronavirus and the precautions that must be followed. The transmission of Covid-19 is defined by the architecture of community interaction, and in the absence of a vaccine or cure, the only method to prevent it is to encourage social separation.

Covid-19 has wreaked havoc on people's lives and livelihoods in rural India. The lockout has cut revenue and put the rural population's food security in jeopardy. One-quarter of India's population lives in poverty, while about half a billion people work in the unorganised sector and rely on daily salaries. Millions of individuals have been affected by the lockdown, leaving them hungry and penniless. With no money or ways of earning, these people rely on others for food and assistance, while many more are just starving.

According to HelpAge India's report "The Elder Story: Ground Reality during Covid-19," which surveyed 5,099 elders across 17 states and four Union Territories, 65 percent of those whose incomes were affected were in the 60-69 age group, 67 percent in the 'old-old' category (70-79 years), and 5% in the 'oldest-old' age group (80 plus). The lockdown impacted the income of the family's breadwinner, according to 71 percent of older respondents.

Regardless of their demographic profile, the epidemic has had an unprecedented impact on people's lives. The elderly are more susceptible to infection. To keep yourself and your loved ones safe, it is recommended that you maintain social distance and follow the appropriate requirements. When compared to other age groups, elderly persons have a greater fatality rate. In addition to the prospect of death, the pandemic puts elders at a heightened risk of prejudice, loneliness, and poverty.

Not only did the elderly dread their life, but they also feared the stigma associated with the infection.
The lockdown further added to their anxieties, as they faced isolation, uncertainty, and a loss of money. During the epidemic, the most difficult challenges for the elderly have been obtaining healthcare, purchasing prescriptions, shopping for groceries, and banking. The limitations that older people encounter have caused them to become

* *Visiting Faculty, Amity Law School, Noida.*

physically frail and develop psychological issues. These alterations have resulted in the aggravation of chronic diseases, and their immobility has caused them to experience a great deal of physical disorder. They began to believe that they had become cut off from the rest of society.

In general, older people require listeners to share their thoughts and feelings, which were previously provided by their friends or grandchildren. However, due to social distancing, children may not spend time with their parents at home, and they are unable to go out to meet their friends due to lockdown. These circumstances have caused them to become frustrated, and when the family's financial position is bad, they are under double stress. On the other hand, they are concerned about Covid-19 infection as a result of information they have received from medical professionals and the media concerning the virus. When compared to teenagers and adults, the virus infects old persons and children more quickly due to a lack of immunity (B & Raj, 2020 [2]).

The survey also revealed that 62 percent of the senior respondents had chronic conditions like asthma, cancer, hypertension, diabetes, and so on. Rural seniors made up 53%, while urban elders made up 47%. The rural population's livelihood and income has been severely impacted by the lockdown, particularly the elderly who have no money and no one to look after them.

HelpAge India's Mobile Healthcare Unit teams visit elderly beneficiaries who are suffering from chronic illnesses and distribute medicines to them at their homes and in their communities. Our MHUs are being used as ambulances in some places, at the request of district officers and authorities, transporting patients to hospitals for treatment and check-ups. The rapid diffusion of technical advancements, together with the ageing of the nation's population, necessitates that we evaluate the importance of contemplating the adoption of technology by the Indian old. The influence of social isolation and the use of technology on the daily lives of elderly people during the pandemic has received little attention.

COVID-19's public health problem has exacerbated the digital gap by digitally marginalising older people, particularly in underdeveloped countries, who typically lack awareness, access, and training to use technology. The success stories, ordeals, and obstacles faced by older persons in dealing with social distancing measures through the use of Information and Communication Technology are captured in this study (ICT). It is critical to adapt to the special demands of the elderly and construct aged friendly technologies in order to create a technologically inclusive society for them.

Seniors and Their Financial Situation

Social isolation and loneliness are severe yet unappreciated public health concerns that affect a large section of the elderly population. Many of the risk factors that might induce or exacerbate social isolation or loneliness, such as living alone, the loss of family or friends, chronic disease, and sensory impairments, are more common in people over 50. Social isolation and loneliness can be episodic or chronic during the course of a person's life, depending on their circumstances and perceptions.
A large amount of research shows that social isolation is a major risk factor for early death, on par with other risk factors including high blood pressure, smoking, and obesity. Because older individuals are high-volume, high-frequency users of the health-care system, health-care practitioners have an opportunity to recognise, prevent, and reduce the negative health effects of social isolation and loneliness in this population. Covid-19's breakout and high fatality rate will undoubtedly lead to mental health issues. Seniors who live alone are more likely to feel lonely and powerless, and the Covid-19 may exacerbate these mental illnesses. Covid-19 has the most difficult time dealing with the older people (Kowsalya & Raj, 2021 [4]).

The National Academies of Sciences' 2020 study includes specific recommendations for clinical settings of health care to identify persons who suffer from the poor health effects of social isolation and loneliness, and to target interventions to ameliorate their social circumstances. Clinical tools and procedures, greater education and training for the health care staff, and distribution and implementation are all factors that will be vital for translating research into practise, especially as the evidence base for effective interventions continues to grow (National Academies of Sciences 2020).

According to a survey by the National Academies of Sciences, most seniors in Canada are retired, and they rely on other sources of income, such as government and private pensions, to supplement their income. For example, employment income accounted for 29 percent of seniors' total income in 2019, compared to 85 percent for those under 65. Seniors, predictably, claimed that the epidemic had a smaller financial impact on them than Canadians of other ages. In May 2020, for example, 14 percent of seniors said the pandemic will have a "moderate" or "significant" impact on their ability to meet financial responsibilities or vital requirements like rent, mortgage payments, groceries, or utilities, compared to 25 percent or more of younger age groups.

Staying at home and avoiding large gatherings, as recommended by public health officials to minimise the spread of the coronavirus, has probably saved lives. Unfortunately, at some point during the epidemic, many of us felt lonely or isolated from others. Experts are concerned about the pandemic's impact on mental health. This is especially concerning for older persons, who have been advised to be extremely cautious because they are more likely to become severely ill or die from COVID-19 if they contract it. However, being confined to one's house and secluded from others might have negative consequences. Chronic loneliness, for example, has been shown in studies to impair cognition and create other mental and physical health problems in older persons. "Many elderly already suffer from social isolation, which has been worse during the pandemic," explains geriatrician Kathleen Rogers, MD.

Seniors and Isolation

The institution, community, and organisation are all linked by a web of social interactions. In this component of the connection, the social institution plays a key role. Families are the foundation of human society and its backbone. The determining factor for the entire civilization is family structures. Despite the fact that the covid-19 is a disease that affects people's health, the virus has an impact on every element of society. When you turn it around and look at it from other perspectives, you can see how it affects people, particularly the elderly. The obvious consequence of Covid-19 is death, while the invisible impact of Covid-19 is vulnerability, mental health, abuse, and neglect (Kowsalya & Raj, 2021 [4]).

Loneliness was already a problem for older people before the outbreak. "People's routines change after they retire. Dr. Rogers explains that "their brain activity and social relationships are different." Many people experience other substantial changes in their later years of life, such as the loss of friends, spouses, or loved ones, which can lead to loneliness. According to Dr. Rogers, "this raises the likelihood of being diagnosed with anxiety and depression, or both." Memory loss can also be caused by untreated depression and social isolation. Because many seniors rely on activities and people outside the home for social interaction, it's easy to understand how the epidemic could exacerbate existing issues of isolation and loneliness. (Then there's the fear of contracting the coronavirus, as well as the stress of a 24-hour news cycle filled with worrisome reports.)

The good news is that not all senior citizens experience loneliness. This age group is generally able to be robust in times of stress as a result of their previous life experiences, which may buffer some people from the detrimental consequences of social isolation. This may imply that older relatives join family gatherings via video chat. While connecting electronically with your loved one isn't the same as hugging and being physically present with them, it is a very secure way to communicate.

Policies to Address Aging Issues at the State and UN Level

This section provides a quick overview of various policy texts that continue to prioritise the family as a unit of the whole in their recommendations for elderly care. The National Policy for Older Persons was created and submitted to the Indian Parliament for the first time in 1999. The Parliament has yet to act on these resolutions and recommendations. According to the declaration, the elderly should "enjoy the latter chapter of their lives with purpose, dignity, and tranquillity." These ideals, while admirable, are unattainable in a country where a third of the population remains impoverished, not to mention the extra complexity of social and cultural restrictive institutions, particularly those affecting women.

To give it the seriousness it deserves, the United Nations must consolidate their diverse beliefs on ageing in their many departments, as well as their policies. It is critical to centralise resources in order to improve the condition of women of all ages. In conclusion, Phillips and Bernard state that "policy and practise is inherently gendered and based on myths and stereotypes," and that "rather than ignoring the changing contexts in which women live their lives," they suggest that "policy and practise should recognise the changing contexts in which women live their lives" (2000, p. 168).

Agneta Stark (2005, p. 14) identifies four institutions that can help with elderly care. The family, the market, the public sector, and non-profit organisations are examples of these institutions. All four institutions in India must sit down at the table and examine these issues. The family component must be feminised, with a focus on the visibility of domestic labour and a push for a fair and just distribution of labour both within and beyond the home. The market must work with the government to assist provide inexpensive healthcare and social security options. Voluntary and non-profit organisations can help with grassroots issues such as information dissemination and programme execution.

COVID-19's Impact on The Elderly Population

Although the full extent of this pandemic's consequences is unknown at this time, its harmful impact on psychological well-being has become clear. Early studies have found an increase in anxiety and depression among the general population, particularly among those subjected to

prolonged lockdowns. Due to tougher lockdowns, a larger risk of disease, and a loss of social support, these impacts are amplified in the senior population. Prior studies have also found that the elderly population has relatively high rates of depressive symptoms even outside of crisis situations, which is concerning given evidence that those with pre-existing mental health conditions have been disproportionately affected by the negative psychological consequences of lockdowns. While an increase in mental health problems in the overall population may be cause for concern, these worries extend beyond the elderly's psychological well-being. Depression in the elderly has been linked to cognitive decline and the likelihood of Alzheimer's disease, according to studies.

The COVID-19 pandemic had a significant impact on people aged 65 and up. The possibility of social isolation and loneliness as a result of government rules raises worries about this population's mental health and cognitive functioning. We hypothesised that wellbeing, exercise level, sleep quality, and cognitive functioning would all be negatively impacted. The COVID-19 period had a profound impact on older persons, it became obvious. In comparison to before COVID-19, we noticed a considerable decline in wellbeing, activity level, and sleep quality over the COVID-19 period (De Pue et al., 2021 [3]).

This means that, while many societies are now confronting the immediate threat of rising mental health problems, the long-term consequences might be disastrous, as depression and stress cause older people to have accelerated cognitive decline and higher rates of Alzheimer's disease. Physical restrictions on people's ability to travel outside their houses are likely to exacerbate the problem, resulting in less opportunities for exercise for many people. Several studies have demonstrated that exercise, even at low to moderate intensities and doses, can improve cognitive function in the elderly, particularly in individuals with cognitive deficits or neuropsychiatric illnesses. Loss of socialising, increased mental strain and general mental health problems, and decreased exercise, according to previous studies, could have significant detrimental consequences on the aged population. Although the lockdowns may be brief, the consequences are likely to be long-term, posing major hazards to the senior population's quality of life in the future years.

The elderly, on the other hand, have reaped fewer benefits from this transition than other groups. According to a recent survey, over 40% of senior people are unprepared to use telehealth resources, owing to a lack of abilities in using the technology properly. This was further demonstrated during the pandemic, as individuals aged 20–44 had the largest usage of telemedicine, despite the fact that the older population has the highest annual number of doctor and hospital visits. Although there have been some recent attempts to build virtual geriatric clinics to assist the elderly during the pandemic, research has shown that these have had variable degrees of success and have run into a range of issues relating to technological limitations. As a result, while having the greatest demand for telehealth solutions, the elderly have reaped the smallest benefits from their use.

This shift towards the digital sphere is not limited to the healthcare industry. COVID-19-related news, education, grocery delivery services, group sociability, and a slew of other services are now available online. The world has adjusted to compensate for the loss of daily resources, and in many areas and for many people, this has been fairly successful. However, the elderly, who have considerably lower rates of internet usage and acceptability than other age groups, are likely to profit the least from these digital alternatives. As a result, a troubling dichotomy emerges: the population most adversely affected by the COVID-19 epidemic is also the demographic least likely to have access to the measures put in place to ameliorate the effects. This discrepancy can be traced in large part to the senior population's lower computer literacy abilities when compared to younger generations, a phenomenon known as the digital divide.

Many elderly persons lack the resources necessary to cope with COVID-19's stress. This could include material (e.g., a lack of access to smart technology), social (e.g., a lack of family or friends), or cognitive or biological (e.g., an inability to engage in physical activity or participate in activities or routines). Clinicians and caregivers must estimate resource availability and consider how a person's and family's lack of resources might be managed. The role of technology, which has emerged as an essential aspect in sustaining social connections as well as accessing mental health services, is particularly crucial (Vahla et al., 2020 [8]).

Perception of Self-Health

In India, one in every five old people (19.6%) believed their present health state had deteriorated, and a similar proportion (21.0%) felt their health had deteriorated in the preceding year. The aged above the age of 80, those living in rural regions (21.4 percent), and widowed elderly all had a negative perception of their health (26 percent). In comparison to the previous year, around 20% of people in the poorest urban quintile thought their health had deteriorated (Ranjan & Muraleedharan, 2020 [7]).

The Digital Divide

The phrase "digital divide" was coined to characterise the disparity in access to new technologies that exists among different classes of people. Early study on this topic mostly focused on technology accessibility gaps within disadvantaged communities or countries, as well as the developing gender-based digital divide. The topic of the digital divide has become more complicated as technology has advanced and become more interwoven in our daily lives.

An article proposed a model that identified four different degrees of technology access, each of which is influenced by the digital divide. (1) Motivational Access, (2) Material Access, (3) Skills Access, and (4) Usage Access were the four tiers. This distinguishes between a digital divide caused by unequal material access to technology, a digital divide caused by unequal incentive to utilise technology, and a digital divide caused by unequal distribution of technological skills and capacity to use technology.

Access to the internet, as well as the usage of technology in general, is highly widespread in Western countries today. More than 82.5 percent of the population in European countries utilises the internet, and 86.5 percent of households have internet access (Martins, 2020 [6]). These figures, however, do not account for a particular facet of the digital divide: that which exists among the elderly in Western countries. Because of practical constraints, statistics on internet use and access capture fewer data from older users and frequently apply an upper age limit to their sample. As a result, data that depicts technology access and use in the entire adult population misses the huge gap in access among the elderly. Age strongly predicts not only poorer access to technology, but also less frequent and varied usage among technology users, according to studies that looked at the difference in technology access and use in the elderly.

This leads to a concerning conclusion: not only do the elderly in Western countries have less access to technology than younger adults, but those who do have access also have fewer technical skills and use the technology they do have more sparingly. This conclusion is consistent with findings from digital literacy studies, which show that the elderly have a lower degree of skilled, competent technology use in their daily life.

Age strongly predicts not only poorer access to technology, but also less frequent and varied usage among technology users, according to studies that looked at the difference in technology access and use in the elderly. This leads to a concerning conclusion: not only do the elderly in Western countries have less access to technology than younger adults, but those who do have access also have fewer technical skills and use the technology they do have more sparingly. This conclusion is consistent with findings from digital literacy studies, which show that the elderly have a lower degree of skilled, competent technology use in their daily life.

This study found that the elderly is more prone than their younger counterparts to own obsolete technology, and that the design of simple user interfaces and cost-effective technology alternatives can help them. While this is a crucial start that will create the groundwork for how the elderly might use technology, the next step should be to focus on community-wide programmes to enhance digital access, motivation, and abilities. The COVID-19 pandemic has had a massive influence on the world community, and the long-term consequences are likely to be seen for years. This pandemic has also changed how people use technology, emphasising the significance of addressing the digital divide among the elderly in order to mitigate the harmful effects. This epidemic has also changed people's attitudes about technology, emphasising the significance of reducing the digital divide among the elderly in order to mitigate the harmful consequences of the crisis on an already vulnerable demographic.

The Great Pandemic of 2020 was a one-of-a-kind stressor that impacted people all across the planet. However, some individual studies from various nations have found that at least some older persons are not having disproportionately higher negative mental health repercussions as a result of the elevated dangers they faced during the early months of the COVID-19 pandemic. Understanding the variables and mechanisms that generate this resilience might help guide therapeutic efforts for other older individuals and other populations whose mental health is more severely damaged, such as enhancing wisdom components like emotional regulation, empathy, and compassion. 10 It would also be beneficial to investigate how technology could be used to achieve this goal (Vahla et al., 2020 [8]).

Perception of self-health In India, one in five elderly (19.6%) felt their current health status was poorer, and a similar proportion (21.0%) felt that their health condition had deteriorated compared to the previous year. Perception of health being poor was high among those above 80 of years, in rural areas (21.4%), and among the widowed elderly (26%). About 20% of those in poorest urban quintile perceived their health had deteriorated com- pared to the previous year.

Conclusion

Regardless of their demographic profile, the epidemic has had an unprecedented impact on people's lives. The elderly are more susceptible to infection. To keep yourself and your loved ones safe, it is recommended that you maintain social distance and follow the appropriate requirements. When compared to other age groups, elderly persons have a greater fatality rate. In addition to the prospect of death, the pandemic puts elders at a heightened risk of prejudice, loneliness, and poverty.

Regardless of their demographic profile, the epidemic has had an unprecedented impact on people's lives. The elderly are more susceptible to infection. To keep yourself and your loved ones safe, it is recommended that you maintain social distance and follow the appropriate requirements. When compared to other age groups, elderly persons have a greater fatality rate. In addition to the prospect of death, the pandemic puts elders at a heightened risk of prejudice, loneliness, and poverty. The elderly have been hit hard by the pandemic's harshest consequences, including stricter lockdown measures and greater risks of mental and physical health problems, and the digital gap has meant that the effects of these measures have not been mitigated.

This article summarised the pandemic's health, social, and economical effects on India's senior citizens. When compared to younger age groups, seniors have had a higher share of both excess deaths and COVID-19-related deaths. They were also less likely to live in households where fundamental financial obligations were difficult to meet. The data required to accurately examine the pandemic's impact on senior income and finances is currently unavailable.

There is a clear need for immediate and long-term action to mitigate the harmful consequences of the digital gap during this pandemic, as well as to move to close the divide in the long run. Government action to enhance access to technology and create digital literacy initiatives for the elderly is critical, especially as the world moves toward a more digital future. While immediate steps may not be able to totally protect the elderly from the pandemic's negative impacts, they can help to mitigate them and guarantee that this issue receives the attention and resources it deserves in the future to finally close the age-based digital divide.

Conflict of Interest

There is no conflict of interest by the author in this manuscript.

References

1. Bhattacharyya, Asmita (2021). Millennial Asia, 12(2), 190-208, Association of Asia Scholars Reprints and permissions: in.sagepub.com/journals-permissions-India, DOI:10.1177/0976399621989910journals.sagepub.com/home/mla1 Department of Sociology, Vidyasagar University, Midnapore, West Bengal, India.
2. B., K. & Raj, S. T. (2020). Challenges of Elderly People in The Covid-19 Pandemic. European Journal of Molecular & Clinical Medicine, 07(03), 543-552.
3. De Pue, S., Gillebert, C., Dierckx, E., Vanderhasselt, M.A., De Raedt, R. & Van Den Bussche, E. (2021). The impact of the COVID-19 pandemic on wellbeing and cognitive functioning of older adults. Scientific Reports Nature Portfolio, 11, 1-11. https://doi.org/10.1038/s41598-021-84127-7
4. Kowsalya, B. & Raj, S. T. (2021). Elders' Dignity and Challenges During Covid-19 Pandemic. Indian Journal of Gerontology, 35(2), 314-326. National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/ 25663.
5. Nancy Folbre, Lois B Shaw & Agneta Stark (2005). Introduction: Gender and Aging. Feminist Economics, 11(2), 3-5, DOI: 10.1080/1354570050011580 3To link to this article: https://doi.org/10.1080/13545700500115803.
6. Martins, Van Jaarsveld G. (2020). The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide. Frontiers in Psychiatry, 11, 577427. https://doi.org/10.3389/fpsyt.2020.577427
7. Ranjan, A. & Muraleedharan, V. R. (2020). Equity and elderly health in India: Reflections from 75th round National Sample Survey, 2017-18, amidst the COVID-19 pandemic. Globalization and Health, 16(1). https://doi.org/10.1186/s12992-020-00619-7
8. Vahla, I. V, Jeste, D. V. & Reynolds III, C. F. (2020). Older Adults and the Mental Health Effects of COVID-19. American Medical Association, 324(22), 2253-2254. https://doi.org/10.1001/jama.2020.21753