Research Paper

Virus, Fear and Prayer: An Exploration into the Lives of Older Adults during the Covid-19 Pandemic

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ABSTRACT

Coronavirus disease (COVID-19) pandemic has severely impacted almost every country in the world. Population in each age-group has been impacted by this pandemic. Since age increases the risk for illness associated with COVID-19, the older-adults are at highest risk during this pandemic. In addition to its impact on physical well-being; COVID-19 infection in older-adults impacts the mental health and has serious socio-economic consequences. Using a qualitative research methodology, this paper attempts to understand the impact of this pandemic on the mental and social well-being of older-adults over a period of one year. It also explores the various coping strategies adopted by older-adults during this period. The data for this paper was collected through in-depth interviews with twenty older persons residing in four urban areas of India between April 2020 and May 2021. The extent of physical impact has a direct bearing on the mental and social well-being of the older adult. The fear of the consequences of this disease was a major cause of mental disturbance. Well-being was also related to financial condition, health of the married partner during this pandemic, support of family members and society. Meditation, prayer and talking to people were the major coping strategies adopted by the older persons during this pandemic. The paper also suggests suitable social work intervention for working with older-adults during a pandemic.

Keywords: Older adults, COVID-19, pandemic, social work, coping

INTRODUCTION

The world is in the midst of a public health crisis due to coronavirus disease (COVID-19). Since the detection of first case in China, globally, more than 472 million people got infected and almost 6 million died due to COVID-19 (JHU, 2022). All the States and Union Territories of India have borne the brunt of two waves of this pandemic. In India, nearly 3.17 percent of the population got infected and nearly 516 thousand people died (Government of India, 2022).

While people from all the age groups have been infected by novel-coronavirus, older-adults, especially those with comorbidities are at a higher risk of falling severely ill (GoI, 2020; Cucinotta & Vanelli, 2020; Centre for Disease Control [CDC], 2021). CDC has further reported that more than 80 percent of COVID-19 deaths have occurred among people over 65 years. There is an exponential increase in COVID-19 case fatality rate (CFR) with age (Golubev, 2020). Severity of the disease, subsequent need for hospitalisation, and chances of fatality rise with an increase in the number of comorbidities (Klanidhi, et al., 2021). The major comorbidities are hypertension, diabetes, obesity, cardiovascular diseases, chronic kidney disease, respiratory system diseases, immune-compromised state, and organ transplant (Mueller, McNamara, & Sinclair, 2020; Klanidhi et al., 2021). Moreover, older age is linked with COVID-19 related mortality independent of any other risk factor (Ho et al., 2021; Chen et al., 2021). This association can be due to major age-related decline and deregulation in the human body like frailty, immune-senescence, and inflammation (Maltese et al., 2020; Mueller et al., 2020; Perrotta et al., 2020; Chen et al., 2021).

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In view of the heightened risk of severe sickness and death due to COVID-19 in older-adults, separate health guidelines have been issued for them. These guidelines have emphasised upon the need to get vaccinated, practice physical/social distance, avoid public places, stay at home, wear mask and wash hands (GoI, 2021; CDC, 2021; WHO, 2021). Stringent enforcement of preventive strategies like social distancing along with measures like isolation and quarantine adopted to curb the spread of this virus are most likely to have adverse social and psychological impact on the elderly (Hwang, et al., 2020; Tandon & Meeta, 2020) Loneliness is closely associated with social isolation and it has negative impact on both physical and mental health (Hwang et al., 2020). Studies have also shown that the incidence of daily anxiety, worry, displeasure, depression, and other psychological disorders have increased due to the rising death toll and confirmed cases during this pandemic (Le & Nguyen, 2021; Das & Bhattacharya, 2021). The stress caused by COVID-19 is triggering mental distress in the elderly (Lee, Jeong, & Yim, 2020). It has been further noted that immediate mental health concerns associated with this pandemic can lead to long-term effects like increased rates of Alzheimer's disease (Jaarsveld, 2020).

Following the global trend, it has been found that in the Indian context also, the incidence of death due to COVID-19 is high in this age group (Asirvathama et al., 2021). Worries associated with the impact of the ongoing pandemic and apprehension about the post-pandemic life are major causes of mental stress among the elderly (Das & Bhattacharya, 2021). More than 300 suicides were committed in India during the lockdown and were reported as 'non-coronavirus deaths' due to mental agony (Rana, 2020). Further, 80 persons took their live due to the fear of contacting the disease and being lonely. This emerging situation puts the mental health of the elderly at higher risk of relapse as they are already susceptible to melancholy and disquietude (Flint, Bingham, & Iaboni, 2020). Due to the presence of a very large section of population which is highly vulnerable due to this pandemic, it is important to understand the psychological and social impact of COVID-19 on the elderly in the Indian context. This along with an understanding of the coping strategies adopted by people in this age-group to deal with the pandemic will enable the designing of suitable interventions for any such future incidents.
Review of literature shows that though many studies are done to understand the impact of this pandemic on older-adults across the world, there is dearth of empirical work in the Indian context. This research is a humble attempt to fill that research-gap.

OBJECTIVES

To objectives of this research study were:

1. To undertake an in-depth exploration of the psycho-social impact of COVID-19 pandemic on older-adults.
2. To explore the coping strategies adopted by the older-adults in dealing with this situation.
3. To determine the scope of social work interventions to minimise the impact of any future pandemic on this age-group

METHODOLOGY

Research Design and Nature of Study: The present study was conducted using the exploratory-cum-descriptive research design. Due to paucity of available scientific literature on this topic in Indian context, this research design suited the study. Further, the objectives were fulfilled using qualitative mode of inquiry that enabled the researchers to delve into a deeper level of understanding of the impact of this pandemic on the lives of older-adults.

Sample Design: The sample for this study consisted of 30 older-adults who were 60 years and above. The respondents were selected using convenience sampling method. Only one person was interviewed from families where there was more than one elderly. The respondents were selected from the cities of Delhi, Noida, Chandigarh, Kolkata, Vadodara, Pune and Guwahati.

Method and Tool: Data for this study were collected through telephonic interviews using a semi-structured interview guide. Due to restrictions on travel and social distancing, this mode was adopted for this study. The in-depth interviews were conducted between April 2020 and May 2021. All ethical guidelines like taking consent, respecting their decision to withdraw at any point of time, were followed. Since the objective of this research could not be fulfilled in one interview session, hence each respondent was contacted several times during this timeframe. Serial interviewing can be adopted where the researcher explores changes in the respondents over a time period (Read, 2018). It has to be stated that two respondents died due to COVID-19.

Data Analysis: The interviews were conducted in Hindi and Assamese languages. The transcripts were translated into English. Coding was done following the conventional qualitative data analysis approach (Hsieh & Shannon, 2005). Themes were identified in accordance with the objectives of the study. Linkages between the themes were established. Findings of this research were drawn from the analysed data and the same was used to evolve the social work intervention.

RESULTS

Profile of Respondents

Table 1 Socio-demographic and Personal data of the Respondents

Attribute	Frequency	Frequency	Frequency
Gender	Male	Female	
	14	16	
Marital status	Married	Widowed	
	17	13	
Age	Below 70 years	70 to 80 years	Above 80 years
	18	10	02
Living Pattern	Living alone	Elderly couple living alone	With married children
	02	09	19
Occupation	Pensioner/home maker	Service	Self employed
	25	02	03
Financial Reliance	Independent	Partially	Fully dependent
	09	16	05
Activities of Daily Living	Independent	Assisted	Fully dependent
	20	09	01

The table 1 provides the relevant socio-demographic and personal data of the respondents

Onset of the Pandemic: 'We never expected that we shall witness a pandemic in our lifetime'. This was the most common answer by the respondents as initial reaction to the pandemic. Most respondents had witnessed epidemics during their lifetime; and expected the outbreak of

COVID-19 to be like the previous outbreaks. Few even thought that the disease will remain restricted to China and other countries of the west and will not spread much in India. Almost all the respondents were alarmed by the rapidly increasing cases of COVID-19 in India by first week of March 2020. Interestingly, every respondent was optimistic that the outbreak will never take the shape of a pandemic. Television and newspaper were the most common sources of information for the respondents. Some respondents had close relatives staying in Europe who provided information about the rising number of cases in these countries.

It was only when the Government started imposing restrictions that most respondents realised the gravity of the situation. Respondents reported frequently hearing statements like '*Prakriti ka prakop hai (It's the wrath of Nature)*, *Sansaar me paap bahut ho gaya hai (Paap has increased in the world)*', *Kaliyug me yeh hona hi tha (This was bound to happen in the Kali Yuga)* in the initial days of the pandemic. There was a consensus among the respondents that human activities propelled by insatiable want and greed have broken the delicate balance between nature and humankind and pandemics like this are an outcome of such activities. The following words of a female respondent sums up the general understanding about the pandemic, '*Prakriti ke niyamon ke anuroop jeevan jeena atyant avashyak hai, iske viparit chalenge to vipatti ka sammna karna padega. Yeh nishchit hai. (It is very important to live our lives in accordance with the laws of nature, if we go against them, we will have to face calamities. This is certain)*'. Many respondents also stated that the period of onset of the pandemic, and the subsequent closure of temples corresponded to the auspicious days of *Navratri*. This, according to them, was a message to humans that we have been violating the laws of nature.

Like most of us, the elderly too couldn't comprehend the gravity of the crisis that befell upon the world in the form of COVID-19 pandemic. It was unexpectedly severe. Elderly respondents largely attributed going against the 'Mother Nature' and the punishment for the 'increased sins by humans against their fellow-beings' as the causal factor of COVID-19. These narratives reflect the underlying contours of religious and spiritual beliefs.

Psycho-social Impact: '*The scenes from Spain and UK, where patients were dying in the hospital without even getting medical attention were scary. I just hoped that we will never face such a situation in India, but I was wrong. I am still getting sleepless nights thinking about the time when death seemed to be knocking at every door.*' These words spoken by a female respondent aptly captures the psychological impact of the pandemic on the older-adults. To enable an in-depth exploration of the psychological impact of the pandemic on the respondents, their responses during interview in the first wave and second wave were analysed separately. The respondents stated that during the initials days of the pandemic they were worried but not very scared. '*Ghabrahat to ho rahi thi, par itna darr bhi nahin laga tha; yeh keh sakte hain ki thodi chinta ho rahi thi (We were worried, but not very scared; you can say that there was little bit of anxiety)*' was the response given by most respondents. The major causes of anxiety were: well-being of immediate relative, personal health, and possible deterioration of the situation in India leading to shortage of medical facilities. All the respondents were more concerned about the well-being of their children than their own health. Two respondents whose children lived in the Europe stated that usually they speak to their children once a week, but during that period they spoke daily. A male respondent remarked that '…*initially I was not bothered by the news of the pandemic, but as more and more people around me started talking about the pandemic, I too felt uncomfortable*'. Few respondents added that the images of medical system almost collapsing in the developed countries of the west due to this pandemic led to a sense of insecurity as our health system is already weak. '*mujhe sabse jyada darr China ke un chitron ko dekhkar lagta tha, jinme logon ko bandh kar ke rakha gaya tha (I was scared by the images from China where people were kept locked)'* noted one respondent. Many elderly narrated that

they visualised themselves in a situation where they were taken forcefully away from their home and kept in isolation. '*You knew that something bad is going to happen, yet you did not know what exactly is going to happen*' was how one respondent described his mental state during the initial period of the pandemic. Fear of an impending disaster and its possible impact on the near and dear ones caused anxiety in almost all the respondents.

The respondents reported that the imposition of lock-down increased their anxiety and insecurities. The multiple effects of the lock-down combined with the prevailing situation to create an atmosphere of fear which was never experienced by any of the respondents. Initially, few respondents considered lock-down to be unnecessary, however while discussing about the lock-down few months later with the researchers, all respondents were of the view that in spite of the hardships they had to undergo, lock-down was timely and essential. Four respondents were stuck away from their home during the lock-down. One of them, a chronic asthma patient suffered from a panic attack and his relatives had to take a lot of pain in order to consult a doctor over telephone and arrange the prescribed medicines. '*Reading and listening every day that the aged persons are at a higher risk of getting infected by this virus, made me very sad*', was how a female respondent described her state of mind during this period. Being taken away to the quarantine centre was also a major cause of anxiety for the older-adults. This anxiety was much more in the case of those couples who stayed only with their spouse. Interestingly, while the female respondent was worried as to who will take care of her husband, who is a heart patient; the major cause of worry for the male respondents was how their wife will manage the home. '…*when I saw our neighbour being taken away to the quarantine centre, I was so worried that my blood pressure shot up and needed medical attention*', was how one lady described her feelings when she saw her neighbour being taken to the quarantine centre.

Another major source of worry for the respondents during the first wave was the daily reports that most causalities were of older-adults with underlying chronic medical conditions. In addition to being concerned about one's own the health and that of the spouse, the respondents were also concerned about the health of their relatives and friends who were in their age group. '*…whenever we used to get news of one of our relatives or friends being diagnosed with COVID-19, my husband would get really depressed. He would stay in the bed for the whole day and not talk. Since we are the only two people living in the house, it made me feel very lonely'.* It was found that the psychological state of the spouse during this period directly impacted the mental state of the respondent. This was more pronounced in the case of respondents who stayed only with their spouse. Respondents reported that during the first wave they experienced issues like lack of sleep, loss of appetite, irritability, and difficulty in concentrating. These increased when someone they knew was diagnosed with COVID-19. Anxiety also increased when someone in their neighbourhood/colony was diagnosed with COVID-19 and subsequently the locality was declared 'red zone'. Few respondents stated that the first wave of the pandemic coupled with the lock-down increased their existing fears and anxieties. One such respondent who takes tranquilizers as per prescription from his doctor remarked that he had to consult his doctor during the first wave when he could not sleep for three days at a stretch after his brother was diagnosed with COVID-19. Many respondents reported that the fear of the disease was so profound that if anyone used to sneeze or cough even once it the house, one would think that possibly s/he may have been infected with the virus. '*Hamne war dekha hai, curfew dekha hai, mahamari dekhi hai, par yeh experience bilkul alag tha, aur daar lag raha tha. Darr tha samay se pehle apno ko khone ka, logon ke beeechar jaane ka (We have witnessed war, curfew, epidemic; but this was a completely different experience, and we were scared. We were scared of untimely loss of our loved ones, of people getting separated)*, these words of a respondent, whose four family members were critically ill

during the pandemic provides a good description of the mental state of the respondents during the first wave.

Imposition of the lock-down and adjusting to it was also a cause of stress for many respondents. Few respondents lamented their decision to leave their home, which is located in a smaller town and relocate to the city. Interestingly, most respondents who stayed alone or with their spouses stated that it would have been less stressful if they had stayed with their children or other relatives during the lockdown. On the contrary, two respondents who stayed with their family during the lock-down felt that they would have preferred to stay alone in their ancestral house during the lockdown. To be crammed into a small space was a cause of annoyance for many respondents. '*…in the first few days of the lock-down it seemed that everyone in the house was coming into the way of the other…*', remarked one respondent. One respondent stated that during his career and even after his retirement he was travelling, and this was the first time that he was with his wife for such a long time. One lady stated that while it was good to see all members of her family together, the condition under which they were forced to remain locked inside the house was not enjoyable. '*…even though I stay with my son, we rarely meet, and it was after a very long time that we were together for such a long time. During the lockdown I could see how much he had changed, and I am sure it was true for me as well…*', similar statements were given by several other respondents. Many respondents stated that since all members of the family were stuck inside a flat during the lockdown, each member could closely observe the lifestyle of the other members. They added that even though they disapproved of the lifestyle followed by their children or grandchildren, most of the times they chose to remain silent to avoid conflict.

Due to the lockdown the respondents also had to make adjustments in terms of their daily routine and space. While one respondent had to give up his afternoon sleep as his son had to attend online office meetings during that time, another respondent could not watch her television serial as her grandchildren would attend their online classes. Few respondents had to accommodate their relative in their room who were stuck in the city during the lockdown. Inability to physically meet their friends and relatives during the lock-down was also cause of stress for the respondents. Staying together during the lockdown led to remembrance of fond memories associated with the family and this would make the respondent feel good. However, during this period unpleasant incidents of the past or matters of family dispute also came up during the discussions, which lead to tension in the household. Since, members could not move out of the residence, the situation at times became very difficult causing anxiety. Many respondents reported experiencing nervousness, mood swings and exhibiting irritable behaviour during the period of lock-down. Respondents were also troubled by the images of hardship that the migrants had to endure during their journey back to their villages. Respondents stated that the media stories of miraculous recoveries made by older-adults would make them happy.

Financial impact of the lockdown also in turn effected the mental state of the respondents. While the respondents who had retired or dependent on family pension did not face any decrease in income, the impact of lockdown on the income of their children directly impacted their financial status. Those dependent on business reported significant lowering of income. The medical expenses incurred by the few respondents when they themselves or their family members needed hospitalisation after being detected with COVID-19 was a cause of financial distress. These respondents also stated that they had to draw from their saving to foot the medical bills. Few respondents had to also loan money to their friends during this period. All respondents reported that they had to change their spending habits due to the pandemic. It can be stated that financial changes during this period had increased both short-term and long-term anxiety of the respondents.

The researchers observed that a difference in the response of the respondents towards the second wave as compared to the first wave. After the first wave, most respondents believed that the worst was over and that there will be no second wave in India. '*February me to aisa lag raha tha ki sab samanya ho raha hai (In February, it seemed that everything is returning to normal)*' stated one respondent. Respondents were of the opinion that irresponsible behaviour of the people after the first wave played a part in increasing the intensity of the second wave. All respondents stated that they were mentally much more perturbed during the second wave than the first wave. '*Har din hame kisi parichit ke mrityu ki suchna milti thi' (Every day we used to receive information about the demise of a known person)* was how one respondent described this period. Another respondent showed his mobile phone to the researcher during a face-to-face meeting and stated that he was scared to open his whatsapp account during that time; as he feared getting the news of another death. Every respondent reported losing someone they knew closely during this wave. The fact that young and healthy people were succumbing to the disease during the second wave was a further cause of anxiety. The respondents were extremely worried about their children and their families. They reported that the images of long queues of people gasping for breath outside the hospital while waiting for an oxygen bed was horrifying. Respondents stated that their social media accounts were flooded with request for life-saving medicines and oxygen. Describing this situation, one respondent added '*kabhi socha bhi nahin tha ki oxygen jaise cheeez ki kaami ho jayegi' (Never thought that there will shortage of something like oxygen)*. While on one hand, the situation caused stress, on the other hand, the feeling of not being able to do anything to help the suffers caused more agony and pain. One respondent was so stressed by events during the second wave that she had an asthmatic attack. Since the hospitals were fully occupied her family had a very difficult time ensuring that she was treated at home. Many respondents were distressed as they could not even attend the funeral of their relatives and acquaintances.

As stated earlier three respondents were primary caregivers to patients who suffered from COVID-19 during the period of data collection. In case of caregiving also, it was found that the respondents who stayed with their spouse stated that their psychological stress would have been lessened had they stayed with their children during that period. Respondents who had to provide care during the second wave seemed much more stressed as compared to the respondent who was caregiver to a COVID-19 patient during the first wave. This may be due to the fact that complications associated with the disease was much more in the patients who suffered from COVID-19 in the second wave as compared to the patient who contacted COVID-19 in the first wave. Respondents felt that along with the burden of caregiving, the prevailing situation of fear and gloom added to their anxiety. One respondent recounted the difficulties she faced while arranging an oxygen concentrator for husband. At last she got it from a resident in her colony who had bought the device for his mother-in-law, but she passed away before she could use the device. Another respondent recounted his experience of staying with his wife in the hospital during that time. He stated, '*…while waiting for an oxygen bed outside the hospital, the oxygen level of my wife dropped below 80 percent. Me and my son thought that we are going to lose her forever…*'. Caregivers who accompanied a patient to the hospital, admitted that the scene of patients waiting for a bed in the car parking was one of the most distressing experiences of their life. All respondents stated that they made calls to arrange for oxygen or medicines for some they knew during this pandemic. One respondent remembered calling almost everyone he knew to arrange a hospital bed for his sister. The respondent who lost her husband during the second wave stated that had it not been for the pandemic his husband would have lived at least a decade more. Three months after the death of her husband that she is yet to come in terms with the fact that her husband is no more. '*sab kuch itna jaldi ho gaya, kuch pata hi nahin chala. Aisa lagta hain ki me ek bhayanak sapna me hun aur aakhen khulte hi sab theek ho jayega*' (*Everything happened so fast that we could not*

fathom anything. It seems as if I am living a nightmare and when my eyes will open everything will be fine). After the death of her husband she had to shift to her ancestral home to sort out financial matters.

Findings show that the respondents who suffered from COVID-19 underwent extreme emotional stress and anxiety. The initial response of these respondents after being detected with the disease was that of extreme fear. One of the respondents stated the day he lost his sense of smell and taste, he was so scared that he was shaking. This fear also resulted from the fact that after detection they may be required to move to the isolation centres. These respondents stated that outwardly they told everyone not to worry; but deep inside they were very stressed. Two of the respondents needed hospitalisation out of which one could not survive. One female respondent who was admitted was in the Intensive Care Unit (ICU) for nine days narrated her experience. She stated that everyday someone or the other would be declared dead and it was a frightful experience. '*mein bata nahin sakti ki mujhe kaisa laga jab mere bagal ke bed ke patient ki saasen rukh gayi*' (*I cannot tell how I felt, when the patient in my adjacent bed stopped breathing*). Staying away from their family was also a cause of stress. It was found that during the period of disease extremely depressing thoughts crossed their minds. Respondents reported recollecting the happy and sad moments of their life and mentally listing out things they wanted to do in this life. One respondent stated that his biggest worry was that he may never be able to see his grandson who was born in Australia during the pandemic. All the three respondents stated that many times this thought crossed their mind that they may not be able to survive this pandemic. They were worried about the health of their spouse and family members, especially those who had come in their contact. The respondents highly appreciated the work done by the medical staff inside the COVID-19 care units and stated that seeing them work tirelessly in the situation gave them a lot of hope. Respondents recounted that when someone was discharged from the COVID-19 hospital, they would also feel happy and hoped that soon they will also overcome this disease. Narrating the experience of suffering from COVID-19 as an older adult, one respondent remarked, '…*it was like a tug of war between life and death. In my case life won, but I know many of my peers could not win…*'. It has to be noted that almost all the respondents who suffered from COVID-19 are experiencing post-COVID-19 symptoms which has impacted their quality of life.

The pandemic has altered our lives in many ways and these changes have in turn impacted the mental state the respondents. One of the major changes is the reliance on technology and internet.

For many respondents this transition was not easy. They found the constant need to download applications and remember passwords very cumbersome. Few respondents remarked that due to the pandemic everyone has transitioned from face-to-face communication to virtual communication. This according to them does not give you the same feeling as meeting someone in person. However, several respondents noted that due to the pandemic they were forced to overcome their hesitancy to use technology. All the respondents were using at least two social media platforms. They felt that this change will alter their lives. The respondents felt more connected to world. The fact that they could post their comments in social media platforms also gave them a feeling of importance. All respondents however expressed that they have a constant fear of being duped in the virtual world and hence are not very comfortable making online financial transactions.

Due to restrictions on travel from foreign countries few respondents are not able to meet their children, this was another cause of uneasiness. All respondents hoped that they can travel freely soon. They also reported difficulty in adhering to COVID-19 related protocols like wearing a mask all the time, sanitisation of hands, cleaning of things coming from the market etc. '*Every*

time you go out of the house, you have to take care of so many things; and if you miss them you may end up dead, this is so stressful…' remarked one respondent. The respondents also noted that due to the pandemic younger generation is realising the importance of traditional Indian way of life. One respondent who has a very good knowledge of traditional medicines stated that he has become very popular in his colony due to the pandemic. The rollout of vaccination for older-adults had reduced the anxiety in most respondents, whereas few respondents are reluctant to take the vaccine. '*COVID-19 ne to sab badlal diya*' (*COVID-19 has altered everything*), this observation made by a retired school principal echoes the feeling of all the respondents regarding the overall impact of this pandemic.

Coping Mechanisms: Researchers found that the respondents adopted different coping strategies during this pandemic. The strategy adopted by them depended on interplay of several factors like sex of the respondent, stage of the pandemic, level of physical, mental and psycho-social impact, and residence of the respondent i.e. whether staying alone, only with spouse or with family. Respondents were of the opinion that they coped better than the younger members of their family. According to them, this could be because of the fact that they had witnessed several hardships throughout their lifetime as compared to the younger generation. Several respondents were of the opinion that resilience of individuals in wake of adversities is on the wane.

The most common coping strategy adopted by the respondents throughout this period was to share their feelings and emotions with friends and relatives. It was found that the male respondents preferred to speak to with their friends rather than expressing themselves before their family, whereas the female respondents shared their anxieties with their children and relatives. Since physical meetings were restricted, the older-adults learnt to use social media platforms to communicate. Respondents who stayed alone commented that without their smartphone it would have been very difficult for them to live through the lockdown. It has to be pointed out that in order to avoid reading too much COVID-19 related information posted across social media and getting stressed, few respondents only opened their social media accounts once or twice a day. Most respondents asked their children to make online payments for them in order to avoid falling prey to cyber frauds. Few respondents who stayed alone specially engaged a person to do shopping for them during the period of community transmission of the virus. One respondent stated that he and his wife had also thought of shifting to a retirement home, however they decided against it as the chances of getting infected are much higher in the community living.

Many respondents spent hours with their grandchildren to keep their mind away from the situation. All respondents reported bringing about changes in their eating pattern and lifestyle during this period. Almost all the respondents increased their physical activity and performed asana and pranayama during the lockdown period. Few had also joined online yoga classes. Respondents also adhered to a healthy diet plan comprising mostly of home cooked food during this period. Few respondents remarked that they were avoiding outside food out of compulsion, as the cost of falling sick was very high. Respondents also kept themselves busy by attending to household chores. One respondent stated that she had taken up the task of preparing '*kadha*' (herbal drink) for the family and cooking traditional recipes. Respondents also spent their time in activities like gardening, stitching, knitting, playing online games (chess and solitaire were most commonly played), watching web series over OTT platform, listening to music and reading. The respondents

Table 2 Significant Themes that Emerged in the Study

Time period	Onset of pandemic	Situation after six months or more of pandemic	Coping skills and strategies highlighted
Impact on health	Sudden lockdown led to: • Disruption in daily routine especially health management exercises like walks and physiotherapy sessions • Postponement of visits to doctors for routine check-up, specific consultations and invasive procedures • Food intake affected with no-availability of domestic helps and cooks, especially with the elderly living alone	• 12 respondents contracted COVID-19, 7 were hospitalised for more than a week • Home confinement added to other health challenges aggravating their existing ailments	• However, older-adults readily 'adjusted' to the new normal. Some started walking in the balcony, corridors, doing yoga, *pranayam* and other exercises at home
Impact on mental health	• Heightened fear of COVID-19 infection • Anxiety of ailments escalating (like diabetes, heart disease) due to halt in health management behaviours • Increased loneliness, especially among those living alone • Worry and tension related to strangled children and family members or those staying away • Frequency of panic attacks, depressive episodes, mood swings increased • Feeling of 'being caged' • Amplified death anxiety	• Sickness and death of significant others and age-mates added to the woes • Older-adults suffered from the fear of death of loved ones, acute physical suffering leading to death, parting away with loved ones, dying all alone and disposal of corpse without prescribed ritual performance	• Chanting of *mantras*, prayers were most frequently adopted strategies to counter death fear • Learning digital literacy and connecting with friends and relatives through social media applications like Whatsapp and phone calls
Impact on social interaction	• Increase in cases of conflicts, maladjustments with older-adults staying with family, especially those who are partially or fully dependent, economically or in terms of autonomy in activities of daily living • Sudden pause in meeting with age-mates, friends, in parks, *kirtan/satsangs* • Visits to relatives, gatherings in celebrations and even mourning halted	• After initial hiccups, older-adults carved their space and received love and respect from their family members • Among those living alone some became more isolated and alienated and others came to terms with the 'new normal'	• Faith in the God, religiosity, acceptance, let go attitude, reaching out to others for help and support to the best of their capacity, donating for the needy, among other factors, contributed to their resilience

Table 2 gives the bird's eye view of the findings of the study.

who stayed with their grandchildren spent a significant time with them. Almost all the respondents mentioned that they took out time to read religious text or chant Mantra for the wellbeing of the family. Families of two respondents offered food to the caregivers of patients in COVID-19 hospitals and they also helped the other members of the family in cooking and packing the food. The respondents who were working after retirement reduced their interaction

with people and worked from home. Those who used to go to their family business establishments stayed home when the cases were at the peak.

All respondents who contracted COVID-19 or had someone in their family suffering from this disease stated that found *pranayama* and *dhyana* to be very useful in handling the mental stress. One survivor stated that during her stay in the ICU she tried to keep her mind away from the disease and its consequences. She kept telling herself that she will recover soon. According to her, many people lost their fight with COVID-19 because they lost hope. Most of these respondents offered special puja (including *Mahamrityunjaya Japa*) in temples for the recovery of the patient. Respondents who had previous history of anxiety and took medicines had to consult their doctor. In case of one respondent, who was not able to sleep for almost a week, had her dosage of antianxiety medicine increased for a short duration. One respondent who stayed with his wife had to call his relative when his wife fell sick during this time. Respondents were unanimous in their opinion that Indian family system is best suited to handle such situations and lamented that the society is slowly doing away with this tradition.

DISCUSSION

Findings of the study have vividly showed that COVID-19 pandemic has unearthed the vulnerable conditions among the older-adults and intensified the challenges. Older-adults reflected concerns about disruptions to their daily routines and access to care, difficulty in adapting to technologies like telemedicine and online payments. Co-morbidities not only added to the severity of COVID-19 infection, delaying and prolonging recovery but also amplified anxiety of infection and death fear manifolds. The excessive information about consequences of COVID-19 for the elderly proclaimed by the news channels and social media led to the development of initial anxiety. The COVID-19 pandemic has led to implementation of unprecedented 'social distancing' strategies crucial to limiting the spread of the virus. In addition to quarantine and isolation procedures for those who have been exposed to or infected with COVID-19, social distancing has been enforced amongst the general population to reduce the transmission of COVID-19. For many older-adults this 'social distancing' resulted in 'social disconnecting'.

In varying intensities, several older-adults do not have the resources required to deal with the stress of COVID-19. This may include material (example, lack of access to smart technology), social (example, few or no family members or friends to care for), or cognitive or biological (examples, inability to engage in physical exercise or participate in activities or routines) resources. The current COVID-19 pandemic has posed a greater risk of social isolation among the older-adults leading to greater adverse health impact, especially the ones living alone. Older-adults living alone find themselves unprotected due to the lack of social support during the pandemic. Social isolation, loneliness, and change of routine as well as impact of quarantine among older-adults due to COVID−19 pandemic have had huge psychological and social impact besides health consequences.

In the study, social disconnectedness predicted higher levels of perceived isolation, which in turn predicted higher levels of depression and anxiety symptoms. In turn, social connectedness and support is an antidote to mental health concerns like loneliness, depression and anxiety and enhanced resilience and well-being. Digital divide and digital illiteracy contributed to isolation, loneliness and anxiety among older-adults. Greater risk of financial hardships is another critical factor contributing to the mental morbidity among elderly in the pandemic. In the study, 70% of the respondents are partially or wholly dependent on others for their financial needs. During the pandemic, many people lost jobs who were financially supporting their elderly relatives. This, along with cost to treatment and medication rising sharply added to the woes of the elderly.

Social Work Intervention

Table 3 Suggestive Social Work Model for Better Preparedness against COVID-19 Pandemic

Suggestive intervention	Specific strategies	Stake holders	Expected outcome
Adequate need assessment	Using pointers of Maslow's Need Hierarchy a screening of older adult population may be done to prioritising those with survival needs (medical attention, nutrition), those living alone followed by the ones needing psycho-social support.	Govern ment, NGOs	This triage would ensure timely & adequate service/resource delivery among elderly; addressing emergencies.
Awareness and sensitisation	Authentic, scientific, information about spread of infection; dispelling myths and misconceptions; strict action against those spreading rumours.	Govern ment, Media	Exaggerated fear that led to panic, agony, even suicide attempts would be curtailed
Responsive healthcare system	Tele-medicine, doctor consultation through video conferencing, availability of generic medicines, highly subsidised medical services and quality treatment, community outreach and doorstep medical services	Govern ment, NGOs	Health security is of utmost importance for the elderly, which also ensures well-being
Empowerment through Digital Literacy	Wide coverage of Digital Literacy programmes that entail net banking online payments of bills, money-transactions; online ordering of daily need items, medicine, cab-booking, doctor consultation, learn using Internet, social Apps such as Facebook, Whatsapp, etc.	Govern ment, NGOs, bodies, families	This would ensure freedom from depending on others to meet daily needs and remain socially connected and active during pandemic.
Elder-helpline	Establishment and creating awareness about elder-helpline that may act as referral point to link services with the pressing needs of the older-adults	Govern ment, NGOs	This single contact point for would promptly link older-adults with services required
Financial security	Universal Pension Scheme, efficient social assistance programmes for the needy elderly	Govern ment	It will prevent older-adults' abuse & ensure their well-being
Highlighting elderly as a vital resource	Contribution of older-adults in supporting and helping their younger family members during COVID pandemic has been vital. It needs to be recognised and appreciated	Media, families	This would portrayal older-adults as unproductive and burden
Social integration	Reviving & strengthening community support, elderly clubs, Elder Self Help Groups, Senior Citizen Associations, promoting intergenerational bonding, and such other platforms and opportunities	All stakehol ders	Social connectedness and social support and antidote to most of the problems of the older-adults
Online & offline Geriatric counselling	Psychological first aid, grief, bereavement counselling, crisis counselling, cognitive restructuring, emotion management, psychotherapies of various kinds	NGOs, Govern ment	It is a critical intervention for restoring sense of safety, hope, security, wellbeing
Social connectedness with 'physical-distancing'	Clear & repeated message dissemination in the public that physical distancing to curtain the spread of virus should never be considered as social disconnectedness, isolation and exclusion for the elderly	Media, govern ment, NGOs	It would dispel the misconception of viewing older-adults as 'source and site' of COVID-10 infection
Tackling ageism	Depiction of older-adults as vital human resource, ensuring their involvement in familial and community decision-making regarding allocation of resources	All stakehol ders	Encountering ageism is targeting the root-cause of most problems of the older-adults
Strict enforcement of protective laws	Awareness generation and firm implementation of laws like The Maintenance and Welfare of Parents and Senior Citizens Act, 2007	Govern ment & others	It will curb instances of elder abuse that shot up during COVID-19 pandemic
Promoting Indigenous wellness practices	Online and offline training in Yoga, Pranayama, dissemination of information about home remedies, promoting consumption of indigenous healthy recipes, providing spaces for religious and spiritual practices	All stakehol ders	These culturally aligned strategies have easy acceptance and proven benefits for wellness
Death education measures	Open discussion on death-fear with older-adults and subtly preparing them to accept death.	Social workers	It will reinstate acceptance of death as 'natural' aspect
Building resilience	Encourage older-adults to develop routine, do exercise at home, take up hobbies, reach out for help, give support, other cognitive, affective and behavioural strategies	All stakehol ders	Making any efforts to counteract vulnerable, crisis condition builds resilience

With population aging becoming a reality world over, if the older-adults are left to fend for themselves, it would not only be ethically and morally wrong but also hamper the social development of any nation. When viewed from the standpoint of 'Social Exchange theory', the elderly lack resources, physically (failing health) and socially (rolelessness, increased dependence on others). Most of them have diminished bargaining power on account of loss of control over intrinsic and extrinsic resources. Hence, they lose out on security, status and well-being. The degree of control over resources by the elderly predicts their empowerment, security and well-being. In this backdrop, suggestive social work intervention model for the elderly in urban setting, with the objective of minimising the harm caused by any future pandemic of this nature, has been prepared based on the insights gained through the present study (Table 3).

A multi-stakeholder approach, with five principles delineated by the United Nations - Independence, Participation, Care, Fulfilment and Dignity – embedded in the programmes meant for the older-adults would result in positive outcomes in resilience building against pandemic situations like COVID-19. Given the power and benefits of resilience, efforts should be made by all the stakeholders - government bodies, civil society organizations, family, community and the elderly themselves, in a coordinated and concerted manner to enhance this trait and psychological resource among senior citizens. The suggestive social work model, hopefully, may be a firm step towards creating a peaceful, resilient and enabling environment where the elderly lead an active, healthy, happy and productive life.

CONCLUSION

The present study has made a sincere attempt to explore into the lives of older-adults during the COVID-19 pandemic – their fears and anxieties, vulnerabilities, problems and challenges, and also their coping, courage, strength and resilience as they encountered the wrath of the virus that has shaken the world. The sudden lockdown and precautionary guidelines like social-distancing to curb the spread of COVID-19 did jolt the older-adults, perpetuating numerous health complications and mental morbidities. Older-adults living alone faced accentuated isolation, loneliness, depression and death-fear. However, the study also reflects the contours of successful adaptation of the older people to the 'new normal'. Culturally ingrained traditional practices such as prayers, Yoga, *pranayama*, resorting to indigenous and home remedies (such as *kadha*) have been the widely used coping strategies among the older-adults, along with making every effort to provide and receive support from family and friends. Suggestive interventions are provided to ensure resilience, social-engagement, and well-being among the older-adults.

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How to Cite this Article: Phukan, D., & Kaushik, A. (2022). Virus, Fear and Prayer: An Exploration into the Lives of Older Adults During the Covid-19 Pandemic. *National Journal of Professional Social Work*, 23(2), 91-104. https://doi.org/10.51333/njpsw.2022.v22.i2.468