

COVID-19: Impact on Elderly in Mumbai

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India is an ageing nation with the elderly, aged 60 years and above, comprising 8.6 percent (104 million) of its total population (Census 2011). This age cohort is estimated to increase to 19 percent of the total population by 2050 and 34 percent by the turn of this century (UNFPA 2017). The states of Kerala, Maharashtra, Tamil Nadu, Punjab and Himachal Pradesh have been the frontrunners in population ageing. Census 2011 also reveals the phenomenon of 'feminization of the elderly population' with sex ratio of 1033 women for every 1000 men at age 60 years and above, which is projected to further increase to 1060 women per 1000 men in 2026.

The number of elderlies in Maharashtra stands at 9.9 million persons, of which 4.7 million are men and the remaining 5.2 million are women (Census 2011). Majority of them reside in rural areas. Nearly 1 in 10 elderly persons in the country resides in Maharashtra. Over 10 per cent of Maharashtra's population is made up of the elderly, which is higher than the national average. Similarly, the proportion of the elderly in the age group 80 years and above (oldest-old) in Maharashtra is higher than the national average (UNFPA 2014).

In the unprecedented Covid-19 pandemic that has engulfed almost the entire world, figures for India's positive cases have started escalating sharply. Even as the country has gone into an extended lockdown till May 3, Maharashtra has been the worst-hit state with 5652 confirmed cases, 789 cured cases and 269 deaths as on April 23, 2020. Its mortality rate is one of the highest in the world and in keeping with global trends, a large proportion of deaths have been reported among people aged 60 years and above, with co-morbidities such as cardiovascular, diabetes, hypertension and respiratory diseases.

The elderly constitute one of the most vulnerable sections of the society even in normal times on account of poverty, deteriorating health, lack of familial support, neglect, social isolation, discrimination and abuse. Under the present crisis, it was felt all the more imperative to inquire how they were coping with the unprecedented and uncertain situation into which they had been thrust.

The present study was undertaken to study the impact of the ongoing pandemic on the lives of the elderly. Using the qualitative research method, telephonic interviews were conducted with the elderly living in Mumbai during the period April 16–23, 2020. Information was obtained using convenience sampling. The study is limited to the experiences of middle class and economically secure elderly; it does not include the experiences of those who are economically dependent. All respondents gave their informed consent before their inclusion in the study. Some names have been changed on request.

Situation I:

Ninety-one-year-old Ashatai is a widow, living alone ever since her son took up a job outside Mumbai seven years ago. That the corona pandemic makes her feel vulnerable is evident when she says that she has never faced such a terrifying situation in her life before. 'I live alone, and I am worried'. She has to depend on neighbours to get her provisions and medicines (for diabetes). 'My joint pain restricts my mobility...I feel very helpless...and in times like these, I feel exhausted having to do all the house work without any help'. The extended lockdown has made her anxious and tensed as her son cannot come home at this stage. 'Being alone at a time like this, with no one to talk to, I feel depressed' She reads religious texts to keep her mind away from negative thoughts.

Situation 2:

Suresh Rajput is seventy years old, presently living alone, with his wife away in another city. He suffers from heart problem and diabetes. The pandemic, he says, has paralyzed life and created panic and fear. 'It makes me very tensed sometimes; I just switch off the news midway when it starts affecting me. And there is no way of knowing how authentic it is'. He tries to divert his mind by doing some work - washing utensils, making breakfast, walking near his ground floor flat or looking up some information on the computer. The present situation does not scare him, but he has informed the watchman to 'keep checking on him once in a while', as he does not keep too well.

Situation 3:

Swaranjit is a retired school teacher living with her 86 year old husband in a central suburb. Life was somewhat manageable till the pandemic struck. All external help was cut off when the lockdown was declared. She has to help bathe her husband, assist him while moving around the house and manage all household chores on her own. She suffers from glaucoma and numbness in her fingers, which has affected her grip. 'I am worried I may drop things and hurt myself', she informs. With home delivery service being temporarily discontinued, she is forced to go out to buy provisions. She needs medicines for her husband and herself but does not know how to order them online. 'I am 81 years old myself and feel very tired after all the work. I am scared to imagine how he will manage if I fall sick'. She misses her sons who are settled outside Mumbai. Whatever little time she gets after completing work is spent listening to the Gurubani which provides some solace from 'this corona which has made everyone's life miserable' she concludes.

Situation 4:

Part of a meditation group she joined after her husband passed away 17 years ago, Shanta Hegde led a fairly active social life till the pandemic broke out. '15 to 20 people would come over to my house for the group kriya. Neighbours would drop in earlier. Nobody rings the bell now. Also, no newspapers are being delivered'. She would earlier spend some time reading and solving crossword puzzles. Even at the age of 80, she travels twice a week with a colleague, to supervise work done by women employed at a Mahila Mandal. 'With the lockdown, all that has stopped now', she says, with a hint of sadness in her voice.

She feels the weakness often. 'My BP goes up when I am tensed... when I am not able to go to the bank to withdraw my family pension. I don't have an ATM card'. One has to wait in a queue at the bank and she does not feel safe coming home alone with the money.

She can no longer visit her only daughter settled in the USA on her own. The 24-hour journey by flight is very tiring. Does she feel lonely? She laughs softly and says she has got used to it now. There are five more elderly people like her living alone in her building. 'What to do, have to manage somehow' are her parting words.

Situation 5:

Having retired from the teaching profession more than twenty-five years ago, Dr Thakur admits that 'the feeling of being alone is very scary and overwhelming in such times ... Sometimes, I get up in the middle of the night, check if all is okay and then go back to sleep'.

The writer in him has kept him constructively occupied, though the pandemic has created a feeling of void... 'It affects my writing', he admits. Besides writing, watching news on television, songs on 'Sa re ga ma' radio and his pet cat (adopted after his wife's death) keep him busy. 'Animals love you unconditionally; there are no arguments or bitter experiences like with other people. I talk with him, whatever I want and there is no opposition. He is a great companion and stress buster'.

In spite of being a heart patient and a diabetic for more than forty years, he underplays his health issues. 'If I think about it, I will not be able to write', he says. Not afraid of death per se, the biggest fear he reveals is being alone at that time. 'I would like someone to be around, when it comes', a thought which has always been in his subconscious mind. He is happy both his daughters are well settled and are a phone call away, but he prefers to live in his own house.

The experiences of the respondents described above corroborate some of the findings of earlier studies on the elderly. These include breakdown of the joint family system (with increasing migration of children for employment) resulting in decline in familial support for elderly parents (Raju 2014), health and living arrangements (Agarwal 2012), issues relating to safety, women continuing to be caregivers even at an advanced age and technological handicap that many elderly face (Agewell Report 2017). In addition, the present crisis has intensified feelings of fear and anxiety, of loneliness and depression due to social distancing and isolation, though all respondents were in touch with their children over the phone or WhatsApp. The burden of household work on the elderly has increased, making them more vulnerable to ill health. Most participants reported keeping themselves busy to divert their mind from negative thoughts as a way of coping with the present crisis. It must be mentioned here that the existence of poverty and financial dependence of the elderly, an important finding in many studies (Raju 2014), was not reported by respondents of this study as they were all receiving pension/family pension with which they could manage their daily expenses.

Implications and Way ahead

Older people with co-morbid conditions face the highest risk for complications related to Covid-19, including mortality. With escalation of positive cases over time and the possibility of the health system being overwhelmed, it is likely that the health needs of the younger population may be prioritized over that of the elderly population. Living alone with little familial and social support has increased the feeling of loneliness, accompanying anxiety and depression. Physical distancing though necessary to avoid the risk of infection has intensified social isolation. Studies show that adults with chronic conditions and physical or cognitive disabilities are more likely to feel socially isolated than adults who do not have these health issues (Lewis, Shah, and Abrams 2018). Such isolated persons are more prone to have emotional, mental and financial issues and are less likely to receive timely, good quality care and support than those who do not report feeling alone. Both isolation and loneliness are associated with increase in heart disease, dementia and other health problems. Studies have shown isolation to increase the risk of death on par with risk factors such as smoking, obesity and lack of physical activity (Clay 2020).

Economic security is a prerequisite to help the elderly satisfy their daily needs and take care of themselves. Social engagement, support networks and intergenerational bonding contribute to their psychological wellbeing and prevent them from succumbing to loneliness, anxiety and isolation. Adequate health infrastructure in terms of geriatric centres and provision of affordable and quality healthcare services for the elderly is crucial to meet their health needs. Any intervention which seeks to ensure a decent quality of life for the elderly will have to be multi-pronged taking their socio-economic and health status into account.

The responsibility of caring for the elderly lies squarely on the family, civil society and the government; only a strong commitment, collaboration and partnership can add life to their years and help the elderly live a dignified life.

Works Cited

Agarwal, Sutapa. 2012. "Effect of Living Arrangement on the Health Status of Elderly in India: Findings from a national cross sectional survey." *Asian Population Studies* 8, no. 1 (January): 87–101.

<https://doi.org/10.1080/17441730.2012.646842>.

Agewell Foundation. 2017. "Changing Needs and Rights of Older People in India: A Review". Reviewed July, 2017 https://www.agewellfoundation.org/?page_id=1162

Clay, Rebecca A. 2020. "COVID-19 isn't just a danger to older people's physical health." *American Psychological Association*. March 18, 2020. <http://www.apa.org/news/apa/2020/03/covid-19-danger-physical-health>.

Lewis, Corinne, Tanya Shah, and Melinda K. Abrams. 2018. "Sick and Alone: High Need, Socially Isolated Adults have More Problems, but Less Support." *The Commonwealth Fund*. January 12, 2018

<https://www.commonwealthfund.org/blog/2018/sick-and-alone-high-need-socially-isolated-adults-have-more-problems-less-support>

Rajan, S. Irudaya. 2006. "Population Ageing and Health in India." *CEHAT* vi, (January): 14–21 <http://www.cehat.org/publications/1491218070>

Raju, S. Siva. 2014. "Studies on Ageing in India: A Review." Chapter. In *Population Ageing in India*, edited by G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, K. S. James, and Moneer Alam, 180–214. Cambridge: Cambridge University Press.

United Nations Population Fund. 2017. "Caring for Our Elders: Early Responses: India Ageing Report 2017."

<https://india.unfpa.org/en/publications/caring-our-elders-early-responses-india-ageing-report-2017>

United Nations Population Fund. 2014. "Status of Elderly in Maharashtra: Building a Knowledge Base on Population Ageing in India, 2011."

<https://india.unfpa.org/en/publications/status-elderly-maharashtra-2011>