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Aging in the Shadow of COVID-19

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ABSTRACT

The coronavirus disease 2019 (COVID-19) pandemic presents a major challenge to societies all over the world. This new virus threat both socially as well as economically regarding health and safety of human being irrespective of age, race or social status across the world. This expository paper focuses on impact of COVID-19 upon elderly and importance of social distancing and isolation for elderly people. This paper also explores the scenario of COVID-19 in India and the measures that government bodies are taking to contain and mitigate it. Role and responsibilities of families and caregivers to keep away the elderly disease-free, spirited and mentally fit. Those in isolation or quarantine need special care: telephonic counselling, digital contact with family and ensuring adequate nutrition is vital. The study is primarily based on secondary data including books, journals, newspapers, and other governmental reports.

1. Introduction

The coronavirus disease 2019 (COVID-19) pandemic presents a major challenge to societies all over the world. It's a new disease, and we learn more about it every day. COVID-19 effects our daily life and the experiences of the people around us. Every aspect of our life has changed over the last seven months and we have a great deal of learning about the disease. This new virus threat both socially as well as economically regarding health and safety of human being irrespective of age, race or social status across the world. This disease was detected on 31 December 2019 and on 12 March 2020 the WHO categorized it as a pandemic disease^[23]. The illness is associated with common symptoms of dry cough, flu, fever and breathing difficulties^[23]. Normally, this virus enters the body through the mouth, nose, and eyes^[19]. This virus spread in universal form, it does not recognize any

caste, sex, age, and religion. We are divided by religion, region, caste, colour and ethnicity but this virus differentiate only rich and poor. On the one hand, the wealthy who lock their doors and leave the rest of the world outside, and on the other, the needy who have no choice but to go outside and struggle for everyday needs. This current pandemic brought inequality to the surface of society such as migrant labour, homelessness, people of slum area, refugees etc. are facing additional challenges in this lethality situation. Low wage workers, homeless people, elderly and disabled have been disproportionately affected by this virus. The COVID-19 compelled a lot of migrant workers to go home because they came without family and had no permanent residency. That led to sudden, and very high, increases in unemployment. People inside their homes in this deadly scenario, because nothing is more valuable than one's life. Government initiatives and strategies have been formulated in order to slow the spread of the

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COVID-19 pandemic and to reduce the anticipated negative health and socio-economic impacts.

This virus is very similar to Pen drive. As pen drive contains enormous data for storage, transfer, copying and visualisation^[16]. Mitra also describes that mechanism for data transfer with this virus is required like a pen drive. Beck^[3], defines that risk society as a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself. Beck also explains that the reflexive modernization, where unintended and unforeseen side-effects of modern life backfire on modernity.

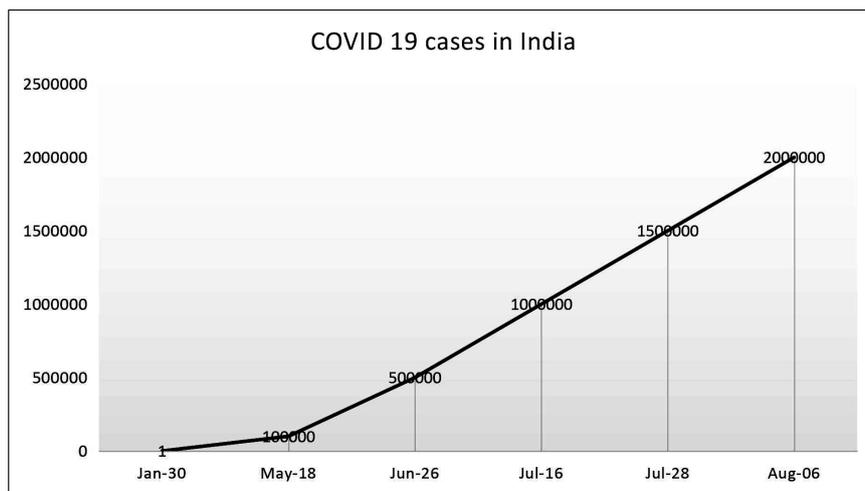
The Indian scenario is completely different from the world, because it has a high population density. India's major challenges of maintaining physical distance in households with limited space and its worst in the slum area where there is very high population density with unhygienic. In India everything has changed, including social structures, families, kinship, faith, culture, etc. A new culture developed as well where we may see a Shift from handshakes/hugs to virtual hugs/hellos. The pattern of interaction is totally changed, instead of shaking hand people following no hugging, no touching and maintained six feet distance. With this new social order in everyday life, people are bound together in terms of social distancing and physical distancing by a new act of collective solidarity.

It is an opportunity for people to spend more time with their family, simplify their lives, engage in hobbies, and watching T.V. shows, go ahead with the work, etc.

This pandemic has transformed the online lives of young people into family life. They are spending their time with their family which has brought back the traditional family's age-old ethos. The various step of lockdown tremendous increase in family interaction. The homes in which we live have become our complete world. Perhaps one of the most prominent changes it has brought data and graph have replaced with meme and images in our WhatsApp and other social sites.

2. COVID-19 Background in India

India reported the first COVID-19 case at Kerala on 30 January. With each passing day, the number of COVID-19 cases in the country continues to increase with India recording the highest single-day spike of almost 61,996 cases over in a span of 24 hours. The COVID-19 disease crosses over 19 million worldwide, with most cases contributing from the United States, Brazil, India, Russia and South Africa. After the United States and Brazil, India became the third country in the world to report more than 2 million cases of coronavirus disease on 06/08/2020, in just 190 days from the start of the country's outbreak (The Hindu). More than 48% of all cases in India can be traced to just three states - Maharashtra, Delhi and Tamil Nadu (Hindustan Times). The Health Ministry of India^[15] advised people to wash their hand and face regular interval with soap, stay at home, avoid meetings and public gathering, and maintain of at least one meter.



Source: <https://indianexpress.com>, 2020.

With a total 61,996 cases in a single day taking the national tally to 20,22,730 COVID-19 cases in India. While the first 100,000 cases occur in 78 days and the second 100,000 cases comes in only 15 days, this disease subsequently rises very rapidly and in just 190 days crossed a figure of 2 million. In the figure above, we can see that the

first 100,000 cases took 78 days and the second 100,000 cases took 15 days, and the third 100,000 lakh case came in just 10 days. We can see in the above figure that the number of infected people increases day by day. Per 5 million positive cases increases with the minimum number of days, like the first 5 million cases in 110 days and

last in only 9 days.

3. COVID-19's Impact on Society

COVID-19 infected countries have banned attending classes in schools, colleges, and the universities and they are using online mode for providing education, but millions of students are not getting a good quality of education. This idea is not well successful because poor people's children are unable to attend classes online. Children of low-income families face many problems in online schooling such as non-availability of smartphone, reliable internet, etc. Students of northeast India facing the problem of the low signal mobile network problem. Students roaming with their mobile phone in hope for their mobile phone handsets to come alive or catch the signal^[13].

COVID-19 affected mostly the vulnerable section of society. In the slum areas, people home is not a safe and comfortable place to be. Like Mumbai and other cities poor people living cramped, low quality, uncomfortable. In this pandemic situation, self-quarantine in slum dwelling areas is impossible because in slum areas there are at least 4-5 persons living in one room. Also the multigenerational household is common among poor and slum dwellers.

Recently the movie Gulabo-Sitabo released on Amazon Prime because of COVID-19. The film industry directly and indirectly provides employment for millions of people. This trend of releasing films on digital platforms may lead to unemployment for many of them and most hit the lower and middle-income groups. The film industry is not only limited to Mumbai city, but also contributes to the country's economy.

In older people the COVID-19 risk is greater. In this situation of lethality, weakness, low immunity and illness all these factors influence the elderly people. Most of us are worried about our older loved ones, who live far from us. Elderly people may face anxiety and depression because of the fixed income or pension. They cannot use public transport for their routine health check-ups.

4. Impact of COVID-19 upon Elderly People

COVID-19 risks aggravating the social exclusion of older persons through measures to restrict movement and contact such as stay-at-home restrictions, quarantines, and lockdowns. COVID-19 has impacted the lives of older persons in many fundamental ways, the most important being income, health, mobility and social isolation. As we age, our state of health becomes weak day by day. In our old age we are getting the various disease like heart disease, cancers, and metabolic and low immunity. Se-

nior citizens face the fatal effects of COVID-19 because one's immune system weakens with age. Because of the low immune power mortality rate among the elderly is more than younger through COVID-19. It is reported that older adults constitute a higher percentage of confirmed COVID-19 cases and deaths. Senior citizen accounts for 63% of the death that has occurred due to the COVID-19 in India^[14]. The mortality risk among elderly people is 3.6% in their 60s, which increases to 8.0% in their 70s and 14.8% for people in 80s and over^[17]. Fatality rate from COVID-19 rises sharply with age^[5]. Due to COVID-19, elderly people can't spend their time with their friends and family members. Conditions of the elderly are vulnerable to the infection, these high-risk categories of people should be given extra care^[15].

Age	Share in total population	% Share in all COVID-19 deaths	
		Up to May 21	Up to July 9
<=14 years	35%	0.5	1
15-29	18%	2.5	3
30-44	22%	11.4	11
45-59	15%	35.1	32
60-74	8%	40.2	39
>=75	2%	10.3	14

Source: Times of India, 2020.

In the figure above, we can see that the elderly population over 50 years of age is at severe risk for the disease. People aged over 45, who contribute 25 percent of the country's population, account for 85 percent of COVID-19 death in India. Individual between the ages of 60 and 74 years are only 8% of the population, but their fatality rate is 39%. Those older than 75 years are 2% of the population that account for 14% of total COVID-19 death. For those who are old it is disproportionately fatal.

5. Impact of Physical/Social Distancing on Elderly

In the absence of vaccine, social distancing is the most effective strategy for its minimising and control. It is the most important way to surviving in this lethality situation. Isolate people across a region to limit infections on a daily basis or new ones. Social distance refers to a sense of familiarity (nearness and intimacy) or unfamiliarity (farness and difference) between themselves and people belonging to different social, ethnic, occupational, and religious groups from their own^[6]. People in diverse society experience connection and solidarity in some situation and distance and alienation in other situation^[6]. Bogardus^[4],

created social distance scale for measure people's willingness to participate in social contacts of varying degrees of closeness with members of diverse social groups, such as racial and ethnic groups.

It is like a tuff task for the poorest, most vulnerable, and marginalised member of our society. Keeping distancing is often impossible, whether in office or bus stop, at the grocery or in a taxi, buying vegetables from street vendors. Lots of people working from home but others people like labour, restaurants, salons etc. theses can't work from home and can't work remotely. The following people can't afford to stay home because they suffer a crippling loss of income. They have no alternative except to go back to work. They bear the risk and face it in the hope it won't happen to them.

6. The Consequence of Isolating the Elderly

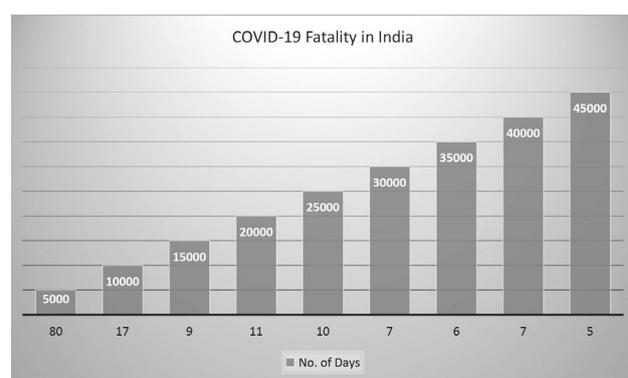
The COVID-19 pandemic has suddenly brought fear and uncertainty, especially among older adults. Elders are more vulnerable to death from the virus compared with younger people. Because of this disease elderly population go for self-isolate for a very long time in all over the world. Social isolation includes avoiding social contact with friends and family members. Isolation or loneliness is a real risk factor for all people's health and well-being but older people are more vulnerable to loneliness. Older adults are contributing continuously and actively to society through paid and unpaid work. Physical distance is the most important tool to reduce the spread of this disease. Isolating the elderly might reduce transmission of the disease, which result in low patient and low risk among elderly. Social isolation and loneliness are related but both are different concepts. Social isolation refers to a lack of contact with or physical separation from family, friends, or broader social networks and the lack of involvement in social activities^[20]. Loneliness is complex, emotional, feeling of anxiety and dissatisfaction associated with a lack of connectedness with others and a deficit of social engagement^[22].

Coping with social isolation depends on the various factors such as social support availability, household size, urban or rural location, technology availability, and even psychological and regular lifestyle factors. The elderly people whose social contact is out of the home, they are very anxious about the self-isolation. Social capital can be decline with ageing, due deteriorating health, death of partners and friends, so older people may have fewer closer relationships and may be more likely to live alone^[21]. With the lockdown and social distancing, seniors feel more alone than usual. Various stage of lockdown has

brought up anxiety and fears of dying alone among the elderly. Those who have no close family or friends and rely on the support of voluntary services or social care, they are at additional risk, along with those who are already lonely, isolated, or secluded. Social isolation among older adults is a serious concern because of their greater risk of cardiovascular, autoimmune, neurocognitive, and mental health problems (Emerson & Jayawardhana, 2015). Santini and colleagues^[18], explain that social disconnection puts older adults at greater risk of depression and anxiety. Social distancing doesn't mean isolation or loneliness. We need to keep older adults safe, but also keep in mind that social isolation can have a negative impact on older people's immunity and mental health^[1]. Social isolation and loneliness increase the risk of anxiety, depression, cognitive dysfunction, heart disease and mortality among elderly people^[2].

7. COVID-19 Fatality of India

The total number of people who died in India as a result of COVID-19 disease has gone beyond 45,000, giving India a death rate of 2.07 per cent, meaning that on average 207 people had died out of every 10,000 detected with the disease. This is significantly lower than the global death rate, which currently stands at 3.8 per cent. According to the global database of World Health Organisation, nearly 7 lakh people out of the 1.83 crores (18.3 million) that were detected with the disease have died. The maximum deaths happened in the United States, where more than 150,000 people died. In the United States, the death rate is slightly more than 3.3 per cent (The Indian Express, 2020).



Source: Worldometers

In the figure above we can see that the maximum number of COVID-19 fatality with the minimum number of days. It took 80 days for the first 5000 deaths, and 17 days for the second 5000 cases. The fatality rate subsequently rises sharply, reaching 40,000 to 45,000 deaths in just five days.

8. Conclusion

In terms of the spread of coronavirus disease things are getting worse around the world. The collective efforts of the public and government are sorely needed. It is urgently advised and requested that all the persons follow strictly without any discrepancy the preventive measures, managements and quarantine otherwise the situation may be the worst. Through this pandemic unemployment ratio on the peak, this will lead to increase in suicide, substance abuse, domestic violence, homelessness and food insecurity. Digital technology devices will and can provide a basis for maintaining social connections with friends, family, social networks and/or the wider community. We need to understand much more about the intermediaries that were crucial to efforts to mitigate costs like the social worker, police, doctors, nurses, sweepers who creatively risked their own health to provide services to the needy. Limiting in-person visits is one important way of reducing the risk of your older family members catching COVID-19. Families and caregivers can use some of these ways to keep the elderly disease-free, spirited and mentally fit: 'Physical distancing' rather than 'social distancing': Regular telephonic contact with them to ensure adequate emotional support. Their daily needs and living requirements need to be optimised. Considering their vulnerability, it is better to avoid going out or meeting too many people. Those in isolation or quarantine need special care: telephonic counselling, digital contact with family and ensuring adequate nutrition is vital. The hand cleaning with soap and sanitizer, mouth and nose coverage with mask during sneezing and coughing are essential.

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