



# **Mission**

To work for the cause and care of disadvantaged aged persons and to improve their quality of life

# **SPECIAL EDITION**

Impact of COVID 19 Pandemic on Older Persons in India

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### **Editorial**

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India takes pride in the fact that she enjoys 'demographic dividend'; overlooking the slow and silent movement towards 'demographic bonus.' One stark estimate is that the older people are likely to grow by 326% as compared to 56% growth of the overall population during 2000-2050 (Report of the Technical Group on Population Projections, 2020). During the same period, the population aged 80+ years will grow 700% with a predominance of widowed and highly dependent very old women. This feminisation of ageing coupled with the urbanisation trends that will contribute to change in the landscape require urgent attention. The COVID 19 pandemic brought into focus all these and many related issues as in health and wellbeing, income security, care, digital inclusion/exclusion being some other.

The COVID-19 pandemic posed serious challenges to the older persons in terms of mortality, socio-economic and psycho-social aspects of life. Despite the example of the other countries in the world and being a signatory to all the international instruments on ageing, the pandemic highlighted that India is still way behind in terms of building a society for all ages. The pandemic and the virus asserted on the higher mortality risk among the older population, especially for those with co-morbidities. According to Policy Brief on Impact of COVID-19 on Older

Persons published by United Nations (2020), over 95% of the fatalities due to COVID-19 in Europe have been of people 60 years and above. In the United States, 80% of deaths were among 65 years and above, and 80% of deaths in China were among those aged 60 years and over. In addition to the risk of mortality due to infection, the physical distancing took a toll on the mental health of the elderly. Living alone and being digitally excluded with others increased the risks of mental health issues such as loneliness, depression, and anxieties of the elderly. In addition, the pandemic lowered the income and living standards of the older people. According to HelpAge India study titled The Elder Story: Ground Reality during COVID-19 Pandemic conducted in2020, it was observed that one third (34%) of elderly had the fear of economic loss, loss of income, starvation and no work.

Elderly had to contend with stigma, over-caution, isolation, anxiety, lack of access to health care and basic facilities, fear of lack of care in case of infection, loss of livelihood opportunities of self and main earner, burden of care needs and attitude of family or paid care giver, reported and unreported elder abuse and many more.

Researchers from multidisciplinary perspectives have tried to analyse the impacts of the pandemic on the lives of elderly, bringing in the complex

The COVID-19 pandemic posed serious challenges to the older persons in terms of mortality, socioeconomic and psycho-social aspects of life.

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The guiding principles of 'Leave No One Behind' and **'Build Back** Better' in the post pandemic world have given us the opportunity to ensure that the social security, healthcare and general environment is conducive to the make the older persons as equal participants in the world. intersection of health, psychosocial, and economic lenses. HelpAge India's Research and Development Journal Special Edition on COVID-19 Pandemic incorporates such interdisciplinary and transdisciplinary research studies conducted by scholars to bring in the limelight to the vulnerabilities of the elderly population exposed during the COVID-19 pandemic. The special edition will have 4 volumes which will include articles on the pertinent issues in the context of population ageing, specifically during the COVID-19 pandemic. These volumes are expected to serve as a document to initiate and catalyse dialogues addressing the concerns of ageing. This volume has 3 articles focused on the social adjustment and adaptation, care, and digital inclusion/exclusion of the urban elderly.

Yaashodha K. Padhya and Sushant D. Sonawane in their article, An Overview of Life Situations in older adults during the Lockdown (2020-2021)- A study from Pune city, Maharashtra, explores the social constraints brought into the lives of the elderly by the pandemic. The article is based on a survey conducted in Pune, Maharashtra to understand how elderly spent their time in confinement and social isolation brought by the lockdown during the pandemic, as well as to bring light to the physical and emotional support the elderly required during this period.

In the article Migrant Families and Care of Older Persons during and post COVID-19, Dr. Vijay Rhaykar documents the experiences of elderly living in institutional care homes in Maharashtra, their fight against COVID-19, along with the reflections on how

the well-being of care-givers also play significant part in the well-being of elderly.

The article titled Impacts of Covid-19 on Elderly and Transitioning them to Digital Realm by Pragya Jain and Saiteja Pamu depicts the picture of how the lives of elderly got disrupted due to the pandemic, and the consequent social isolation. The impact on their social lives, tagged along with economic repercussions of losing livelihood opportunities are discussed in the article. In addition, the article examines the digital divide the elderly faces to get back on with the current trends of socializing and the need for digital transitioning to enable them for quality social life.

The pandemic has exposed the gaps in the system, not just in terms of current availability of services, but also the systemic flaws in integrating the needs of the older person in the structures of economics and social security, healthcare and enabled environment. The guiding principles of Leave No One Behind' and 'Build Back Better' in the post pandemic world have given us the opportunity to ensure that the social security, healthcare and general environment is conducive to the make the older persons as equal participants in the world. This publication is an attempt to investigate the underlying factors inhibiting the efforts to building back better as well as to explore new possibilities for enhancing the quality of life of the elderly.

# An Overview of Life Situation in Older Adults During the Lockdown (2020-2021): A Study from Pune City, Maharashtra

Yaashodaa K. Padhye | Sushant D. Sonawane<sup>2</sup>

#### Introduction:

The covid-19 pandemic affected almost every part of the world and the new norms came out as an outcome of the pandemic for those who survived the tough times. India, since March 2020 experienced partial to complete lockdown at various time intervals. Not only physiologically, but older adults in India were seriously affected mentally, socially and economically during the pandemic. According to HelpAge India report (2020), based on the survey conducted among the elderly from 17 states and 4 union territories, it was observed that the livelihood of 65 per cent of the respondents was impactedbecause of the Covid-19 pandemic, 60 per cent were from rural areas and 40 per cent were from urban areas. The majority of those whose lives were economically affected by the pandemic belonged to the age segment of young-old, followed by 28 per cent in the old-old category and 5 per cent in the oldest old age group. (Datta A., 2020).

It has been observed in the literature that, being constantly exposed to the news of increasing number of Covid-19

affected cases and fear of death or severe complications, mental stress was observed among all the age groups, especially among frontline workers, older people and children (Roy et al., 2021). A study on the suicides committed in the pandemic in India stated that more than 300 suicides were recorded during the lockdown phase in India, 80 of them committed suicide because of the fear of being infected and the consequent isolation (Rana, 2020). Such scenarios put pressure on the mental health of the older adults and make them vulnerable as they are already susceptible to melancholy and disquietude (Flint et al., 2020). Common mental health issues observed among older adults were fear of entrapment, anxiety and social isolation, boredom and absence of sound sleep (Mukku& Sivakumar, 2020).

Due to social distancing and a strict ban on the social engagement at mass level, older adults were not able to share any kind of physical activity with each other and such fewer social interactions were found occasionally associated with limited quality of life and increased depressive symptoms. (Lebrasseur et al., 2021)

Due to social distancing and a strict ban on the social engagement at mass level, older adults were not able to share any kind of physical activity with each other and such fewer social interactions were found occasionally associated with limited quality of life and increased depressive symptoms.

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Hence, we decided to study how older adults spent their time during the lockdown, what kind of support was available for them and if any preventive Complementary and Alternative medicines (CAM) were used to avoid corona infection. The present article highlights the activities carried out by the older adults in Pune city during the lockdown and how they were found correlated with the self-reported depression.

The present study was carried out in Pune city, a historically famous city in Maharashtra. According to 2017 data, around 7 lakh (8 per cent of the total Pune population) people were living in Pune city aged sixty years and above (UNFPA, 2017). Being an IT hub, a renowned place for higher education and job opportunities, Pune city has the majority of migrants of all ages from nearby districts and villages. Colloquially Pune used to be called as "Pensioners paradise" as it was considered an ideal place for retired defence and state-central government employees.

Association of Senior Citizens' Organizations Pune (ASCOP) is a central body that has a network of senior citizens' organizations across Pune, and the body works for the wellbeing of the older adults in the city. In the pre-pandemic era, these organizations used to celebrate functions at a large scale, with a lot of activities like singing/dancing competitions, sports day, Bhajan competitions, blood donation camps, annual trips to holiday destinations, and so on. Most of these organisations are associated with ILC-I and their representatives used to participate in

the ILC-I's seminars/conferences /entertainment programmes.

But, post-pandemic, especially in 2022, seniors were scared to start local gatherings, and their usual activities, as most of them were worried about getting infected and most importantly, being isolated at home for almost two years, a few of them reported having lost the confidence of going into the public and hence, they avoided being in a crowd. Those who live alone/just with a spouse were worried about their health as they were not sure of getting any support from their children/immediate relatives. Most of them shifted to online mode, conducted their annual meetings through online meeting platforms and stayed connected with us through Whatsapp group and Facebook.

#### **Materials and Methods**

In Pune City, Maharashtra, even though the restrictions were released in late 2021, most of the seniors preferred not to entertain us at their homes or even majority of them were not very proactive in joining other seniors at the club for their routine activities like monthly meetings or singing class or library time. Hence, we used this purposive sampling technique and approached seniors through the community-based senior citizens' organizations which are located in different localities of Pune city. Total 210 older adults were interviewed face-toface using a pre-tested, validated questionnaire in the year 2021-2022 when we were able to meet seniors in person. Out of 210, data of 205 older adults was considered for the final analysis and generation of results.

The semi-structured questionnaire was

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divided into four parts. The first and second part was focused on obtaining demographic and health profile of the older adults. Third part captured how seniors spent their lockdown and what kind of support was available to them and the last part included questions on vaccination and if the participant had had corona infection and so on. All the auestions in the auestionnaire were quantitative in nature. Only one question was kept open-ended to document the CAM practices. To measure the availability of emotional and physical support, degree of social isolation and self-reported depression, PROMIS i.e. Patient Reported Outcome Measurement System scales which are globally validated scales were used as a part of the questionnaire (Vilagut et al., 2015; Kroenke et al., 2021).

Both males and females participated in the study. All the participants were sixty years and above, residents of community-based houses, urban older adults, literate and majority of them were retired professionals from various domains. Being members of the senior citizens' organizations, they were

physically and cognitively intact older adults and they were willing to give us written informed consent to participate in the study.

During the data collection phase, though the lockdown was over, we followed the norms of social distancing and sanitation guidelines.

The data was then entered in the SPSS version 22.0, data sheet was cleaned and then categorization of the recorded responses, cross tabulation, Chi-square tests, One way ANOVA and similar tests were performed on the data sheet of 205 older adults.

#### Results

Demographic and Health Profile of Older Adults in the Study As given in the Table I, majority of the respondents were females contributing to the 60 percent of the study population. Overall study population was young old that is in the age group of 60-70 years of age, married, living with their family i.e. with their married son/daughter-in-law or with daughter or son in a community-based household

Being members of the senior citizens' organizations, they were physically and cognitively intact older adults and they were willing to give us written informed consent to participate in the study.

Table I: Demographic Characteristics of the Study Population

	Male N=81 (39.5% )	Female N=124 (60.5%)	
Locality			
Urban	70 (38.7)	111 (61.3)	
Suburban	11 (45.8)	13 (54.2)	
Age in years			
60 to 70 years	38 (29.9)	89 (70.1)	
71 to 80 years	33 (54.1)	28 (45.9)	
81 years and above	10 (58.8)	7 (41.2)	
Education			
SSC or less	27 (50)	27 (50)	
Graduate	33 (33)	67 (67)	
Post graduate	21 (41.2)	30 (58.8)	

Table continued on next page

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Marital status		
Married	70 (44.9)	86 (55.1)
Widowed	9 (20.5)	35 (79.5)
Unmarried	2 (40)	3 (60)
Living arrangements		
With family	58 (42.6)	78 (57.4)
With spouse only	20 (40)	30 (60)
Alone	3 (15.8)	16 (84.2)
Financial status		
Dependent	12 (33.3)	24 (66.7)
Independent	69 (40.8)	100 (59.2)
Availed Gov. Schemes		
Yes	11 (40.7)	16 (59.3)
Self rated health status		
Excellent	40 (53.3)	35 (46.7)
Good	30 (34.9)	56 (65.1)
Average	11 (25)	33 (75)
Leisure activities performed during the lockdown	Male N(%)	Female N (%)
Reading	58 (40.6)	85 (59.4)
Watch TV	51 (36.4)	89 (63.6)
Social media	43 (33.9)	84 (66.1)
Bhajan	12 (23.5)	39 (76.5)
Yoga	34 (37)	58 (63)
Play cards	8 (28.6)	20 (71.4)
Chess/memory games	13 (56.5)	10 (43.5)
Gardening	16 (28.6)	40 (71.4)
Other (like painting, cooking, singing, playing an instrument)	27(45.8)	32 (54.2)

Almost half of the study population was well educated and among those who had done post graduation,59 percent were females.

in the urban parts of Pune city. Total 66 percent of female and 33 percent of male respondents were financially dependent. Almost half of the study population was well educated and among those who had done post graduation, 59 percent were females. Only 7 percent of the population was working (like voluntary work or part time job or being a writer/poet etc.), and 35 percent were homemakers.

Regarding their health profile, a quarter of the respondents did not have any

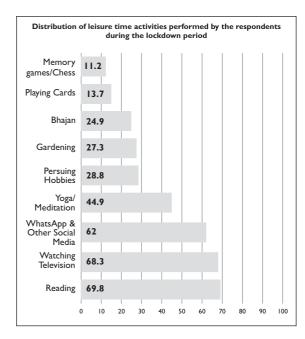
chronic disease, 41 percent of them had at least one chronic disease, majority (35 percent) of them had "Hypertension." More than 35 percent of the study population stated their health status as "excellent", 42 percent did as "good" and 19.5 percent stated they had "average" self-rated heath status.

Leisure Activities Carried Out by the Study Population This question contained total eight options of the activities like reading, using social media,

Yoga, Gardening, Bhajan/spiritual chanting, watching television and so on. The participants recorded their responses on how seniors spent their free time during the lockdown I and lockdown II by engaging themselves in these or similar activities at home. Only 8 of the respondents i.e.4 percent of the population was engaged in all of the nine leisure time activities. Figure I depicts the various leisure time activities by older adults as they chose and performed the same during lockdown period.

Only a handful of I I percent of the total population played memory games or chess during the lockdown period. Most of them were active on What's app, watching television and Yoga/meditation. Being an educated and urban older population, almost 70 percent of the respondents opted for reading as their favourite pastime during the time of lockdown.

Figure 1: Distribution of Leisure Time Activities Performed by the Respondents During the Lockdown Period



Regarding sex distribution as mentioned in the Table II, women were seen more engaged than men in the activities like performing spiritual chanting or Bhajan (76.5%), use of social media (66.1%)and watching television (63.6%) as their pass time activities. On the contrary, 57 percent of the males preferred playing Chess or any memory game than their female counterparts. Use of social media, cooking/sewing/painting and chanting Bhajan were found significantly associated with the sex distribution. Use of social media, playing chess or memory games were significantly associated with the education levels of the participants.

The participants recorded their responses on how seniors spent their free time during the lockdown I and lockdown II by engaging themselves in these or similar activities at home.

Table II: Sex-wise Distribution of Leisure Activities Performed by the Older Adults During the Lockdown

Leisure activities performed during the lockdown	Male N (%)	Female N (%)
Reading	58 (40.6)	85 (59.4)
Watch TV	51 (36.4)	89 (63.6)
Social media	43 (33.9)	84 (66.1)
Bhajan	12 (23.5)	39 (76.5)
Yoga	34 (37)	58 (63)
Play cards	8 (28.6)	20 (71.4)
Chess/memory games	13 (56.5)	10 (43.5)
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Other (like painting, cooking, singing, playing an instrument)	27(45.8)	32 (54.2)

Online
learning of Yoga
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regarding Yoga
among the
seniors.

It is clearly seen in Figure II that as age is increasing, the number of activities performed is drastically reducing. Figure Il shows age-sex distribution against the activities performed by older adults in their leisure time. For young old (60-70 years) and old-old (71-80 years) categories were seen engaged in complex activities more like playing cards, playing chess/memory games, Bhajan and Yoga, whereas those who were 81 years and above were seen engaged in less physically challenging activities. Watching TV, social media and reading is more or less common in all three age groups across both sexes. Doing Yoga was seen more among females in all three age-categories. Interestingly Gardening as a leisure activity is seen more among older females than their male counterparts.

# New Skills Learnt During the Lockdown by the Respondents

Around fifty percent study population preferred learning social media, especially What's app, Facebook and YouTube among others. Online learning of Yoga and meditation was recorded by 36 percent and this shows awareness regarding Yoga among the seniors. Only

22 percent of the study population learnt how to join a webinar online. Respondents being a part of the senior citizen's organizations, most of them learnt to join webinars to participate in the online group meetings or activities. Result shows that 67 percent females and 33 percent of males in the study group learnt how to join a webinar. Skills like learning painting/singing, cooking or sewing were recorded by female respondents (81 percent). Only 19 percent males learnt any of these activities during the lockdown. Table III displays the sex distribution against the new skills learnt.

Learning a new language, which is considered as one of the best cognition stimulating activities was performed by hardly II (5 percent) of the respondents. Learning any skill was found significantly associated with the education of the participant. Figure III portrays the distribution of the new skills learnt by the respondents.

There is no significant difference between the males and females for learning the skills. Learning anything new requires a certain level of physical

Figure II: Percentage of the Individual Activities Performed (Age-Sex Distribution)

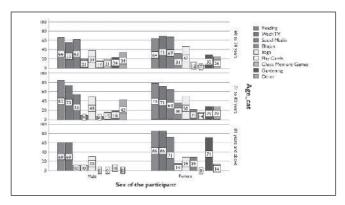


Table III: New Skills Learned by Older Adults during the Lockdown (Sex Distribution)

New skills learned during the lockdown	Male N (% )	Female N (% )
Social media	38 (38.8)	60 (61.2)
New language	5 (45.5)	6 (54.5)
New skill	12 (30)	28 (70)
Joining webinar	15 (32.6)	31 (67.4)
Yoga	34 (45.9)	40 (54.1)
Cooking/Painting/Sewing	12 (19)	51 (81)

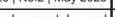


Figure III Percentage of the Respondents Engaged in Learning New Skills During the Lockdown

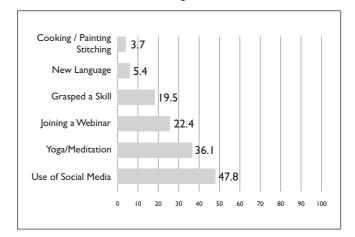
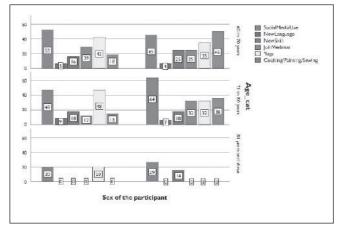


Figure IV Distribution of New Skills Learned Across the Sex and Age-Groups



and cognitive capacity; hence, the agesex distribution shown in Figure IV highlights this trend. Learning how to join a webinar, Yoga, any new language, and activities like cooking/painting were not observed in the study population's oldest old category. Learning use of social media and Yoga, any new skill have reported by those in the young-old and old-old age categories.

#### Self-Reported Depressive Symptoms and Engagement in the Activities by the Older Adults

Self-reported depression scale which gathered the information if seniors felt depressive in the last seven days prior to the interview, was then plotted to see the difference if any. Self-reported depression scale yielded the results in T-scores and the median was 19 (8, 40). Being positively skewed, Kruscal Wallis test was applied to observe the association between the number of skills learned/activities done vs. self-reported depression score. However, no significant association wasfound among the independent groups.

A diagrammatic representation of the

pattern observed for the presence of depressive symptoms and engagement in the activities is shown below. Though the association was not found significant, the pattern clearly shows that those with lower scores of depressive symptoms were more engaged in performing a more significant number of leisure activities or learnt more than three new skills during the pandemic. As shown in figure V the difference between the mean values of the depressive symptom Tscores, for those who were not engaged in any of the leisure activities was 17.33 and those who were engaged in performing all seven activities was 9.25, which is a considerable difference observed in the pattern. It indicates, more the active engagement, lesser the depressive symptom score among the respondents.

Similarly, in the figure IV, more the number of skills learnt, lesser the mean T-scores of the depression were observed.

Learning how to join a webinar, Yoga, any new language, and activities like cooking/painting were not observed in the study population's oldest old category.

As we have more samples of the females in the group as respondents, it also indicated that women were more interested in participating socially and were happy to share their experience of the pandemic through this study.

#### Discussion

"Keep busy at something: A busy person never has time to be unhappy."

- Robert Louis Stevenson

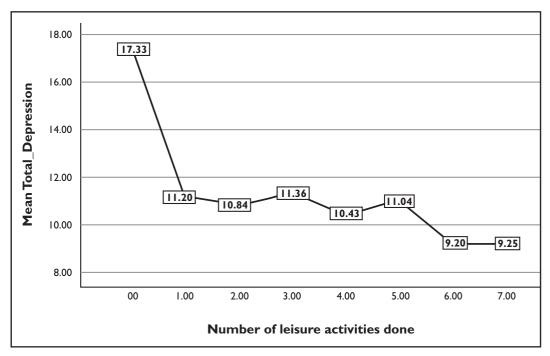
As quoted by this famous Scottish novelist, the present paper stresses upon the same idea of seniors being actively engaged in brainy activities rather than sitting idle and isolated which increases their risk for diseases like dementia in the later years of life.

Covid-19 pandemic and the subsequent nationwide lockdown by the government of India as a precautionary measure to limit the spread of the infection has given rise to many "newnormal" norms as people learnt to function their work from home, including senior citizens. As observed in the results, women were proactively

more engaged in leisure time activities than their men counterparts. One of the studies by Naud et al. (2019) observed that women were more enthusiastic in participating in social and community activities than men in various regions in Canada. As we have more samples of the females in the group as respondents, it also indicated that women were more interested in participating socially and were happy to share their experience of the pandemic through this study. Education levels played an essential part as learning a new skill or engaging in reading/using social media was observed more among graduates and post-graduates than among those who were educated to a higher secondary standard or lesser (Weaver & Jaeggi, 2021; Mather, 2020).

According to a recent document as reported by a Pune-based psychiatrist,

Figure V Engagement of the respondents in number of leisure activities vs. mean depression T-score reported by the respondents

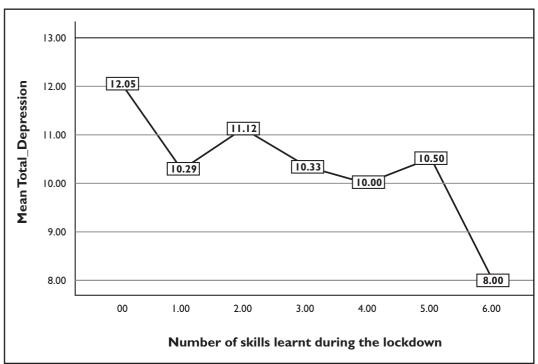


an increased incidence of dementia and anxiety among seniors was observed immediately after the pandemic, which is a matter of concern. Because of social isolation, a mandatory side effect of prolonged lockdown, most seniors could not maintain social contact and felt lonely and deserted. It might trigger neurocognitive deterioration, which leads to mental health illnesses. A study that assessed the impact of Covid-19 on the mental health of older adults in Maharashtra post-pandemic in 2022 using the Coronavirus Anxiety Scale found that 22 percent of the older respondents recorded feelings of anxiety due to the pandemic. Females were more prone to feeling anxious as compared to males in the study and oldold i.e. older adults in the age group 70-79 years were more susceptible to such anxiety-related feelings than the youngold population. (Supriya & Kulkarni., 2022) Similar results were observed in the current study.

As per the references, it has been documented in the literature that the active engagement of the older adults in the brain-stimulating activities delays the onset or progression of dementia. (Litwin &Damri, 2017; Hall et al., 2009; Pillai et al. 2011). Playing chess twice in a week for a considerable amount of time was observed to have positive impact on the general cognition and overall quality of life of the older adults. (Cibeira et al., 2021) Involvement of 11 percent of the older adults in playing chess or brain stimulation games highlights the need of creating awareness regarding the active engagement of the older adults at a larger level. It was noted that watching

Covid-19
pandemic and
the subsequent
nationwide
lockdown by the
government of
India as a
precautionary
measure to limit
the spread of the
infection.

Figure VI Engagement of the respondents in number of skills learnt vs. mean depression score reported by the respondents.



Advantage of broadcasting these videos through YouTube was that, seniors were able to go through the videos as per their convenience even if they were unable to join us during live streaming.

television for more than three hours a day increases the risk of mental illness like dementia among older adults (Fancourt& Steptoe, 2019). Therefore, seniors who are physically and mentally healthy but not occupied and have decent amount of time available with them, must be encouraged to play chess or cards or board games or solve puzzles rather than encouraging them to sit and watch television.

Senior citizens' organizations can take a lead to start a memory café at their place on a weekly basis and such activities can also be continued online among the older peers.

ILC-I has been working on this aspect for quite some time now, and during the pandemic, it conductedfree online webinar sessions both, in English and in Marathi, in an infotainment i.e. information and entertainment way. In its "Happy Hours Café" programme, experts from various domains like Origami, German and Sanskrit language experts, counsellors who were experts in organizing brain games including puzzles, anagrams, memory stimulation, games to sharpen neuro-motor nerves of the older adults along with the concentration abilities, conducted online sessions for older adults associated with us on a weekly basis. Advantage of broadcasting these videos through You Tube was that, seniors were able to go through the videos as per their convenience even if they were unable to join us during live streaming.

Irrespective of the pandemic, overall geriatric depression scores have been documented in the Indian older population and reasons for suicide of

older adults are complex in nature. (Kumar et al., 2015; Patel, 2022). Therefore, we at ILC-I recommend active engagement of older adults in creative activities to keep their selfreported depressive symptoms in a lower range.

This study has several limitations. A limited sample of 205 older adults were taken due to initial non-response by seniors during the post-lockdown period. We may not be able to extrapolate the results to an entire Pune city population; however, this can definitely contribute to understanding and building up future intervention studies in the domain of mental health through brain-stimulating activities. Also, in the present study we did not record frequency of the activities performed on daily/weekly basis, otherwise it would have been a thick data to analyse it further for complex models.

#### Conclusion

We recommend that seniors solve puzzles, write stories, play brain games or use cognition-enhancing applications on their smartphones to keep themselves creatively engaged to maintain their physical and cognitive reserves as a part of the healthy ageing process. ILC-I aims to work for the said cause by launching a new programme "Healthy Minds" for the community based older adults in order to enhance cognition through fun/leisure activities.

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# Care of Institutionalized Older **Persons During and Post COVID-19**

Dr. Vijay Rhayakar<sup>\*</sup>

#### Introduction

he risk of infection and of death from Coronavirus (COVID-19) increases with age, especially for those with pre-existing health conditions, and hence, both policy makers and healthcare providers acknowledge that older people are at higher risk of becoming seriously ill and dying from COVID-19. As the spread of infection gets aggravated with forgathered settings, old age homes and long-term care facilities all across the world were predominant focus of concern for all the policy makers and care providers. However, studies have shown that the rate of infection and of deaths among the residents of old age homes or long-term care facilities has been considerably low compared to their counterparts living in the community.

Many countries implemented mandatory prevention measures specifically tailored for the long term care sector which helped in the fewer infection and deaths due to COVID-19 in the long term care sector. Along with stay at home orders, and closure of public places, these measures included long term care testing and training, isolation wards to manage clusters and additional supports for LTC workers such as hazard pay, surge staffing, specialized teams and personal

protective equipment (PPE). Countries that implemented such measures such as Austria and Australia experienced fewer rates of infection and deaths in care homes, compared to those countries that did not implement many of these preventive measures. Thence, the infection rate and deaths in care and nursing facilities due to the high impact of COVID-19 varied across countries.

Although there is no country specific data for India as documentation or report of infection rate and status of old age homes in India due to COVID-19, there have been very few studies to explore the impact of COVID-19 on the old age home facilities and their residents. One such study, "Low COVID-19 Mortality Rates in Western India: An Empirical Study" in the old age homes in Gujarat, Maharashtra, and Rajasthan, also found that old age homes reported very low mortality rates. Even though the old age homes faced several challenges during the COVID-19 pandemic with access and availability of necessary items, food supplies, staff shortages and fear and anxiety of infection among residents, proper and mandatory preventive measures enabled the old age homes to have lower infection rates and mortality rates.

As the spread of infection gets aggravated with forgathered settings, old age homes and longterm care facilities all across the world were predominant focus of concern for all the policy makers and care providers.

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HelpAge India's report The Silent Tormentor: COVID-19 and Elderly, which explored the impact of COVID-19 on elderly in both household and old age home settings in India, also highlighted that those elderly in the old age home settings had better knowledge about COVID appropriate behaviours, and hence were able to keep the infection at a very low rate. The report mentioned that 93.3% of older people in the old age homes were aware of COVID appropriate behaviours to avoid getting infected, compared to 77.5% of elderly who lived in household settings. While 58.2% of elders in household were aware of a vaccine being developed, 80.8% of those in old age homes were aware of vaccine, and 66.2% had already administered first dose of vaccine by then the study was conducted.

Apart from the awareness, HelpAge India report shows light on the proper care and mandatory preventive measures adopted by old age home management and care givers which helped in containing the infection inside these care home settings. The caregivers conducted counselling sessions for the elderly to make them understand about social distancing, regular sanitation of the homes, and operational guidelines for the visitors. Also, protective gears such as PPE kits were also made available for the staff, to ensure that the elderly are protected from COVID-19 infection.

This paper also explores the measures and practices adopted by one of the prominent care facilities in India, Athashri Homes, in containing the spread of COVID-19 infection and resisting it to very low infection and mortality rates.

#### Case Study

Athashri Homes Private Limited, Pune was operating ten senior living complexes in Pune, Bangalore and Vadodara having about 3500 senior citizens residing and one Assisted Living facility "AASTHA" with 46 residents of advanced age and with various comorbid conditions. There were more than 600 employees working in various service providing tasks to all the seniors in Athashri and Aastha.

Senior citizens face special challenges due to age, increasing dependency, need of healthcare services for co-morbid conditions and lack ofemotional support due to outmigration by adult children. Most of the residents had their families settled in other countries or within country in different cities. This makes older persons more vulnerable to the sudden changes happening around them.

In March 2020, when nationwide lockdown was announced this was enough for the management to think seriously about the presence of virus outside the doors of the facilities. By this time there was sufficient information available regarding spread and symptoms of persons affected by COVID 19 virus. All the senior living complexes are managed under ISO 9001:2015 certification where the most important guideline of Risk based thinking and action plan to mitigate the risk was quite helpful. Emergency Preparedness and Response Planwas already in place which helped in immediateaction. Following actions were planned –

- I. Risk assessment
- 2. Risk Mitigation Plan which included -

Apart from the awareness, HelpAge India report shows light on the proper care and mandatory preventive measures adopted by old age home management and care givers which helped in containing the infection inside these care home settings.

- Knowledge
- Communication
- **Training**
- Preparing SOP
- Planning of Continued Services
- Emergency Management Plan
- Periodic Review
- 3. Psychosocial Care of older persons
- 4. Psychosocial Care of caregivers
- 5. Continued support to older persons post COVID

#### **RiskAssessment**

A thorough assessment was done to identify the probable risks that could appear while caring for older persons during the COVID outbreak which involved knowing sources of probable infection, transmission of Virus within the community, healthcare needs, availability of supplies like food, medicines, 24X7 availability of care giving staff, non availability of primary care givers during the lock down and maintaining psychosocial health of elderly. Though the primary care givers were not available but a dedicated Resident Manager and a support team for care of all elderly residents was available. (See details in Annexure A)

**Risk Mitigation Plan** 

Once the risks were identified a plan of action was designed to mitigate the risks involved to the older persons in the senior living communities.

Knowledge - It was important to educate the team on the information related to COVID19 virus, its spread, sources of infection, signs and symptoms, treatment, preventive

actions. Accordingly, online training programs were organized for the Resident Managers through WHO and Medical Councils of India. In turn the Resident Managers trained their respective team members includinghow to wear PPE, how to handle and safely transfer the patients infected with COVID 19 virus.

Communication -Awareness of all employees along with the elderly residents was crucial therefore, messages were sent on emails and WhatsApp and handouts detailing information about dos and don'ts to prevent and contain the COVID virus to each older person and care giving staff. All were encouragedto take care according to the instructions given, follow the guidelines, keep informed and support the management while caring for them. The planned guidelines and action plans were communicated through emails to all the family members of the residents who are away from them. This helped in building the confidence among the elderly while facing the upcoming issues. (See details in Annexure B)

Training – This is crucial part of any plan, if your people are not trained on the subject or the action plan any plan will fail. All employees including security guards, housekeeping, care givers, maintenance and office support staff were trained. They were trained on information about COVID Virus, its source of infection, signs and symptoms, what kind observation to be done in otherswhile working, reporting of any unusual findings, self protection while caring for others, the responsibilities towards the older personsand their own families as well. The security guards were specially trained for monitoring

The planned guidelines and action plans were communicated through emails to all the family members of the residents who are away from them. This helped in building the confidence among the elderly while facing the upcoming issues.

body temperatures and oxygen saturation of visitors, employees and vendors. Its record was maintained and any unusual finding was reported immediately. All employees were instructed to doself-assessment for flu like symptoms and take precautions

while working with elderly.

SOP's - Standard OperatingProcedures (SOPs) for every task to be carried out during the period of lock down and after lockdown were created. This included policies for visitors, disinfection of all common areas, essential supplies, medicine supplies, food and beverages, banking and mobile ATM, periodic follow up with their consultants, laboratory investigations, other cultural activities, etc. Since the facility was dealing with the older people the need to concentrate more on health care and communication with the respective family members was also emphasized.

Continued Services - While everything was closed due to lockdown there was need to arrange for all the essential services and supplies as mentioned above. The vendors were regularly for flu like symptoms, their RTPCR reports were taken periodically and allowed them to deliver the necessary items at security gate with prior orders. Once a week vegetable and fruit supplies were arranged. For this the residents were given token numbers, strict social distancing and other covid protocols were followed during the delivery. The regular banks were contacted and they proactively responded to the request of a mobile ATM van to be sent in each campus on specific day. The elderly were supported with food home delivery with strict precautions.

Emergency Management Plan -Emergency hospitalization tie ups with the leading hospitals across each residential complex was arranged. During the second wave of COVID where hospital beds and oxygen were in short supply, a sick bay in each residential complex was arranged which was monitored by the staff provided by the healthcare partner hospitals. These bays were equipped with Oxygen concentrators, pulse oxymeters, and other equipment for vitals measurements. The ambulance was available in each complex which was kept ready at all times. The sick bay was helpful for monitoring the patients who did not require hospitalization yet needed isolation and monitoring as per authority guidelines.

Periodic Reviews - All the protocols and planning were reviewed by the senior management time to time and necessary instructions were given. This helped to boost the moral support of the team working with the residents all the time. The health department of Pune Municipal Corporation was keeping very close watch on all the developments; they also monitored the residents for flu like symptoms, visitors' traces, maintained the record and guided the older persons wherever necessary.

Psychosocial Care of older persons - During the first and second wave of Covid 19 virus the older persons staying away from the family were completely cut off as the travel was restricted. This was very important factor needed to be taken care, therefore videoconferences with the family members were organized.

The social activities were not allowed

During the second wave of COVID where hospital beds and oxygen were in short supply, a sick bay in each residential complex was arranged which was monitored by the staff provided by the healthcare partner hospitals.

When the vaccination program was announced. vaccination of eligible care givers on priority and later vaccination for all the staff as per government protocols was arranged. outside the complexes, however after some time the residents were allowed to move along within the complex, following proper protocols of wearing mask, social distancing and sanitizing hands. Weekly online lectures, discussions, yoga, pranayam and cultural events were organisedthrough zoom sessions. The older persons were allowed to perform from their house and join the other activities.

There were some instances where the older persons with cognitive decline further deteriorated and did not recognize the family members after the restrictions were relaxed.

The Resident Manager and the team visited every resident wearing PPE kit and assured every help that was needed. This helped the elderly to reduce the stress of isolation and loneliness.

Care of Caregivers - At the Assisted Living Facility all the staff i.e. Doctors, Nurses and Caregivers is residential and so arranged for their all meals. In the independent living complexes, arrangements were made for temporary accommodations for the essential staff along with their all meals.

It was important to counsel the staff for importance of their work, and following the proper safety protocols. Along with the staff their family members at distant places were counselled and assured on phone and video calls that continuing work was not dangerous for them.

Vit. C tablets, nutritious food and breathing exercises were prescribed for all so that their immune system was in good condition. There were separate activities conducted for staff through online sessions to boost their morale.

When the vaccination program was

announced, vaccination of eligible care givers on priority and later vaccination for all the staff as per government protocols was arranged.

Continued care post COVID elderly were vaccinated as per the protocols announced by the Government of India. Once the restrictions were lifted, in phased manner, family members were allowed to visit but with quarantine protocols, the social and cultural activities were resumed offline by following social distancing and wearing mask. The elderly who wanted to visit their treating physicians were allowed to go for follow up visits. The other essential supplies were started to deliver directly to homes of elderly.

The vaccination was 100% completed along with the booster dose.

Thus, with all the measures undertaken the elderly residents were taken care of during the pandemic. However, the elderly who went for hospital visits got infected with COVID and those were 1.5% of total residents. Only 3 elderly persons died after COVID infection and 10 others having major co-morbid conditions.

#### Conclusion

In conclusion, this research paper has explored the remarkably low infection rate observed during the COVID-19 pandemic in Athashri Homes, and other old age homes generally. Through an indepth analysis of various factors, it is evident that stringent preventive measures, effective infection control protocols, and prioritized vaccination campaigns have played a pivotal role in safeguarding the vulnerable elderly population residing in these facilities.

The findings of this study have underscored the significance of early recognition and implementation of preventive strategies to mitigate the transmission of infectious diseases within old age homes. Robust screening procedures, regular testing, and isolation protocols have proven to be effective in reducing the risk of COVID-19 outbreaks and limiting its spread among residents. The rigorous enforcement of infection control measures, such as proper hand hygiene, wearing personal protective equipment (PPE), and maintaining physical distancing, has further contributed to the overall containment efforts.

Moving forward, this research provides valuable insights and implications for future pandemic preparedness and response in old age homes. The implementation of comprehensive infection control measures, ongoing surveillance, and continuous evaluation of protocols are essential for mitigating the impact of infectious diseases on vulnerable populations. Furthermore, collaboration between healthcare providers, policymakers, and researchers is crucial in developing tailored strategies to address the unique challenges faced by old age homes during pandemics.

The rigorous enforcement of infection control measures, such as proper hand hygiene, wearing personal protective equipment (PPE), and maintaining physical distancing, has further contributed to the overall containment efforts.

## **Annexure A - Risk Assessment and Mitigation Plan**

## Processes: Infection Spread Control During an Epidemic/pan endemic

Process/Activity	Anticipated Business Risk	Actions to be Taken to Mitigate the Risk	Opportunities
Residents	I. Risk of getting infected with critical infection and spread to other residents      2. Elderly population is at high risk of morbidity, decreased quality of life and mortality.	<ol> <li>Creating Awareness among the residents by display of precautions measures for particular infective agent.</li> <li>Promoting Social Isolation (Physical distancing) among the residents and home quarantine.</li> </ol>	By creating awareness among residents we will be able to prevent major infectious outbreak in Athashri complexes and prevent morbidity and mortality among elderly.
		3. Follow strictly the directives received from Government authorities time to time 4. Restrict unnecessary movement of Residents outside and inside the complex. In case some resident insists upon going out they will record their name in register kept at security gate and mention the travel history/places visited.	

Table continued on next page

Process/Activity	Anticipated Business Risk	Actions to be Taken to Mitigate the Risk	Opportunities
		5. Restrictions on visitors / guests as per the authority directives.	
		<ol> <li>If any resident is hospitalized for any reason shall follow the guidelines given post discharge.</li> </ol>	
		7. Within the complex monitoring of Residents temperature & oxygen saturation minimum once a week shall be done. Ask for any fresh illness. Frequency of monitoring can be increased as per the situation.	
Processes: Infection Spread Control During an	I. Risk of getting infected with the microorganisms and causing spread of the infection	The following actions should be taken until the situation resolves or as per the authority directives.	<ol> <li>The life saving services will be provided without interruption by taking best efforts.</li> </ol>
Epidemic/ Pandemic Employees & Vendors		I. Creating Awareness among all staff and vendors working in Athashri about the probable infection and preventive measures to be followed. Providing training on precautions.	<ol><li>Prevent spread of infection to and from the employees and prevent mortality.</li></ol>
		2. Resident Manager and his assistant staff to screen themselves daily and report to the management in case any positive symptoms of suspected infection.	
		3. Each and every staff and vendor coming from outside will be screened at Gate for any symptoms, like measuring temperature by non contact infrared thermometer, Oxygen Saturation. Suspected cases to be sent for further medical attention.	
		4. Employees staying inside the complex will also be screened daily for possible symptoms of particular infection and suspected cases to be referred for further medical attention.	

Process/Activity	Anticipated Business Risk	Actions to be Taken to Mitigate the Risk	Opportunities
	Processes: Infection Spread	Control During an Epidemic/Pa	ndemic
		5. Minimise and restrict employee movement during such outbreaks wherever required.	
		6. Delivery vendors will not be allowed to go respective flats. They will deliver the package at Security gate which will be delivered to the resident by security guard or reception staff.	
		7. All must follow the hygienic precautions like wearing face mask, hand wash, personal hygiene, social distancing, etc.	
		8. The employees or vendor whose family member is advised for quarantine should not join for the duty and follow the instructions.	

# **Annexure B - Periodic Communication With the Families of the Residents**

### May 2020

DearAll

Greetings of the Day!!

As you are aware that the COVID19 situation is getting increased day by day, and in reference to the preventive actions taken at Aastha and referring to my earlier communications, we have complete locked down the facility since last one week. Additionally we are monitoring body temperature of all staff working including myself, residents by

non contact infrared thermometer along with keeping watch for any other symptoms. Though we have lock down there is possibility of non corona related medical emergencies considering the age group of Aastha residents. We need to take care of them as well. So far we are able to manage it very well and we really appreciate the responses given by all of you in this difficult time.

On Sunday at 5 pm all of them clapped as suggested by Hon PM Mr. Narendra Modi to appreciate all emergency service personnel.

There are other issues being faced by us like managing supplies during complete

#### Few Responses From the Families

#### Case I

Thanks for your email and the update. Really appreciate all the efforts taken by your staff and yourself during these difficult & testing times.

As you may be aware, both Shilpa & me are also in a state of lockdown here in Australia. As travel is banned both in Australia & India, we cannot come to Pune and shift Meena Aji to our house even if we want to.

For us, we are sure you will provide the best possible care under the given circumstances. Hopefully the situation improves in the coming weeks as a result of all the measures being implemented by the Governments across the world and life can return to normal.

Thanks again for the updates and I am sure we will be in touch.

#### Case 2

We indeed appreciate the steps being taken by the Aastha institution for the care and services being extended and are grateful to the staff for their devoted efforts towards the resident elder.

We are ourselves in a lock down in Hyderabad and much that we would have got my mother back home at this uncertain pandemic emergency, helpless to take any action.

We trust the Aastha to be taking the best possible measures to help the residents tide over this difficult period.

Pray that this passes off with God's grace.

#### Case 3

The Kandlikar family expresses deep gratitude for the care, kindness and professionalism of the Aastha team. As you know, our mother RadhaKandlikar is happy in your care. All of us live in America and entirely depend on Aastha remaining a home for our mother. We support and applaud your efforts and live with the greatest hope that this world wide calamity passes soon.

Thank you.

#### November 2020

Dear All.

Greetings of the Day!!

I hope you are doing well and had lovely Diwali Celebrations. We all here at Aastha too are doing well and have celebrated Diwali festival as usual with lightning of lamps and faral. This year we did not order sweets from outside for the first time and given the eatables made in our kitchen only. Though it is said that post Diwali there will be a rise in cases of COVID 19; residents and staff are getting used to the psychological fear and continuing with daily activities taking necessary precautions. inhouse activities are being continued as usual, only family members are allowed to meet at the reception area maintaining physical distance and all of you have supported us so nicely during these difficult times and we all are so much thankful to you for that.

We have started to accept new admissions very selectively after through screening and negative COVID19 reports only, the caregivers and other staff are also being tested after they finish one weeks quarantine after returning from break and then only allowed to join the duty. Same thing is followed for newly joining caregiving staff.

With God's grace so far we are very much successful in keeping COVID19 out of Aastha, and hoping to continue to do so while there is anticipation of a second wave of COVID19 pandemic in India. We are experiencing a rise in the number of cases in Maharashtra and particularly in Pune.

This week we conducted a training programme for caregivers on personal hygiene of members, hand wash and infection control, changing diapers.

We will be having an inhouse cultural programme soon and the preparations are underway. All those who had consented for the Flu vaccine, it is administered to those residents. Now eagerly awaiting for COVID 19 vaccine.

Once again thanking all of you and best Regards.

#### Few Responses From the Children

#### Case I

Thanks for the update. Hope you had a safe but wonderful Diwali celebrations with your family. We had a very low key Diwali celebrations. Since we are under Red Zone we could not invite friends or family who don't live in the same house.

We were horrified to see (on the news) the way people were crowding the market places before and during the Diwali in India. It was very comforting to know that you are taking proper measures to keep Aastha residents safe during this difficult times.

Keep up the good work and be safe.

#### Regards

- 2. Thank you for the update. We really appreciate your hard work to keep everyone safe and sound.
- 3. Thank you for the update! I appreciate all the hard work that goes into keeping my mom safe and healthy.

Happy Diwali to you all as well!

### May 2021

DearAll

Greetings of the Day!!

How are you all doing?

This has been over 6 weeks since we got hit by COVID19, however the situation did not escalate further and we could control the spread with appropriate measures that we took. Therefore I would say that we beat the first wave successfully with zero infection and also beat the second wave with the unfortunate loss of two residents who got infected with COVID 19 virus however the major factor was advanced co morbid conditions in these two residents.

As you are aware that we could get both the doses of vaccine on time for all residents, kitchen staff, nursing staff, doctors, reception and office staff. We have done registration of all other remainingcare giving staff and have paid for their vaccines to a private vaccination centre, however the supply of vaccines to private centres has not yet been started by Government authority. It is expected to happen by the 4th week of May. Let's hope for the

It was a really scary situation during last month and all our staff has done tremendous work with many sacrifices to keep the residents safe. Please note that extremely demanding situations like this do take a toll on mental stress of working staff. We also have taken care of this by having constant dialog with them along with other measures.

We will open for immediate family

members visits by prior appointments and not more than two members' relatives in a day. We will not allow visits of extended family and friends as of now because everything is still not clear in Pune and Mumbai and we don't want to take that risk. embarrassment can be avoided as Some of the visitors had engaged in arguments with staff for not allowing them to meet in the past and we are not in a state to take that additional mental burden.

We thank you all for your lovely support and showing confidence in us. Do take care of yourself and be safe.

Thank you.

Regards.

#### Few Responses From the Family **Members of the Residents**

#### Case I

That's outstanding crisis management Kudos to you & your team.

Good to know that you are open to new admissions. I may get back to you with some referrals.

All the best & keep up your good work!

Regards,

#### Case 2

All Staff.

Much appreciated.... all your efforts in this difficult situation. Thanks again

Here In the USA, things are returning to normal; primarily due to 280 million doses administered to date...but a high price was paid as well (590000 deaths so far).

#### Case 3

Thank you for the update. So far so good

Re. Visitors, it would be wise to insist that they be FULLY VACCINATED. This is because I) residents still are at risk (lower than unvaccinated persons) of being infected by new variants and a potential "breakthrough infection"

- 2) because Mavshis and Mamas are not yet vaccinated: "We have done registration of all other caregiving staff and paid for their vaccines to a private centre, however the supply of vaccines to private centers has not yet been started by Government authority. It is expected to happen by the 4th week of May. Let's hope for the best." and
- 3) Pune and Maharashtra still has thousands of new cases every day/week.

Also please insist that visitors and the residents being visited are MASKED at all times as per Covid guidelines.

Take care.

#### Case 4

Thank you for updating us on the situation at Aastha. It is extremely commendable that all of you at Aastha took appropriate decisions and maintained a strict discipline that ensured the safety of our loved ones. Congratulations on successfully riding

both the first and second waves of the pandemic. It is indeed very unfortunate that you lost two residents.

I will certainly spread the word that you are looking for new enrolment, and also mention how well you have handled this crisis.

As far as the staff goes, I am very grateful for their service. Is there anything I can do to show my appreciation? If you have any ideas please do share them.

Thanks again for all your hard work.

Best Regards,

#### Case 5

Greetings!!

Thank you for sending the detailed update.

The events in the past few months have been extraordinary. We thank you from the bottoms of our hearts for your leadership and how you dealt with the situation.

We always appreciate the thoughtfulness and the care that you provide to my parents.

Now we can hope that things will only get better.

Sending our very best to you and your family.

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# Impacts of Covid-19 on Elderly and **Transitioning Them to Digital Realm**

## Pragya Jain | Saiteja Pamu²

#### **Background**

India has one of the fastest-rising and the second-largest global population of senior citizens in terms of absolute numbers i.e., around 85 million. India has 104 million senior persons (60 years and above), or 8.6 percent of the total population, according to the 2011 Census. This would rise to 12.4 percent by 2026, as per the "Population Projections for India and States 2001 -2026". In addition, compared to one in 12 today, every fifth Indian will be a sexagenarian (someone between 60 and 69 years old) by 2050. This change in demographics presents new perspectives and many of such perspectives and challenges were exposed during the COVID-19 pandemic. There is an urgent need to address these changes and this paper discusses a few of the challenges and argues possible recommendations.

In one of the studies done by **Ipsos for HelpAge** India. it has clearly been established that even with access to digital devices, the use of these devices for elderly was limited to basic tasks or not using them at all.

#### **Objective**

Paper examines the impact of Covid-19 on the elderly and need of digital transition. It will also present the arguments on recommended actions, inclusive of the elderly needs.

#### Introduction

The COVID-19 pandemichas infected approximately 760 million people and the death toll was around 7 million across the world. India too had borne the brunt with around 4.5 crore cases and more than 5 lakh deaths.

During Covid times, as a priority, most of the attention had been paid to COVID-19 testing, treatment, and prevention, but communities and individuals were also experiencing various social issues as a result of adapting to new lifestyles and global illness dread which could not be addressed. Covid had consumed the world entirely and various other issues related to health and lifestyle took a backseat especially for the elderly. The countries were not prepared for such an event and it impacted the wellbeing of individuals. Conditions were worse, especially in India, where an unforeseen lockdown had forced millions to struggle to meet their basic requirements.

Humans are social beings and evidence suggests that social relations and connectedness influence resilience, health, and wellbeing of humans. Lockdowns caused social stress for a variety of reasons, including travel restrictions, disruption of cultural celebrations, lack of healthcare resources, interruption of routine vaccinations in hospitals, social isolation from friends and family, closure of entertainment and recreation centres. unanticipated school and college closures that have an impact on both students and parents regarding the academic year, and closure of places of entertainment and recreation. Usually in such emergency situations, these aspects are often neglected and older population is always at the receiving end.

Particularly for older adults, social connectedness contributes to independent living resulting in sustained health, economic and social life. However, as the COVID-19 crisis progressed, so did the severity of virus's widespread impact and the preventive measures put in place to safeguard the public. Measures such as lockdowns and social distancing disrupting many traditional forms of socialization leading to a significant impact on various aspects of human life and the most affected aspect has been the social life of the individuals.

#### Methodology

Primary data of the study "Bridge the Gap: Understanding Elder Needs" that was commissioned to Ipsos Research Pvt Ltd by HelpAge India has been used for this article. Also, extensive secondary research has been conducted using peer reviewed journal articles that are openly available.

# Target Groups for Bridge the Gap: Understanding Elder Needs Study

- I. Elderly individuals (Household settings)
- 2. Young caregivers (Household settings)

#### Study Design of Bridge the Gap:

#### **Understanding Elder Needs Study**

Data was gathered from a wide variety of people at once, making the survey cross-sectional. Following a thorough secondary literature review to distil the essence of the themes listed below, two distinct structured tools (quantitative) were created for elderly and caregivers.

The variables used were based on the following themes: living conditions, health and wellbeing, safety and security, elder abuse, and inclusion.

In order to gather primary data for some sensitive sections of the questionnaire where it was anticipated that the respondent wouldn't be forthcoming in front of other family members, face-to-face interviews were conducted by trained interviewers using CAPI (Computer Assisted Personal Interview) devices. To protect the respondent's privacy, appropriate steps were taken.

# Sampling Design of Bridge the Gap: Understanding Elder Needs Study

The data was collected from 300 individuals from 200 households in each of 22 cities across the country. To select these 300 individuals, 4 wards from each city were selected using probability proportionate sampling (PPS). From each ward 50 households were selected randomly adding to 200 households from each city. A total of 300 individuals (200 elderly and 100 caregivers) were interviewed from these 200 households.

#### Socio-Economic Classification

Covid had consumed the world entirely and various other issues related to health and lifestyle took a backseat especially for the elderly. The countries were not prepared for such an event and it impacted the wellbeing of individuals.

#### (SEC') of Respondents

The study Bridge the Gap: Understanding Elder Needs covered respondents from all Socio-Economic Groups. Around 33% of the respondents belong to SEC A, followed by SEC B - 31%, SEC C - 21%, SEC D -12% and SEC E- 3%.

#### Challenges Related to Elderly

Although the full extent of the effects of the COVID-19 pandemic is not yet known, it is evident that it has had a negative impact on psychological wellbeing, particularly in those facing extended lockdowns. This impact is magnified in the elderly population, with stricter lockdowns, higher threat of illness, and loss of social support.

These changes have had a significant impact on elderly people, who are at higher risk of severe illness and death due to the virus. In addition to the health issues, the pandemic has also created several challenges for elderly people. The following section lists out some of the challenges.

Social Isolation: Measures such as lockdowns and social distancing have disrupted traditional forms of socialization, leading to feelings of loneliness and isolation for some elderly people. In general, the elderly show relatively high rates of depressive symptoms, which is concerning given that those with pre-existing mental health conditions have been most affected by the negative psychological consequences of lockdowns. Depression in the elderly has been linked to subsequent cognitive decline

and risk of Alzheimer's disease, which could be worsened by physical limitations on movement outside of their homes and decreased physical movement or exercise opportunities which is proved to have significant positive impact on cognitive function in elderly.

Limited Access to Healthcare: The pandemic has disrupted healthcare systems in many countries, making it harder for elderly people to access the care they need. The COVID-19 pandemic has resulted in a significant shift in the functioning of day-to-day life, with access to regular healthcare for non-COVID related health issues being interrupted leading to heightened risk of fatality. This shift has resulted in a move towards digital healthcare, but this has had fewer positive effects on the elderly population due to their lack of skills to effectively use the technology.

Economic Challenges: The COVID-19 pandemic has worsened economic inequalities around the world and highlighted pre-existing inequalities faced by older people, especially older women, and those with disabilities. These inequalities include inadequate access to basic goods and services, limited social protection services, and widespread age discrimination (ageism). Many older people live in poverty and are excluded from society. Poverty rates increase with age, and in some developing countries, up to 80% of older people live in poverty. Older people often rely on multiple income sources, including paid work, savings, financial support from families, and pensions, all

These changes have had a significant impact on elderly people, who are at higher risk of severe illness and death due to the virus. In addition to the health issues, the pandemic has also created several challenges for elderly people.

SEC divides the population into 3 classes: Upper most segment of the consuming class-A1, A2 and B1. Middle segment- B2 and C.The lower most segment D, EI, and E2.

of which were threatened by the pandemic. The resulting economic downturn will disproportionately affect older women, who have limited access to income compared to men. Women make up almost 65% of people above retirement age (60-65 years or more) without any regular pension globally.

Older people need support to access social security and other protection measures, especially if they are unable to collect them due to restrictions on physical movement or breakdown of their social networks during the pandemic. The pandemic and its consequences may leave many older people, particularly older women, and those with disabilities, at a disadvantage, with limited job opportunities and inadequate pensions and social protection. The MERS outbreak showed that older workers experience higher unemployment and underemployment rates, as well as decreased working hours, than younger workers. In addition, changes in working environment after adoption of the digital technologies may have limited the prospects of employability for many elderlies.

Difficulty Adapting to Digital Technologies: The shift into the digital world extends beyond healthcare, with online access to many services becoming commonplace. However, the

elderly population is the least likely to be able to access these resources due to their significantly lower rates of internet usage and acceptance . See details in Table I. This is largely due to the poor digital literacy skills of the elderly compared to younger groups. While the shift to digital access has been successful in some areas for many people, given that the elderly population has lower rates of internet usage and technology acceptance, resulting in a paradox where they are the most negatively affected by the pandemic and at the same time least able to access resources to mitigate its effects. See details in Table

#### Discussion

To understand the needs of elderly concerning various challenges and to address them, HelpAge India had commissioned a study to Ipsos Research Pvt. Ltd in 2022. This study is crucial in terms of the time that has passed since the pandemic's devastation and the initial stages of recovery. In this situation, the study concentrated on not only the fundamental existential problems that the older people deal with, on daily basis but also on taking stock of their complete experience. Of all the aspects studied, digital inclusion is the focus of the current article. Under digital inclusion the following aspects were studied: Ownership of and access

To understand the needs of elderly concerning various challenges and to address them, HelpAge India had commissioned a study to Ipsos Research Pvt. Ltd in 2022.

Table I Ownership of Smartphones as Reported by Elderly in India.

Ownership of Smart Phones	Overall (N=4399)	Male (N=2217)	Female (N=2182)
Yes	25%	29%	22%
No	75%	71%	78%

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Accessibility to health facilities is one of the primary requirements of elderly. With rising digitalisation health sector is also witnessing rapid changes one such change is the telemedicine.

The following chart presents the city wise percentage of elderly who reported of owing a smart phone. Total number of respondents in each city was 200 except Amaravati where the number of respondents recorded was 199.

Out of those having access to asmart phone, the activities include use of social media (WhatsApp and Facebook), bank transactions, access websites/news, financial transactions using UPI apps and use of camera. Such usage is also very limited.

Accessibility to health facilities is one of the primary requirements of elderly. With rising digitalisation health sector is also witnessing rapid changes one such change is the telemedicine. When enquired about the accessibility of app based/online consultation and medicine delivery only 22% of the elderly respondents reported of having the access and a major chunk i.e., 78% of the elderly do not have the access of such facilities. Reasons for this could be lack of technical prowess to utilise these technologies. See details in Table II. No difference was captured in terms of accessibility of app based/online consultations or medicine delivery between male and female respondents. It can be inferred that irrespective of gender respondents prefer face to face consultations and reasons for the same could be studied further.

#### **Elderly(%) Reported Owning a Smartphone**

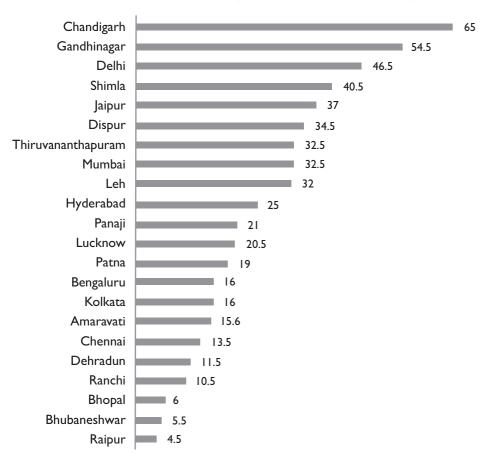


Table 2 Accessibility of App Based/Online Consultations or Medicine Delivery for as Reported by Elderly in India.

Accessibility of App Based/Online Consultations or Medicine Delivery	Overall (N=4399)	Male (N=2217)	Female (N=2182)
Yes	22%	23%	21%
No	78%	77%	79%

Many of the respondents from the nonuser category (33%) have expressed that they do not want to learn to use smart phones, whereas 32% said they need someone to teach them. Also, two third of the young caregivers were in favour of training elderly for digital inclusion.

With changing rapid changes to social connectedness and economic opportunities post pandemic concerning the digital technologies, it is high time to reach universal digital inclusion, particularly for vulnerable groups like elderly. These technologies are importanttools for reducing social isolation during lockdowns and any kind of social distancing measures in future. Such technologies also create new economic opportunities, such as remote work and running businesses online, which could enable older individuals to participate in the workforce and generate income from their homes. Additionally, digital technologies have the potential to improve the inclusion of older individuals in society, by increasing access to services and reducing barriers to participation. However, it is important to ensure that these technologies are accessible and userfriendly for older individuals, who may face challenges in adopting and using modern technologies.

#### **Recommendations**

The increasing importance of digital literacy during the pandemic has highlighted the need for a comprehensive approach to digital inclusion for older adults. Conducting digital literacy programs for elderly has proven to be effective in making them digitally inclusive. According to a study, older adults who finished a training in digital literacy not only observe how to interact with others in novel environments but also actively participate in the online community. But one of the difficulties that the elderly encounter is keeping up with the latest technology.

Merely having digital skills is not enough, as factors such as access, education level, and socioeconomic status also play a significant role. Government agencies, non-profit and for-profit organizations, and community volunteers must work together to ensure that effective programs and interventions are accessible and usable by older adults. To achieve this, the following guidelines are recommended:

With changing rapid changes to social connectedness and economic opportunities post pandemic concerning the digital technologies, it is high time to reach universal digital inclusion, particularly for vulnerable groups like elderly.

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- Ensure that older adults have access to the necessary equipment and connectivity to use Internet services, which may involve setting up Internet hotspots in low-income neighbourhoods with elderly adults who do not have a computer.
- Provide training to improve older adults' digital literacy, with the help of volunteers. This should include advice on cybersecurity to alleviate concerns about the privacy of personal information.
- Family plays significant role in all the aspects of daily life in India. Therefore, family members should support elderly who may be using new devices or platforms to stay connected.

- Help older adults stay connected with friends and peers they typically interact with, using applications for virtual meetings.
- Train volunteers with digital skills and knowledge to support older adults in resource-limited communities to maintain communication through some digital medium.

Overall, consistent and regular training, along with the use of digital platforms, can help bridge the digital divide for the elderly population. With the aging population on the rise, it is essential that we equip them with the necessary skills to use technology effectively to enhance their lives.

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# A Concept Note on Emerging Area of Research:

# **Life Journeys of Older Persons: Exploring the Migration Histories of Tamil Communities in** Mumbai and Sydney<sup>1</sup>

phenomenon which transforms places, states, economies, and the environment. For migrant people, "the earth literally changes beneath their feet and produces transformative cognitive reverberations and cultural implications to their sense of homeland and place" (Crate and Nuttall 2009). In recent years, scholarship has recognized the increasing complexity of migration by focusing on the role of digital technologies in facilitating connections to the homeland, root causes of population movement such as war and climate change, the drivers and dynamics of migration, consequences for human and environmental development, the emotions and resistance to hegemonic discourses in the new land, and the challenges and opportunities that movement presents for communities, regions, and states (Rajan and Percot 2011). In other words, migration is no longer viewed as a linear journey from source to destination, but a complicated process of disruptions,

igration is a global

across multiple levels—familial, economic, political, social, and cultural (Perera 2020).

In the post-colonial period migration in Tamil Nadu due to various socioeconomic factors is reported to other states in India and overseas to countries as far away as Australia and the United States. Beyond tracing migration across borders, historians have noted the significance of transnational connections to constructing migration histories of Indian Tamils. Living outside of Tamil Nadu-in India or overseas-Indian Tamils assume complex social relations that encompass pre-migration identities and the creation of new ones based on people's class, caste, gender, age, and region.

How could the vast cultural knowledge of senior citizens be harnessed in the digital age? What online platforms could hold their lived experience and what skills in digital media would they need? What insights could be gained by investigating both their collective and individual experiences to better

What insights could be gained by investigating both their collective and individual experiences together in the framework for the project on Life Journeys of older persons.

networks, and contested identities

<sup>&</sup>lt;sup>1</sup>University of Sydney: Bunty Aviison, Cindy McCreery, Niro Kandasamy & Tata Institute of Social Sciences, Mumbai: Asha Banu Solletti & S Siva Raju

understand the challenges and experiences of migration, both within India and outside? These perspectives were brought together in the framework for this project on Life Journeys of older persons.

This participatory action research project focuses on Tamils who migrated from Tamil Nadu to Mumbai and Sydney from the late twentieth to twenty-first centuries. As major cosmopolitan Asia-Pacific cities that share a complex history of British colonialism, urban development and migration policies that alternately encouraged and discouraged Tamil migration, Mumbai and Sydney provide excellent sites to study Tamil migration stories. In the twenty-first century, Indian Tamil migration has a notable new feature: an ageing immigrant population. What is emerging is an elderly Tamil immigrant population within India and elsewhere-most of them never permanently returning to Tamil Nadu—and marking the narrowing of mobility to Tamil Nadu as subsequent generations of Tamils now permanently live and work a world away from their ancestral homeland. Not surprisingly, however, the experiences of elderly Indian Tamil immigrants remain relatively modest in academic writing and public discourse, yet the critical

knowledge about traditions and cultural practices that they carry with them, remains at risk of disappearing due to cultural homogeneity in the new land and the pressures to integrate that it has brought about to new generations of Tamils.

This study seeks to document the diversity of Indian Tamil migration, giving voice to ordinary Tamil older people to trace larger processes that are tied to states, economies, and societies. The collection of oral histories to harnesses the intellectual capital of Tamil Older Persons give them an opportunity to tell their histories, thus contributing to the social and cultural preservation of the wider Tamil community.

The research team are working with Indian Tamil Older Persons in these two cities as a means to record and understand both the drama and diversity of migration as a historical and contemporary process. The team is working with these two cohorts of Tamil Older Persons in three ways: creating a shared website to record as oral histories their personal migration stories; to provide training in making their own short videos using mobile phones, to accompany their personal stories; and to provide workshops on editingTamilWikipedia.

The collection of oral histories to harnesses the intellectual capital of Tamil Older Persons give them an opportunity to tell their histories, thus contributing to the social and cultural preservation of the wider Tamil community.

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Times Social Impact Award Awarded by Times Group, 2015



NGO Leadership & Excellence Award Awarded by ABP News, 2015



Vayoshreshtha Samman (National Award for Senior Citizens) Awarded by Ministry of Social Justice & Empowerment, Govt. of India, 2014







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### Information for the Contributors

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The paper should be only on issues concerning ageing and aged in India. The manuscript should be typed in double space with a wide margin and should not exceed 4000 words. The title page should carry the title of the paper, name and affiliation of the author/s. The official designation and official address should be typed at the bottom of the first page of the script. The paper should be divided into Abstract, Introduction, Material and method, Results and discussion, conclusion, acknowledgements (if any) and references. Tables should be given in Arabic, serial number and each table on a separate page. References should be listed at the end of the paper in alphabetical order and they should include only works referred to in the text. The format for the reference is:

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#### **HelpfulTips:**

You can contribute to this column by sending a small article (1000 words) on any subject that concerns the older persons. You can also send us such useful news items published in other magazines or journals. Please give proper reference for the same. Please follow instructions given in column (1) & (2).

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