**Title: Aging and COVID-19: Examining daily struggles and mental health issues among elderly in urban India**

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**Abstract:**

As India entered into a nationwide lockdown as protection measures against COVID-19, the elderly population of India had their own share of challenges. Drawing from qualitative interviews, the present study highlights how the lockdown changed the everyday life of financially stable older adults in urban India. Due to limited access, the study relied on snowball sampling and telephonic interviews and was located in the posh suburb areas of Kolkata. Through the narratives of the older adults, the study highlights their coping with loneliness, dealing with constant thoughts of death and depending on their network ties for survival. Finally, applying theoretical frameworks from the discipline of Medical Sociology, the study demonstrates the intersections between aging and a global disaster such as COVID-19.

**Background**

On 30th January 2020, India reported its first case of COVID-19 and on 25th March 2020 India entered into a nationwide lockdown. Although the Government of India is being lauded by global bodies such as the World Health Organization and the United Nations for its timely initiatives (Agarwal, 2020; Kumar, 2020), the lockdown has severely affected the lives of migrants, women and the elderly in India.

Several reports and academic articles have highlighted how the migrant workers are surviving poverty and walking miles to reach their homes. The Government of India’s inefficiency to deal with the challenges of the migrant workers has been criticized widely (Jha, 2020; Kannan, 2020; EPW Editorial, 2020). Additionally, various scholars and media reports have also indicated how post the lockdown, domestic violence in India has increased considerably (Dixit and Chavan, 2020; Ratnam, 2020; Rukmini, 2020). The National Commission for Women, India mentioned that they registered 587 cases of domestic violence from 23rd March 2020 to 16th April 2020 (Rukmini, 2020). Though the condition of migrant workers and women facing domestic abuse need immediate action, a similar analysis of the issues of elderly in India has received limited attention from both media and academic scholarship. Against this backdrop, the present study uses qualitative interviews and auto-ethnography to examine the lives of middle class elderly coping with the lockdown in urban Kolkata, India. In the process the study also highlights how the rising “moral panic” among the general public in India, has impacted the physical and mental health of these older adults. Additionally, the study adopts a sociological lens and analyzes the intersections between the pandemic, moral panic and the older population in India. Finally, the study sheds light on the role of network ties beyond the family in providing caregiving arrangements to these older adults in urban Kolkata.

**Methodology and Study Site**

As this study was conducted during the period of the lockdown, the data for the study was collected via telephonic interviews. Though most qualitative researchers stress on the importance of face to face interviews, recent studies have highlighted the popularity of telephonic interviews as a qualitative data collection tool. Studies have indicated that cost effectiveness and time efficiency are the two biggest advantages of telephonic interviews (Novick, 2008; Block and Erskine, 2012; Drabble et al, 2016). Additionally, telephonic interviews allows the researcher to reach out to individuals in remote locations and saves a lot of travel time for the researcher (Novick, 2008; Block and Erskine, 2012; Drabble et al, 2016). Since telephonic interviews gives a sense of anonymity, researchers often use this method to do research on sensitive and stigmatized topics such as addiction, abuse, sexual preferences among others (Greenfield et al., 2000; Sturges and Hanrahan, 2004; Trier-Bieniek, 2012). Given that the nationwide lockdown of India, required everyone to stay at home and mobility was allowed only to purchase essential items such as groceries, telephonic interviews proved to be the most effective method for this study. In particular, telephonic interviews were preferred over online surveys or video calls, as most of the older respondents were comfortable with telephones as their medium of communication. A total of fifteen older respondents were interviewed, out of which ten requested the interview calls to be made to their landline numbers. These ten older respondents indicated that they were more at ease with their landline phones as opposed to their mobile phones. A detailed socio-demographic information of the older respondents is indicated in Table I (see below).

**Table I (Socio-Demographic Information)**

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| --- | --- |
| **Feature** | **Sample Characteristic** |
| **Mean Age** | 77 (for older women) and 79 (for older men) |
| **Annual Income** | $7920 |
| **Source of Income** | Pensions, Widow Pensions and Personal Savings |
| **Living Arrangement** | Living Alone (5 older men and 5 older women); Couples (5) |
| **Owned a private Car** | 3 older male respondents (but could not drive due to vision issues) |
| **Average Years in Gated Societies** | 5 years and all the respondents were the owners of their apartments |
| **Average distance of market places** | Within 1 km |

The other method used for this study is auto-ethnography. Auto-ethnography as a method became popular in the 1970’s and Walter Goldschmidt, an American anthropologist, proposed that auto-ethnography as a method involved the interpretation, analysis and the narrative of the researcher’s own self (Goldschmidt, 1970). Though auto-ethnography as a method has been critiqued for being biased and an extension of the researcher’s self, scholars from different fields have used auto-ethnography as a method and established the method’s utility as well as credibility (Hayano, 1979; Ellis, 2004; Bochner and Ellis, 2010; Phadke, 2013; Campbell, 2015). The present study relied on auto-ethnography as a method as my personal experience as a caregiver shaped the backdrop of the study. Ever since the lockdown was announced, my conversations with my own older parents as they struggled to get their daily medicines, groceries and cash raised serious issues of the elderly in India. Additionally, with the public transport coming to a complete halt, I soon realized that my parents were not alone. Their older neighbors and our older relatives were facing the same set of issues. The narratives of my own parents, in laws and older relatives played a key role in framing the key themes of this study.

In addition to determining the methods of the study, constraints on mobility and limited access due to the pandemic were also deciding factors for the locating the study in the city of Kolkata, within the state of West Bengal, India.. Demographically, Kolkata is aging much faster as compared to the other metro cities of India. According to the Census of India (2011), 11.6% of Kolkata population is 60+, whereas in the other metro cities the numbers are as follows: Chennai (9.9%), Mumbai (8.9%), Delhi (7.8%) and Bengaluru (7.7%). Apart from the high older population statistics, the personal contacts of the researcher in the city of Kolkata also served as a basis in choosing the study site. Within Kolkata, the interviews were conducted in the gated housing societies of Newtown. Newtown has emerged as the new real estate hub in Kolkata (Economic Times, 2018). The provision of high security in these gated housing societies, has motivated several of the city’s elderly to purchase apartments in the area of Newtown (Pal, 2016). As my older parents also live in one of these societies, through snowball sampling (Babbie, 2012), I could get in touch with several of their older neighbors in the same as well as nearby gated housing complexes. Post the announcement of the lockdown, most of these gated housing complexes made their own set of rules and restricted the daily living of the elderly. Thus recruiting participants from these gated communities highlighted new forms of control being levied on the everyday life of these older adults.

Based on my personal experiences and conversations with my parents and relatives, I had constructed a semi-structured questionnaire (Detailed questionnaire in Appendix I) to serve as the interview instrument. The questionnaire focused on regular challenges, mental health issues, physical health, dependence on network ties beyond the family and their perceptions on the pandemic. As inclusion criteria the study spoke to older respondents living in gated communities, those not living with an adult child and those who did not have 24x7 domestic help. The age range of the older participants were from 60-85 years of age. Interviews lasted for an hour and were conducted in the Bengali language. Terminally ill patients and older adults living with their adult children were not included in the study. As the study relied on snowball sampling and due to restricted mobility because of the pandemic, the older respondents were all retired, upper caste and Hindus. Since, most of the respondents were contacted through personal contacts, the sample is limited in terms of caste, class, occupational status and religion. The study acknowledges these as limitations of the present study.

Although the sample is very specific and not representative of a larger sample population, through the narratives of these older respondents, the present study intends to highlight the impact of the pandemic on one of the most vulnerable groups (the elderly) of India’s population.

**Moral Panic and Regular Struggles**

As soon as the nationwide lockdown for 21 days was announced on 23rd March 2020, India’s population was seized by “moral panic”. People across cities queued up in grocery stores to stock pile essential items (India Today, 2020; The Hindu, 2020). Explaining his experience in the grocery stores, one of the older male respondents (70 years) remarked, “I waited for three hours on 23rd March 2020 to buy some rice and vegetables. Individuals in front of me had bought whatever they could lay their hands on. In fact, after waiting for an hour, I had given up hope that I would be able to buy anything at all. But then I told myself that I will witness this scenario every day. So it is better to wait today.” Echoing this narrative, the other older respondents also expressed similar concerns. Most of them bought expired food materials, relied on the staple Bengali food item: muri (puffed rice) and had to wait for hours for their turn in the retail stores. Several of the older respondents complained of back ache and muscle pain for lifting heavy weights and standing in queues. My own father who has been refrained by the family doctor from carrying heavy weights, is facing severe muscle pain due to regular purchase of bulk household goods. The collective sentiment in the interviews of the older respondents was that “people across India had panicked.”

To elaborate on this nationwide panic, the present study uses the sociological theory of moral panic which suggests that a perceived threat to existing social norms raises widespread public panic across settings (Cohen, 1972). Studies by sociologists have revealed that media reporting of a crisis leads to public recognition of the threat. With rising public concern, the policymakers and lawmakers respond to the threat by creating new laws and policies. As a result of these new laws and policies, those with power in the general public receive more benefits and access and the vulnerable and the weak are denied of their rights (Cohen, 1972; Ungar, 2001; Patterson and Johnson, 2012). Applying this theory of moral panic, the present study suggests that with the increasing rates of the pandemic, the Government declaring a nationwide lockdown and norms of social distancing, developed power dynamics within the middle class. For instance, as the responses of the older respondents suggested that the elderly had to construct their daily existence with partial supplies as the young, the able and those with private cars purchased more provisions. In this process of storing rations, the non-elderly population are visiting the stores more than necessary and are buying more than their regular requirement. As a result often items such as bread, milk, eggs and cooking oil are going out of stock frequently over a period of time. Thus drawing from the theory of moral panic the present study suggests that new rules announced by the Central Government has created age wise divisions within the middle class of India and deprived the elderly from their essentials and mobility.

Apart from being worried about necessary items, the older respondents were also anxious regarding cash crunch. As the public transport had come to a total halt and the ATMs near their housing complexes had run out of cash, they would have to visit their banks to withdraw cash. Majority (ten out of fifteen), of the older respondents did not have online accounts and had never paid via their cards. In addition to having cash deficits, the elderly were also fearful about their regular medicines. Diabetes, cardiovascular problems, prostrate, arthritis, high blood pressure and hypertension were some of the diseases listed by the older respondents. Most of the medicine shops were unable to obtain regular supplies of medicines for these diseases and these medicine shops had also stopped their home delivery systems completely. As a result most of the older respondents were dependent on their kind younger neighbors with cars for the delivery of these medicines.

Thus, while the Central Government of India broadcasted a nationwide lockdown and popularized the slogan “StayhomeStaysafe”, to protect the overall population of India, in the process it created several challenges for the elderly population of India. As India is considered to be a youth dominated country, there are hardly any policies to protect the older population of India in the wake of a global disaster.

**Coping with thoughts on death, loneliness and the pandemic**

*“Watching the news was my regular habit. I never missed the evening news. But now I feel depressed watching the news every day. Ever since COVID-19 broke out I see people dying. Young people dying. Laborers have nothing to eat. Pregnant women scampering for food. It makes me churn in my stomach. I feel terrible seeing so many young people struggling and dying in front of my eyes. However, what frightens me more is that even at this age, I am still not ready for death. I am not prepared.”* (Older male respondent, aged 71).

Similar to this narrative, the other older respondents also mentioned that the pandemic has urged them to think about death on a regular basis. The older respondents added that with the media reporting that the elderly have higher chances of being infected with COVID-19 (The Conversation, 2020; Puliyel 2020, Dutta, 2020), and the Central Government of India issuing a circular that senior citizens (aged 65 and above) and children below ten years should remain inside their houses, has further instilled a sense of fear among them.

*“I have witnessed the Bengal partition and have many painful memories of it. But this is worse. People can’t trust each other. We are stuck in the house. It is nauseating.”* (Older female respondent, aged 83).

Watching the accounts of the survivors, the conditions of the hospital and not being able to be with their loved ones in their final moments had framed the illness narrative (Das, 2015), for these older respondents. The study borrows from the theory of “illness narrative” as developed by medical anthropologist, Veena Das to elaborate on the idea of mental pain being experienced by the respondents of this study. Das (2015), had described illness as a quasi-event which could be a simple deviant in the functioning of daily life or normal transitions in the life cycle. However for the vulnerable population with no social security, an illness can be a catastrophic event (Das, 2015). Due to lack of affordable healthcare facilities and economic security an illness can have a devastating effect on the vulnerable population such as the poor and the aged. Though the older respondents belonged to the middle class category, they were concerned that in case of an infection with COVID-19, could result in drying up all their savings. The dire conditions of the public health hospitals in Kolkata, led most middle class patients being admitted to private hospitals. As one of the older female respondents (aged 69) remarked, *“I live alone and my children are well settled. But I live on my widow pension. Children send me whatever they can. I never ask for anything because it hurts my dignity. But I recently heard that the private hospitals in Kolkata are demanding a package of 5 lakhs for COVID-19 patients. If I am admitted to a private hospital and survive this virus, I will have nothing left in my back account.”* Most of the older respondents pointed out that with increasing life expectancy, money was a constant worry. They were anxious that the pandemic might wipe out their savings and with no support from the Central Government of India, they will become dependents on their adult children. Conversations with my older aunts, all widows and surviving on widow pensions, pointed out that they were saving up for healthcare even more now by cutting out on their daily intake of vegetables and fish. With the increasing rate of the pandemic on a regular basis, the older respondents revealed that they had started valuing their own health much more than before.

Apart from financial concerns, the older respondents also felt very lonely. With public spaces such as parks, restaurants and coffee shops and public transport being closed down regular meeting with friends had stopped for the older respondents. Older men and women both exclaimed how they miss their daily dose of “adda” (Bengali term for group of people having discussion and debate) due to the lockdown. Studies have indicated that Bengalis are synonymous with adda (Chakrabarty, 1999; Sen, 2011; Mitra, 2016) and it is part of their daily routine. In addition to unable to meet their friends, the older respondents also missed their evening walks and sitting in the park benches of their housing complexes. Additionally, with the shooting of films and daily soaps coming to a standstill (Economic Times, 2020), all forms of entertainment had dried up for the older adults. In fact, as the respondents lived in gated communities, as a precautionary, the delivery of newspapers had also been stopped.

As the older respondents talked about their daily loneliness and constant feelings of depression, they mentioned that the pandemic has made them value their daily normal life. Several of the older respondents indicated that in the pre pandemic era, they took many things for granted. A walk in the park, delivery of basic supplies, entertainment on television, mobility through public transport, but with COVID-19 and the lockdown, all these aspects have disappeared from the life of general public. As one of the female respondents (aged 77) explained, *“We should take this pandemic as a lesson to be better humans, if we survive of course. Nature is taking its revenge on us for exploiting her for decades. We should respect nature. Now locked in the house, I realize how caged animals feel. I would do anything for life to become normal again. I truly miss my life before the pandemic.”*

**Gender roles and external network ties**

As extra preventive policies, the gated complexes of Newtown, Kolkata had sent a circular to all its residents that no domestic help (maids or drivers) and delivery services would be allowed in their premises. Adult children living nearby to these gated communities would also not be permitted to visit their older parents residing in these housing complexes. Though I live half an hour away from the gated housing society of my parents, I was not allowed to enter the complex. My parents would have to meet me outside the complex and receive their medicines and groceries. During the course of our meeting as I cribbed regarding these additional policies of the gated complexes, my mother pointed out that we were lucky we could meet for ten minutes. There were many older adults of non-resident Indians (NRI), living all by themselves in these societies who had become totally dependent on their neighbors for their everyday meals.

The interviews revealed that this ban on domestic help had caused severe problems to older men living alone in these gated complexes. As one of the older male respondents (aged 71) stated, *“I wish I knew some cooking. I don’t even know how to make rice. All my life first my mother cooked for me and then my wife. My children live in USA and I had a cook who used to make my meals every day. I am thankful to the dear young lady next to my house who gives me food three times a day. But now I realize the value of domestic work.”* Similar to this narrative, the responses of the other older male respondents living alone in these societies blamed the huge gender divide embedded in the family system of India for their present dependence on their neighbors. As another older male respondent (aged 69) pointed out, *“My mother never taught me any housework. She taught only my sister. As a child I was told that I should study to earn a living and my sister was taught to cook and clean as she would need these skills after her marriage. We are so obsessed with our societal gender roles that I never learnt any household skill on my own either. I was used to my mother and my wife serving me their whole lives. I regret it now.”* Several studies have demonstrated the existence of traditional gender roles in the family system of India. As part of these roles the female child is trained with household skills from an early age as compared to her male counterpart (Mandelbaum, 1986; Dube, 1988; Suppal and Roopnarine, 1999; Sudha, 2000; Uberoi, 2005; Deb, 2015). Critiquing these patriarchal gender roles, the widowed older male respondents living alone, regretted their decision of never learning basic domestic abilities which could have enabled them to be self-sufficient during this crisis.

As compared to the older men living alone, older women living alone and older couples who were part of the study were more self-contained in terms of household chores. However, the older women respondent complained of fatigue, extreme back pain and their inability to stand for long hours in doing these chores. In particular, one of the older male respondents (aged 80) remarked, *“I feel so pathetic now. My wife is sick and she can hardly do any work. But she has to cook every day because I don’t have any skill in cooking. I help her to wash the dishes but cooking three meals on a regular basis is taking a huge strain on her health.”* The older respondents were angry that the board of members (mostly comprising middle aged (35-50) individuals) of the housing complexes had framed their own guidelines without taking into consideration the needs of the elderly in their complex. Several of the older respondents had called the board of members but no leniency regarding entry of domestic help had been shown towards them. Several of the older respondents added that the board of members had issued a new form of control in their lives without consulting them.

In addition to critiquing the regulations of these gated societies, several of the older respondents also expressed their sorrow regarding the lack of employment opportunities in West Bengal. The adult children of many of the older respondents were settled in other metropolitan cities such as Bengaluru, Mumbai, Delhi and other countries such as the USA, Singapore and the United Kingdom for employment purposes. Despite, India entering into liberalization from 1991, the Communist Party of India, the then Government of West Bengal adopted the deindustrialization policy. As a result majority of the youth of West Bengal migrated to different cities and countries for better opportunities (Gangopadhyay, 2019). Due to this high out migration rate, Kolkata the largest city of West Bengal is the abode of several elderly living without their adult children (Verma and Akhtar 2008; Lamb 2009; Pal 2016; Bhattacharya et al. 2017). However, due to adjustment issues and their sense of belongingness for the city of Kolkata, these older adults did not relocate permanently with their adult children (Gangopadhyay, 2019). An older female respondent (aged 73) lamented, *“How will our children be with us. There are no jobs in Kolkata. My children have been living in Mumbai and Hyderabad for the last twenty years. But I could never leave this city. I feel a different kind of warmth here. But now in this crisis I am all alone. With nobody with me.”*

Most of the older respondents were thankful to their neighbors who were checking in on them and lending their support during the lockdown period. Several studies have indicated that the community in India plays a large role in providing aid in times of crisis (Srinivas, 1976; Shah, 1999; Gangopadhyay and Samanta, 2017). Corroborating these studies, the interviews of the older respondents indicated that they had developed a different kind of bond with their neighbors. The pandemic had made them dependent on them and as the older respondents were at the receiving end, they believed that they would remain indebted to their neighbors for the rest of their lives.

**Concluding Thoughts**

In the recent lockdown extension, the Central Government issued new guidelines. These guidelines mentioned that domestic help should be allowed to go to work. However, the gated societies made their own rules and continued the ban on domestic help and blood relatives. Hence the plight of my older respondents remained unchanged. When most of these respondents had purchased their houses in this complex, including my parents, they were promised a new life. This new life included access to the market, hospitals, shopping malls and domestic help. In particular, most of these societies had targeted the older population in their advertisements. With COVID-19, most of the older respondents regretted residing in these gated complexes and being subjected to a different kind of surveillance and control.

The older respondents relied on music, yoga and religious activities to maintain their sanity and attain inner peace in these difficult times. They were also thankful to technology for connecting them to their adult children. Constant conversations with their adult children also lifted their spirits from time to time. However as the interviews ended, the desire for life to return to normalcy was the common feeling of all the older respondents.

With time, scholars from various disciplines will add widely to the intersections between the aging population and COVID-19. By highlighting the challenges of the elderly in India during the pandemic, this study is an attempt to begin a discourse among scholars of medical sociology and social gerontology.

**Acknowledgements:**

This paper would not have been possible without the older respondents who agreed for an interview and to share their personal stories during these hard times. I would also like to thank Dr Nikhil Govind, Head, Manipal Center for Humanities), who encouraged and motivated me to do the study in the first place and convert the study into an academic paper.

**Statement on funding and competing interests:**

This article did not receive any funding and there are no competing interests related to this article.

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**Appendix I**

**Aging, COVID-19, and lockdown in Gated Housing Societies of Kolkata**

**Opening Remark:** The main aim of this study is to understand the daily struggles of older people coping with the nationwide lockdown due to the pandemic. In this context, you will be asked questions related to major challenges, mental health issues and forms of support during this crisis period. Your responses will be kept anonymous and will be used only for academic purposes. Your name will not appear on any published documents. This interview is voluntary, you can withdraw participation at any time should you wish to do so. If you choose not to reply to a particular question, you may let me know.

I am grateful for your participation in this study and thank you very much for your time.

**SECTION I: SOCIO-DEMOGRAPHIC INFORMATION**

Name:………………………………………..

Sex:…………………………………

Age:……………………….(in completed years)

Marital status:……………………………………..

Number of children?.................................................................................

Do you currently receive any government/private **pension**? (Yes/No):…………..

Have you received any remittances from anyone living elsewhere?

Annual Income:……………….

Do you have any health problem: diabetes/arthritis/high blood pressure/others

Present Living Arrangements in the old age home: Alone/With Spouse

Do you own a car?

Do you know driving?

How many years have you been living in this housing society?

Do you own the apartment?

**SECTION II: EVERYDAY ISSUES AND ACCESS TO BASIC SUPPLIES**

How are you purchasing basic food items such as rice, lentils, milk, eggs, fish, vegetables and flour?

How long did you have to wait in the queue till your turn came?

How far is the market from your housing society?

Describe your experience in doing the daily purchases.

How did you pay for your purchase?

**SECTION III: MENTAL HEALTH ISSUES**

What are the regulations made by your housing society?

Describe your daily routine before and after the lockdown?

How do you spend your day?

Share your views on the constant reporting of the pandemic by the media?

What are your views on the pandemic?

**SECTION III: EXTERNAL SUPPORT**

What form of support are you receiving from your neighbors?

What form of domestic help did you have before the lockdown?

Did you rely on any NGO for help for your daily medicines and other necessary items?

Do you receive any help from any one for domestic chores such as cooking, cleaning etc?

How do you connect with your adult children?