# Psycho-Social Impact of COVID-19 Pandemic and Lockdown on the Elderly: A Study on Selected Areas in Kolkata

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*Abstract*— The COVID-19 pandemic induced lockdown had adverse effect on the general population but certain groups like the elderly were more affected than others. The study conducted on selected elderly of a selected area in Kolkata, reflects the psycho-social problems faced by the elderly, the resulting change in life style, the coping mechanisms adopted by them and the different groups that extended their support to the elderly. The study revealed that the elderly has suffered from multiple problems including physical and mental health problems and challenges related to adoption of new technology. Traditional social institutions - family, friends, paid domestic workers and colleagues have emerged as most dependable support system for the elderly.

***Keywords:*** Psycho-Social, COVID-19, Pandemic, Lockdown, Elderly

## I. Introduction

The impact of COVID-19 pandemic is multidimensional. The pandemic took away innumerable lives irrespective of age. The WHO reported 4,517,240 death cases and 421,75,58,771 confirmed cases till the last day of August 2021 across the globe (WHO, September,2021). The survivors are likely to experience morbidity, mental health issues, cognitive impairment etc. (Prescott et.al. August 2020).

The lockdown, declared by the both Central and State governments to control the spread of the pandemic, has caused loss of livelihood resulting in loss of income among millions of people. The ILO reported that around 144 million people across the globe lost their jobs (www.ilo.org). A huge section of society has been forced into poverty, have faced severe food crisis and malnutrition. With business enterprises facing losses, the workforce has been facing more risk of job loss. With little or no social security programmes available, the informal sector workers are facing a challenging time.

The pandemic has adversely affected psychosocial wellbeing of all age groups across all socio-economic strata. From children to the elderly, all face varied difficulties due the uncertain nature of the disease and the lockdown (Chakraborty, et al. 2010). Fear, worry and stress are some common emotions experienced by the general population in regard to contracting the virus. The restrictions on movement, social distancing norms, working from home, home-schooling, loss of jobs etc. have added to the already stressful situation. Although individuals of all age groups are susceptible to infection by the virus, the severity and mortality of COVID-19 is higher in geriatric individuals. (Dhama et al 2020). The elderly has been suffering from social stigma, loss of purpose, loneliness, dissatisfaction with social and familial relationships, lack of an active social life, death of spouse or contemporaries and lower economic resources. COVID-19 pandemic and the lockdown have caused unimaginable problems for them.

The fatality rates of those above 80 years is five times of the global average. The continuous streaming of information from the print and audiovisual media relating to the contagious nature of the disease, vulnerability of the elderly because of pre-existing health issues, COVID-19 deaths especially among the elderly across the globe, overwhelmed health care system, restrictions imposed by the lock down on physical movement are some of the adverse situations faced by the elderly. The major psychological problems associated with the COVID-19 pandemic among the elderly are worry, anger, denial, insomnia, depressive symptoms, anxiety and stress. (Roy.et.al,2020)

## II. Literature Review:

The pandemic and the resulting lockdown since March 2020 have posed different challenges for the elderly. A negative atmosphere had developed around older people due to the pandemic. The elderly had to face social limitations along with family limitations. They faced disrespect and verbal abuse, silent treatment, pressure to perform household work, emotional and physical violence, cheating (financial), denial of medical support, food, and other basic needs primarily because of financial issues (Agewell Foundation, 2020).

The declining health status of the elderly made them more vulnerable to COVID-19 (Banerjee, 2020). The elderly suffers from different physical problems (Dhama, et al 2020). They require regular medical advice, continuous supply of medicines, proper diet, regular exercises to maintain physical wellbeing. Staying connected with children, friends, relatives, neighbors ensure emotional well-being for the elderly. The lockdown and restrictions on physical movement has posed a challenging situation to the elderly. Sedentary behavior may cause problems for the elderly (Daniel, D et.al, 2020). Social distancing and disconnection can predispose the elderly to depression and anxiety (Krendl & Perry 2020; Dhama et al 2020; Javed, B et. al, 2020). Restricted mobility prevents them from performing daily activities like open air physical exercises, visiting markets/shopping places to buy daily necessities, seeking regular medical advice, enjoying the company of friends and relatives. (Agewell Foundation 2020).

The restrictions have made the elderly feel lonely, vulnerable and wary of stepping out. They have been forced to become dependent on others. The app-based door delivery services have provided some relief to a small section of tech-savvy elderly. The continuous stream of information from the print and electronic media related to pandemic, has become a cause of anxiety and stress for the elderly. The greater death risk of COVID-19 pandemic in older adults was emphasised by most media sources. Such information caused sleep disturbances, low mood and anxiety episodes among the elderly (Philip & Cherian 2020). Information overload can

 

cause stress for the elderly (Banerjee, 2020). The elderly may not have health insurance, especially those belonging to the unorganised workforce. The high cost of medical treatment in the private sector is also a cause of worry for the elderly.

Social media also caused stress to the common people. They felt depressed and worried after reading COVID-19-related news on WhatsApp or Facebook. Negative news related to COVID-19 such as rise in new cases, increasing deaths, stigmatization of the COVID-19 positive patients, lack of personal protective equipment for the health-care providers, and fake news of new cases in the locality etc. gave rise to negative emotion in the community (Chakraborty, Chatterjee, 2020).

The elderly, who fail to understand media strategies, suffered more from fear, anxiety, helplessness etc. than the general population. Self-isolation, a way advocated by the medical community to contain the infection can adversely harm the elderly. Social and physical isolation can enhance severity and incidence of depression and hysteria among the elderly (Daniel,et.al, 2020).

Self-isolation of senior people who depend on young people for their daily needs will critically harm family systems. Family members are likely to witness behavioural changes in the elderly like - emotional outbursts, change in their eating and sleeping habits as well as shouting and irritating behaviour (Javed et al., 2020).

Degenerating cognitive and sensory system may make it difficult for the elderly to follow instructions. The elderly may face technological challenges and fail to understand instructions to protect themselves. (Banerjee 2020). Elderly people with physical disabilities may face greater difficulties (Philip & Cherian 2020). Institutionalisation and frequent hospitalization may increase vulnerability of the elderly (Banerjee 2020). The elderly living in nursing homes would face extreme psychological problems. COVID-19 can lead to enhanced depression, anxiety, and stress in the elderly already handling psychological problems (Javed, et al, 2020). During the lockdown more than 300 people had committed suicide (Chaudhary & Suresh,2020) and such suicides were referred to as "non-coronavirus deaths" because of mental suffering. Fear of the disease, fear of getting infected and infecting others, loneliness, lack of social support, had forced people, especially the elderly to commit suicide. Family support with social cohesion could improve the mental health conditions of the elderly (Rana 2020). Elderly with strong social networks can enjoy greater mental well-being. (Krendl & Perry 2020).

## III. Objectives of the Study:

- To understand the psycho-social impact of the COVID-19 pandemic and resulting lockdown on the elderly population.
- To find out the different coping mechanisms adopted by the respondents during this grueling phase.
- To explore the different sources of help received by the respondents during COVID-19 pandemic.

## IV. Methodology:

According to Census of 2011, Kolkata metropolitan city has a population of 4.4 million residents residing within the city limits making it the seventh most populous city of India. The percentage of elderly population in the state is 8.5% (GOI, 2016). The study was conducted in Ward 93, Lake Gardens, Kolkata district of West Bengal. This location was chosen for conducting the study since the ward has high literacy rate i.e. 91.30%. (Wikipedia, 2021) The research design adopted for the study was descriptive in nature. Purposive sampling (non-probability sampling) was used to select the respondents. Computer literate elderly, with internet access, belonging to the age group of 60-65 years, living with their spouse/families were selected for the study. The sample size for the research was 52. The tool was a questionnaire, which was circulated among the respondents for data collection.

## V. Ethical Considerations:

The elderly were informed about the purpose of the study and their participation in the research was voluntary. Respondents were assured that their identity would not be revealed and all information shared by them would remain confidential.

## VI. Data Findings and Analysis:

The socio-demographic details of the respondents under the study is discussed in the table below.

| Gender | | Education | | | | | Occupation | | |
|---|---|---|---|---|---|---|---|---|---|
| Male | Female | X | XII | Diploma | Graduates | Post- Graduate | House wives | Retired | Working |
| 67% | 37% | 3.8% | 7.6% | 1.9% | 57.6% | 28.8% | 13.4% | 34.6% | 52% |
| 100% | | 100% | | | | | 100% | | |

Table 1: Socio-Demographic Profile of the Respondents

In the study 63% of the respondents were male while 37% of the respondents were female. All respondents excluding one were Hindus. There was one Christian respondent. The minimum educational qualification of the respondents was secondary education. 3.8% of the respondents had studied up to the secondary level, 7.6% had qualified senior – secondary level, 57.6% were graduates, 28.8% were postgraduates, 1.9% were diploma engineers. 13.4% of the respondents were house wives,34.6% were retired and 52% were still working. It was found that respondents faced no financial crisis.

All the respondents had smart phones and were computer literate. 55.8% of the respondents were well conversant with the digital media while the rest were comfortable with it. No respondent was living alone at home.15.3% of the respondents had two family members, 23% had three members, 26.9% had four members, 19.2% had five members, 1.9% had six members, 3.8% had seven members, 1.9% had eight members, while 7.6% had seventeen family members. During the pandemic period 59.6% of the respondents were living with their family

 

members, 24.8% with their spouse, 5.7% were living with their children, 1.9% were living with grand – daughter.

The study found that respondents suffered from different psycho-social problems during the pandemic. The table below shows the problems faced by the respondents.

| Sl. No. | Nature of problem | Respondents (in percentage) |
|---|---|---|
| 1 | Difficulty in buying medicines | 38.5% |
| 2 | Difficulty faced in fixing online medical appointments | 42.3% |
| 3 | Dissatisfaction with online medical consultation | 44.2% |
| 4. | Longing for face to face interaction with the doctor | 50% |
| 5 | Fear of getting infected with the Corona virus | 53.8% |
| 6 | Suffering from mental health problems | 28.8% |
| 7 | Adversely affected because of restricted physical movement | 44.2% |
| 8 | Difficulty in spending leisure time | 55.8% |
| 9 | Fear of scarcity of essential goods | 40.4% |
| 10 | Facing cash crunch during the pandemic | 25% |
| 11 | Managing household work without domestic workers | 51.9% |
| 12 | Difficulty in getting essential services (electrician, plumber, cleaning staff etc.) | 59.1% |
| 13 | Unsure about life after the pandemic | 95% |
| 14 | Adversely affected by media coverage of the pandemic | 46.2% |
| 15 | Discomfort in wearing mask | 67.3% |
| 16 | Adverse effect on social life | 48.1% |

Table 2: Psycho-Social Impact

Old age brings in health problems and medicines are essential items for the elderly. The study found that 38.5% faced problems in procuring medicines. The major problem faced in regard to procuring medicines was inadequate supply of medicines. It was difficult for the elderly or their support system to go around the city and find essential medicines. Some respondents had to pay more than normal times to get essential drugs and many had to do without essential drugs. Due to the lockdown, the elderly were unable to physically seek appointment and advice of doctors. So, all medical appointments and consultations had to be conducted online. Though teleconferencing and tele-medicines have existed for years, the respondents were not familiar with such practices. It was found that 42.3% of the respondents faced problem in fixing online appointments while the rest faced minor problems. Online consultation being a new method, most of the elderly experienced the process differently. 44.2% respondents found online consultation difficult than normal physical interaction, 30.8% felt that it was no different from face-to-face meetings, 11.5% of the respondents found on-line consultation convenient and the remaining 13.5% of the respondents did not answer the question. Mere consultation with a doctor can be therapeutic. It is more so for the elderly. The study found that 50% of the respondents longed for face to face interaction with the doctor, 15.4% sometimes felt such need, 7.7% were uncertain and 26.9% of the respondents did not feel such need.

The elderly were vulnerable to the new virus. The study tried to understand whether the respondents suffered from the fear of getting infected. 53.8% of the respondents feared getting infected, 11.5.% said that they sometimes experienced fear and 34.6% of the respondents did not experience any such fear.The study tried to explore whether the pandemic situation had resulted in mental health challenges for the elderly. According to the findings, 28.8% of the respondents faced serious mental health issues, 44.1% respondents were partially troubled and the remaining 26.9% did not face any mental health issue. Hopelessness, fear, anxiousness, uncertainty about how to protect themselves and their family members from the pandemic were some of the strong emotions felt by the elderly. They found no interest in daily activities, felt depressed and down.

The lockdown had forced people to stay indoors. There were restrictions on social gatherings and family celebrations. Such restrictions had made social life difficult for the elderly. It was found that the respondents faced dilemma on how to spend their leisure time. 55.8% of the respondents did not know how to spend their leisure time, 25% of the respondents faced some dilemma and the remaining 19.2% of the respondents faced no such dilemma. During the lockdown, respondents could not go out of their houses for physical exercises, e.g., morning walk. 44.2% of the respondents felt that such restrictions adversely affected their physical health and wellbeing, 28.9% of the respondents felt somewhat affected and 26.9% of the respondents did not feel any such impact.

It was a challenge for the elderly to buy essential goods during the lockdown. The restrictions on business hours, on transport and travelling, the fear of getting infected because of public exposure, etc. had made it more difficult for the elderly to shop for essential commodities.

The lockdown raised fear of scarcity of essential goods. It was found that 40.4% of the respondents experienced fear in regard to scarcity of essential goods, 30.8% did not experience such fear and 28.8% were uncertain about experiencing such fear. Restrictions on banking hours and restrictions on physical movement during the lock down caused cash crunch for all. The study found that 25% respondents faced problem with availability of cash, 23% respondents sometime faced cash crunch and the remaining 51.9% respondents did not face any such problem. Paid domestic workers and other service providers like the milkman, newspaper man, plumbers, electricians, washerman, sweepers were not allowed to enter housing complexes during the pandemic.The study found that 51.9% of the respondents managed household work on their own without the help of paid domestic workers. 59.1% respondents faced problems in receiving the service of electricians, plumbers and other service providers during the lockdown.

The respondents were uncertain and worried about how life would be after the pandemic.95% of the respondents were very worried or uncertain about the future. Media's

 

reporting on pandemic, inadequacy of health care infrastructure, deaths related to pandemic, etc. led to increased anxiety for the respondents. The study revealed that 46.2% respondents experienced increased level of anxiety, 25% faced some anxiety and the rest were not uncertain about such effects of the media. Wearing mask was a new practice for the respondents. Though all respondents wore mask to protect themselves, 67.3% respondents stated that wearing masks was uncomfortable to them.48.1% of the respondents shared that COVID-19 and the resulting lockdown had adversely affected their social lives.

The study found that the respondents adopted different ways of coping with the psycho-social problems faced by them during the lockdown period.

| Sl No | Strategies adopted to cope with stress | Respondents (in percentage) |
|---|---|---|
| 1. | Spent more time socializing virtually with their children, relatives and friends | 76.9% |
| 2. | Adopted religious means and meditation | 5.7% |
| 3. | Spent time with their family members | 17.3% |
| 4. | Performed household errands | 11.5% |
| 5. | Pursued their hobbies, | 9.6% |
| 6. | Spent time reading books | 5.7% |
| 7. | Spent time watching television | 1.9% |
| 8. | Searched the web | 3.8% |
| 9. | Performed physical activities indoors | 7.6% |

Table 3: Strategies Adopted to Cope with Stress

During the pandemic induced lockdown, the elderly had to stay indoors and their social lives were severely affected. The study revealed that respondents adopted different ways of coping with the stressful situation. It was found that 76.9% of the respondents spent more time socializing virtually with their relatives, friends, acquaintances and 17.3% spent time with their family members. 11.5% performed household work, 9.6% pursued their hobbies,5.7% read books,1.9% watched television and 3.8% searched the web. The elderly faced health issues because they were not able to go out for outdoor physical activities like morning walks. To keep themselves physically fit 7.6% of the elderly performed indoor physical activities.

Some respondents found it difficult to manage life on their own. They sought help from people around them. The study revealed that in spite of the lockdown rules, restriction on physical movement and the fear of contacting the deadly virus, the respondents were helped by their close acquaintances. The table below explains the details of the social support system of the elderly.

The table above shows that some respondents procured medicines, bought household essentials etc on-line while others bought essentials offline, on their own. Some respondents, inspite of being computer literate, having smart phones with internet connections, sought support from their acquaintances. In order to buy medicines, 11.5% respondents bought medicines themselves and 25% did it on-line.46.2% sought help from their family members, 9.6% took help from their neighbors,7.7% were helped by their domestic helpers. For buying essential commodities 30.8% respondents purchased things online, 26.9% of the respondents purchased it themselves from the shops,34.6% of the respondents were helped by their family members, and 7.7% were helped by their neighbour/ friends/colleagues. The study found that due to lockdown restrictions, rules of social distancing etc. respondents had faced cash crunch during the pandemic. It was found that in spite of the restrictions 40.3% respondents withdrew cash themselves, 54% took help of their family members, 3.8% respondents did most of the financial transactions online and 1.9% were helped by their neighbours/friends/colleagues.

| | Sources of Support | | | | | |
|---|---|---|---|---|---|---|
| Task | Self help | Online transactions | Family members | Domestic workers | Neighbours/ friends/colleagues | Total |
| Procuring / buying medicines | 11.5% | 25% | 46.2% | 7.7% | 9.6% | 100% |
| Buying household essentials | 26.9% | 30.8% | 34.6% | - | 7.7% | 100% |
| Banking | 40.3% | 3.8% | 54% | - | 1.9% | 100% |

Table No 4: Sources of Support

It was found that family members, neighbours/friends/colleagues and domestic workers were the sources of help for the elderly.

## VII. DISCUSSION:

The respondents of the study were a group of elderly who stayed in a capital city (Kolkata), faced no financial challenges, had sound academic background and were living with their family members. They were computer literate, had access to internet, smart phones and were well versed with modern technologies. In spite of the above-mentioned advantages, the respondents faced different challenges during the pandemic.

The study revealed that the respondents faced difficulty in procuring medicines. There were times when medicines were not available in the market. Restrictions on domestic and international trade to contain the spread of the COVID-19 virus resulted in crisis of essential goods including medicines. Non-availability of medicines did not only cause physical harm, it also caused distress, confusion, frustration for patients (including those suffering from COVID-19) and their family members. More care should have been taken by all stakeholders, especially the government, to ensure regular supply of medicines.

The study further revealed that the elderly were dissatisfied with online medical consultations, longed to have face to face interaction with their doctors and were worried

 

about getting infected with the virus.The elderly in general and those who suffer from physical and emotional problems in particular, develop emotional dependence and trust on their doctors and gain strength from their bonding with their doctor. So the findings of the study rightly reflect the emotional disturbance that the elderly have undergone without the support of their doctors. Face to face interaction with doctors, may be in open spaces instead of closed chambers, would have relieved the elderly of their stress. Video-calls instead of tele-communication could have also been helpful for the elderly. Restrictions on physical movements during the lockdown caused physical and emotional stress for the elderly.

The elderly suffering from blood sugar, blood pressure, orthopedic problems etc, faced serious health issues and some experienced emotional and physical distress staying indoors. Parks and other open spaces for morning walks, jogging facilities were closed and going out of one's home meant exposing oneself to the virus. For the elderly, morning/evening walks are important not only for physical well-being, those are also spaces for social interaction. They suffered from loneliness due to social isolation. Concerned authorities should have taken note of the consequences of the restriction on the physical and mental health of the elderly and allowed them to go for morning and evening walks following safety measures.

The findings of the study revealed that many respondents faced difficulty in online marketing and remained dependent on family members, friends and neighbors for buying essential items. They found the process difficult and confusing and were worried about cases of fraud. Awareness programmes on how to deal with online transactions and online communications needs to be organised for the elderly. Law enforcement agencies should take prompt action if anyone is getting duped or cheated. Strict action on the part of the administration would give confidence to the elderly to opt for online transaction.

It was assumed that elderly with strong social networks, family support & social cohesion could enjoy greater mental well-being during the pandemic (Rana 2020, Krendl & Perry 2020). The study found that though the respondents were staying with their family members, most of them faced emotional challenges. This could have happened because of the severity of the pandemic which caused death across all socio-economic levels and across all age groups. Family support probably was inadequate as family members were also working from home and this could have caused less interaction with/among family members. Elderly issues may be ignored or avoided by family members causing more stress for the elderly. The elderly also found it difficult to spend their leisure time meaningfully. Media could have helped the elderly both in clearing their doubts about the disease, and in arranging entertainment programmes specially designed for the elderly. Limited business hours during the pandemic caused stress for the elderly. They were worried about getting household supplies, withdrawing money from ATMs/banks, payment of electricity bills, water bills, etc. Concerned authorities should have taken note of the special needs of the elderly and made special arrangements for them.

In order to contain the spread of the virus, domestic workers were asked to go on paid/unpaid leave for indefinite period. Employers were forced to take such decisions because there was limited understanding about the nature of the virus, the routes of infection etc. The elderly, who were partially or entirely dependent on the services of domestic workers found it difficult to manage household work without them. Use of masks by the employer and the employee, frequent handwashing and maintaining physical distance could have reduced physical and mental stress for the respondents and financial stress for the domestic workers. A similar practice could have helped the respondents to avail the services of other service providers like plumbers, electricians, milkman, newspaper man etc.

The respondents felt that television, newspaper and other media channels had created stress for them. The continuous flow of information from the media regarding COVID-19 pandemic situation across the world and the death of the elderly population was stressful for them. The uncertain nature of the virus, news of overcrowded hospitals, non- availability of essential drugs, huge cost of treatment, high death rate, visuals of ambulances carrying dead bodies and even the piles of shrouded dead bodies in crematoriums etc. were reasons which caused mental health challenges for the elderly. The findings of the study also shows that few respondents watched television to spend their leisure time. The elderly may have avoided television to keep themselves away from stressful news.

The study revealed that the elderly found different ways of coping with the psycho-social problems faced by them due to the pandemic induced lockdown .Confined indoors, they spent time virtually socializing with their children, relatives and friends. They interacted more with their family members who stayed with them at home and took increased responsibilities in household work. Some elderly started pursuing their hobbies while others searched the web read books and spent time watching television. Some took to religious activities and meditation while others did physical exercises indoors both for physical and emotional well being. The study revealed that though the elderly faced stress, emotional turmoil, uncertainty about post-pandemic situations, nobody sought professional help from counsellors/social workers. It can be concluded that the elderly themselves with the emotional support of their families, friends relatives and colleagues were able to tide over the turbulent time. The National Institute of Mental Health and Neurosciences, Bengaluru, Indian Psychiatric Society (IPS), and IPS, West Bengal State Branch, provided emotional support through a helpline number to help people in emotional distress at the time of COVID-19 pandemic. They also had similar experiences where only a minority of the respondents (2.2%) took help through the helpline number. (Chakraborty, Chatterjee 2020).

The study revealed that due to the lockdown measures some elderly found it difficult to procure household necessities, medicines etc. They also found it difficult to access banks, post office and ATMs. Family members were found to be the biggest source of support for the elderly followed by neighbors, friends, colleagues and domestic workers. Some respondents added that the domestic workers stayed with their employers or in a place in the housing complex (shared space with the care taker's family) to serve their employers during the lockdown. Such an arrangement

 

was beneficial for both the employers and the paid domestic workers.

It can be concluded that, during the lockdown, the elderly suffered from different psycho-social challenges. Many of them tried to cope with the challenges on their own while others sought help from their near and dear ones. Research has shown that family support with social cohesion could improve the mental health conditions of the elderly(Rana 2020).Research has also shown that elderly with strong social networks can enjoy greater mental well-being (Krendl & Perry 2020).The present study has found that with the help of family members, neighbours, friends, colleagues and domestic workers the elderly have effectively coped with everyday life challenges..

## VIII. SUGGESTIONS:

The findings of the study conducted in a capital city on a group of educated computer literate elderly shows that the elderly faced from different psycho-social problems during the pandemic. The only source of support were the near and dear ones of the respondents. No respondent spoke about receiving help from government bodies (for example the police/the borough office), non-government organisations or youth groups reaching out to them. The extent and intensity of sufferings of the elderly belonging to different socio-economic-educational levels, living in remote parts of the state, suffering from personal, physical, mental problems can be assumed from the findings of the study.

The government was quick to understand that the elderly along with those suffering from different co-morbidities were vulnerable to the virus. Governments both at the center and at the state, along with civil society organisations and the media should have adopted comprehensive programmes to take special care of the vulnerable groups.

The grassroot level government health workers could have been trained to provide counselling to the elderly and helped them clear their doubts. In necessity, they would refer the elderly to mental health institutes/experts. Local youth clubs, councilors /panchayat members/volunteers could have helped the elderly with required information, arranging transportation facilities, arranging / providing medicines and other household essentials, etc to relieve the stress of the elderly.

The non-government organizations were found distributing daily essentials, mostly food items to the needy families. They could have also provided online/offline counselling sessions especially for the elderly to relieve stress for all and the elderly in particular. Youth volunteers could have helped the elderly in learning new technology which would have been of great help to the elderly.

All forms of media should have focused more on COVID-19 recovery cases, new inventions (for example vaccines), ways of preventing the disease, than on death and destruction. Television and radio could have arranged for intensive counselling /information giving sessions at regular intervals for the elderly and shared information about counselling centers/tele counselling centers. State owned media houses and private media houses should have announced/displayed helpline numbers more frequently on all modes of communication.

All information about COVID-19 pandemic, routes of transmission, ways of prevention, places of getting right and affordable treatment, after care facilities, emergency phone numbers for tele-counselling, contact numbers of local organisations extending help to the affected should have been made available to the elderly both in traditional media and new media. Many elderly may not be comfortable with the new media. They should be educated in new media as information via new media has capacity to reach elderly in every corner of the country. Availability of telephonic counselling, healthy contact with family members, relevant and updated information about the pandemic, ensuring the availability of essential goods including medicines could have greatly helped in preventing psycho-social health problems of the elderly. Household essential commodities could have been made available at the para/mahalla level by vendors/service on wheels.

## IX. CONCLUSION:

The COVID-19 pandemic has presented unprecedented problems and a disproportionate hazard to humankind, particularly to older persons, with direct consequences for their lives, relationships, and well-being. In coping with pandemic situations or any crisis situation, it is especially important that policies must be formulated and revisited on a regular basis to safeguard vulnerable populations. Government action to enhance access to technology and create digital literacy programs for all especially the elderly is vital as the world is moving towards to a more digital future. In conclusion, the findings imply that the social distance for COVID-19 has a detrimental impact on mental and physical health of older people. During the isolation phase, the primary mental and physical effects reported were anxiety, fear of future, uncertainty, fear of developing medical complications and little pleasure in doing their daily activities. Such problems can be taken care of by counsellors, social workers who can help the elderly to talk about their concerns and help them to overcome their distress. No respondents had consulted a social worker or a counsellor to deal with their stressful thoughts. This could have happened because of the stigma attached to seeking emotional assistance from professionals. The findings revealed that both traditional and modern media can play an important role in generating awareness that emotional problems during a crisis was normal and that the best way of dealing with such emotional crisis was to seek professional help.

## X. AREAS OF FURTHER RESEARCH:

The study was conducted in a small geographical area with a small sample size selected purposively for the study. The results and the findings might not be applicable to other areas.

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