

**“AGE” IN THE AGE OF PANDEMIC COVID-19: A POLICY FRAMEWORK FOR
BUILDING THE RESILIENCE OF ELDERLY**

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Abstract

In the last few months, unprecedented health emergency due to the Covid-19 pandemic, countries across the globe and their citizens of varied age groups are grappling up with the massive loss of life and finances severe mental health issues. The studies claim that there is severe underreporting of the mental illness during this period, the primary reason for which can be attributed to already overburdened health infrastructure and caregivers. Therefore, the fragility of the government responses, infrastructure, and policies towards the issues elderly also cannot be underestimated. Older people, if mentioned in the policies, are always referred to as a homogeneous entity. In contrast, in reality, there are categories more “vulnerable within this vulnerable group” like older women, disabled elderly, etc. These differential vulnerabilities are magnified manifold in times of such a pandemic. The studies conducted in the last few decades have indicated the relationship between depression, loneliness, and isolation in old age and its and its connection with mortality rates. Since the social distancing, restrictive movements, and curtailed social activities will be new “normal” post-COVID-19, the elderly will bear the wrath for a much longer time. In India, the pandemic exposed the glaring gaps of policies regarding the elderly where, for years, their health needs, social security issues, protection, etc. have been left unanswered. This pandemic posed newer threats, exacerbated the existing inequalities, and enhanced the vulnerabilities of the elderly. The present research aims *firstly*, to highlight the associated vulnerabilities of the elderly and their relationship with varied geriatric issues; *secondly*, to comprehend the compounded consequences of the containment measures for the spread of infection amongst the old and its possible impact on the associated vulnerabilities; *thirdly*, to revisit the existing legislative and policy framework in the backdrop of the ongoing pandemic; and *lastly*, to suggest the possible reforms in the policy framework for not only mitigating the impacts of the pandemic but also ensuring their well-being in the new designated ‘normal’ in post-COVID times.

Key Words: Ageism, Elderly, Mental Health, depression, loneliness, Covid-19.

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I. Introduction: Social construction of “Age” and “Aged”

AS THE DEMOGRAPHIC structures are changing towards the elderly in the world, there has been a perceptible ongoing debate on the impact of population aging in any country. The rising concerns for the group “aged,” “elderly,” “old,”¹ terms used quite interchangeably, are against the backdrop of contextual shift pertaining “age” and “aging.” Increased societal awareness and interest in the age-related issues have played a pivotal role in initiating the formulation of policies at varied levels wherein the potential and experience of the population belonging to the “third age” are materialized to its fullest². But the realm of social gerontology is deeply influenced by the identity of the elderly, which has been socially constructed. This identity *per se* does not exist in “nature” or can’t be termed as “natural,” but just like any other identity like that of racial, gender, or of ability is not only socially constructed but is created³, enforced, and sustained through prescriptive conventions, relations, and practices⁴.

Years lived and life stages attained are constructed and interpreted socially. There is no actual, biologically given number of years that, by itself, constitutes being old or that provides an immutable and inevitable foundation based on which social aging processes are built⁵. There is enormous cultural flexibility in the designation of the number of years that constitute old age. People do not acquire the physical, psychological, and intellectual markers of aging at the same rates, and the rate of aging is strongly reflective of social contexts. So far and so forth, characteristics of the aging within different social and cultural contexts may not be recognized as liabilities and defects, but may be taken as reserves of wisdom. On the contrary, the aging people might be subjected to explicitly disabling behavior, policies, and practices in cultures that are set up primarily to serve the goals and plans of those with a relatively lower number of years lived and are not physically impaired.

¹ United Nations categorizes the people belonging to age group of 60 years and above as older people. See, United Nations Population Fund and Help Age International, “Ageing in the Twenty First Century: A Celebration and A Challenge” 20 (Help Age International, London, 2012).

² Chris Phillipson and Neil Thompson, “The Social Construction of Old Age: New Perspectives on the Theory and Practice of Social Work with Older People”, in Rosemary Bland (ed.), *Developing Services for older people and their families* 13-25 (Jessica Kingsley Publishers, United Kingdom, 1996).

³ Laura Talarsky, “Defining Aging and Aged: Cultural and Social Constructions of Elders in the U.S.” 101 *Arizona Anthropologist* 9 (1998).

⁴ Christine Overall, “Old Age and Ageism, Impairment and Ableism: Exploring the Conceptual and material Connections” 18(1) *NWSA Journal* 126-137 (2006).

⁵ Becca R. Levy and Mahzarin R. Banaji, “Implicit Ageism” in T.D. Nelson (ed.), *Ageism Stereotyping and Prejudice Against Older Persons* 49-75 (MIT Press, Cambridge, 2002).

The associated themes and policies regarding aging and aged⁶, such as wellbeing, financial security⁷, marginalization experienced within professional and personal spaces⁸, reflects the extent of influence of social and political environment. The essence of such effects first identified and later on defined as ‘ageism’⁹ is reflected in the consequences including social, political, economic, interpersonal, institutional, etc. of the interpretation of age as a biological variation between people in different stages of their life¹⁰. It builds a biological basis to the social discrimination, stereotyping, and prejudicial behavior done systematically against the older and is a pervasive and widely varied phenomenon which shares its roots in both institutional and individual level¹¹. Additionally, it is contended that the elderly is confronting several challenges, including insufficient income, declining health, inadequate social security, changing social roles, recognition, and increasing crimes against them.

The commencement of the 21st century witnessed a perceivable attitudinal shift wherein the negative connotations attached to the aging saw a paradigm shift towards “positive aging.” A significant concern got reflected in studies in the late twentieth century, which challenged the views of aging being associated with mental and physical decline¹². It was contended that the notion of dependency amongst the aged is socially created¹³, which can also be termed as “structured dependency”¹⁴ and is visible in the pattern of division of labor and employment avenues, which depict inequality rather than a natural outcome of the natural aging process. The dependency mentioned above was argued to be a resultant of the compulsive exclusion from the work of the aged along with roles in community and homes. This led to the emergence of the critical school of gerontology, which not only challenged the biological and physiological reductionism as justification for denying rights to the elderly but also demonstrated that age-related losses could be mitigated by the adoption of policies which are

⁶ B. Bytheway, *Ageism* (Open University Press, Buckingham, 1995).

⁷ A. Walker “Poverty and Inequality in Old Age”, in J. Walmsley *et.al.* (eds.), *Health, Welfare and Practice: Reflecting on Roles and Relationships* (Sage, London, Sage, 1993).

⁸ P. Kingston and B. Penhale, *Family Violence and the Caring Professions* (Macmillan, London, 1995).

⁹ R. Butler, *Ageism in the Encyclopedia of Ageing* (Springer, New York, 1987).

¹⁰ Thomas Nicolaj Iverson, Lars Larsen *et.al.*, “A Conceptual analysis of Ageism” 61(3) *Nordic Psychology* 4-22 (2009).

¹¹ S. Biggs, *Understanding Ageing: Images Attitudes and Professional Practice* (Open University Press, Milton Keynes, 1993); See, Becca R. Levy, “Mind Matters: Cognitive and Physical effects of aging self stereotypes” 58(4) *The Journal of Gerontology* 203-211(2003).

¹² M. Minkler and C. Estes, *Critical Perspectives on Ageing* (Baywood Press, San Francisco, 1991).

¹³ A. Walker, “The Social Creation of Poverty and Dependency in Old Age” 9 *Journal of Social Policy* 49-75 (1980).

¹⁴ P. Townsend, “The Structured dependency of the elderly: A Creation of Policy in the Twentieth Century” 1 *Ageing and Society* 5-28 (1981).

more focused towards aging that is positive, successful, fulfilling, and resourceful¹⁵, i.e., how the aging as a process can be termed as “healthy” and “well.” A discourse was built up wherein traditional practices and patterns about older, namely, infantilization and dehumanization, were challenged on the ground of being oppressive¹⁶, resulting in lowering of self-esteem amongst them¹⁷. The preparedness for empowerment and partnership was acknowledged, and it was contended that instead of a stereotyped dependability approach towards the elderly, there should be an attitudinal shift toward “interdependency,”¹⁸ which gives due regard to their strengths rather than only focusing on needs.

The acknowledgment of the approach mentioned above in policy and legislative framework at the national and international level encompassed the inclusive wellbeing of the elderly wherein the constituents of a dignified life for the aged are found on the coordinated social involvement along with civic participation¹⁹. India being a signatory to the Madrid Plan of Action and Barrier Free Framework, formulated National Policy for older People in 1990. It was drafted after long years of debate and discussion to work towards an inclusive, barrier-free, and age-friendly society²⁰. It was further backed by the Maintenance and Welfare of Parents and Senior Citizens 2007 and Amendment in 2016. Additionally, the Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019, was tabled in December 2019. So, India has a long and persistent acknowledgment of addressing the newer challenges faced by the elderly of the country from time to time.

But the pandemic of COVID-19 has brought further challenges of addressing the hitherto non-acknowledged needs of the elderly were not only the family, but the community and the civil society also needs to act. Last but not least, since post-pandemic social interactions, support, access to health, and other infrastructure would take a new definition; this research paper would elaborate on the required changes in the existing policies addressing the elderly.

¹⁵ J. Angus, and P. Reeve, “Ageism: A threat to “Aging well” in the 21st Century” 25(2) *The Journal of Applied Gerontology* 137-152 (April 2006); See, M.B. Holstein, and M. Minkler, “Self, Society and the “new gerontology” 43 *The Gerontologist* 787-796 (2003), wherein it was argued that for the purpose of setting the new paradigm for right based approach towards elderly it is important to do away with this regressive and unproductive image of the older people.

¹⁶ Blakemore and Boneham, *Age, Race and Ethnicity* (Open University Press, Milton Keynes, 1993).

¹⁷ Thomson, *Age and Dignity: Working with older people* (Arena, Aldershot, 1995).

¹⁸ C. Phillipson, “Challenging Dependency: Towards a new Social Work with Older People” in M. Langan and P. Lee (eds.), *Radical Social Work Today* (Unwin Hyman, London, 1989); See, C. Philipson, “*Intergenerational relations: Conflict or consensus in the Twenty First Century*” 19 *Policy and Politics* 27-36 (1991).

¹⁹ Vienna International Plan of Action on Aging, 1983; United Nations Principles for Older Persons, 1991.

²⁰ See, Silvia Stefanoni and Camilla Williamson, “Review of Good Practice in National Policies and Laws on Ageing” (Help Age International 2015).

It would also design new policy interventions for more recent challenges posed by the post-pandemic recovery so that the elderly are better off in the post-COVID-19 world.

II. Vulnerabilities of the Elderly: A sudden change in pre-existing dimensions

Aging as a ‘biological process’ and the associated realities are conceptualized in varied academic writings that have influenced the policies adopted by various countries for the wellbeing of the aged populace. Age, as any other biological category, has attracted different implicit and explicit social connotations wherein societal stereotyping, norms values related to age lets a biological reality acquire a social meaning. A life that has earned a ‘dividend’ of experience, knowledge through period turns into a social burden through the negative connotations about age accepted by the society resulting in the disempowerment, non-entitlement, exclusion, and unequal treatment of the old.

It is relevant to state here that the social status of age, namely as social age is applicable for economic institutions. Economic productivity is assumed to be a sign of “maturity.” Whereas dependency in the early years of life is accepted as “immaturity,” dependence in the latter part of life is conceptualized as “dependency” in its real sense. The differential status accorded to dependency in both the stages of life is primarily due to the reason that dependence in the early stage is interpreted to be a period of preparation for the economic role to be played in the later years. As mentioned in the previous section, the dependency is socially structured. It results from the forced exclusion from the workforce at a certain age, followed by an expected altered role in the society post-retirement and subsequently are grouped as vulnerable.

Vulnerability as a concept has a long history of relevance in various interdisciplinary studies. Still, when it comes to investigating vulnerabilities, there is a marked difference in a traditional and contemporary approach. Traditionally, acknowledgment of the elderly as a vulnerable group was based on the straight-jacketed stereotypical assumption of “dependency,” and that chronological age is a source of vulnerability. A vulnerability that is not age-specific as anybody and everybody of any age is vulnerable and is exposed to risk, in case of elderly become age-specific. Negating this idea in recent times, the European Countries, while framing the policies for the old, have acknowledged and have taken into account the fact of diversity in the aging populace, which further corroborates the welfare

approach towards the elderly. The perception of vulnerability needs to be reformed and improvised wherein the infirmity is to be detached from age, like was done in the British National Assistance Act, 1948 in which the phrase “who by reason of age *or* infirmity are in need of assistance” rather than “who by reason of age *and* infirmity are in need of assistance”²¹.

Vulnerability regarding aged can be conceptualized as the state wherein the inherent capacity to deal with the challenges or upheavals falls below a threshold. The fundamental question to be asked is- what is that the elder is vulnerable to? And on deliberating, one answer that is not possible is death because of the reason that it is inevitable²². The understanding of vulnerabilities about old finds its basis in the quality of life²³ that the more aging populace leads, culminating into satisfaction, fulfillment, and happiness. Further, an elderly may be exposed to an extensive range and kinds of vulnerabilities and their associated reasons. It can range from vulnerabilities of age-related diseases, environmental challenges, disasters, financial crisis, mental wellbeing, loneliness, depression, neglect, abandonment, domestic violence to a crime committed against them,

Pre- Covid-19 the vulnerabilities as a concept, its meaning, its reasons, its impact, and the policies to overcome and mitigate these to build resilience amongst the elderly were understood and theorized biologically, physiologically²⁴, economically²⁵, socially²⁶, politically²⁷, legally. The welfare and wellbeing of the elderly were widely conceptualized in the backdrop of material resources, family, friends, care for maintaining physical and mental health, social ties, prospects of autonomy, and self-realization. Vulnerabilities were contended to be directly proportional to the depletion of reserves and inversely proportional

²¹ Emily Grundy, “Ageing and Vulnerable Elderly People: European Perspectives” 26 *Ageing and Society* 106 (2006).

²² A. Bowling 1995, “The most important things in life: Comparisons between older and younger population age groups by gender-results from a national survey of the public’s judgments” 6 *International Journal of Health Sciences* 169 (1995); See, A. Bowling, “The Concepts of Successful and Positive Ageing” 10 *Family Practice* 449-453 (1993).

²³ P.B. Baltes and M.M. Baltes (eds.), *Successful Ageing: Perspectives from the Behavioral Sciences* (Cambridge University Press, Cambridge, 1990).

²⁴ Joris P.J. Slaets, “Vulnerability in the Elderly: Frailty” 90 *Medical Clinics of North America* 593-601 (2006). Frailty is seen as an important factor increasing the vulnerability amongst elderly. It is a syndrome wherein due to ageing there is a decline in the major areas of functioning. It is a precursor state of functional limitations and disability associated with the process of ageing. Further, it leads to comorbidity of chronic diseases and multiple risk factors including psychosocial and functional limitations.

²⁵ C. Phillipson, *Capitalism and the construction of old age* (Macmillan Books, London, 1982).

²⁶ J.C. Caldwell, “Health Transition: The Cultural, Social and Behavioral Determinants of Health in the Third World” 36(2) *Social Science and Medicine* 125-35 (1993).

²⁷ C. Phillipson, “Community Care and the Social Construction of Citizenship” 8(2) *Journal of Social Work Practice* 103-112 (1994).

to the accumulation of the same. Physical and mental health, family relationships, status in the society, social networks, resilience, skills both personal and social, material resources, access to rights, and support systems were the critical dimensions attached to ‘reserves.

Post Covid-19, the discourse about vulnerabilities amongst the elderly is bound to be altered on various accounts. If we analyze the pattern of morbidities, apart from those having compromised immunity, the elderly is acknowledged as the most vulnerable group susceptible to the ongoing infection. Meanwhile, varied researches being carried out to develop a vaccine that curbs the virus, social distancing and restrictive movement has been propagated as the most efficient strategy to contain the infection. Therefore, this part of the population is still in a self-imposed lockdown and will be socially disconnected until the pandemic gets over in a real sense. The psychosocial impacts of lockdowns, social distancing, and restrictive movements remain diverse. It is contended that disconnecting the elders socially, which though otherwise might be necessary for shielding them, will, in contrary, expose them to severe mental health hazards and thus compounding the impact of their geriatric disorders.

III. Loneliness Social isolation and mortality amongst elderly: A Theoretical Exploration

Loneliness, living alone, social isolation though used interchangeably, differ in their significance and associated impact on the elderly²⁸. Loneliness related depression stemming from distress caused due to a subjective feeling of lack of satisfaction, meaningless life²⁹ is a negative connotation and can be described only by the person experiencing it³⁰. Quite the contrary, living alone or social isolation can denote a positive state of mind wherein the individual enjoys the solitude³¹. Social isolation and living alone are interrelated concepts that vary in the way they are ascertained. The most straightforward calculation can count the number of elderly living wherein the size of any household is measured. The social isolation depends on the number of contacts maintained by the elderly and his integration with the community.

²⁸ C. Victor, S. Scambler, *et.al.*, “Being alone in later life: Loneliness, social isolation and living alone” 10 *Reviews in Clinical Gerontology* 407-417 (2000).

²⁹ N. Savikko, P. Routasalo, *et. al.*, “Predictors and subjective causes of loneliness in an aged population” 41 *Archives of Gerontology and Geriatrics* 223-233 (2005).

³⁰ R.S. Tilvis, K.H. Pitkala, *et.al.*, “Feelings of loneliness and 10 year cognitive decline in the aged population” 356 *Lancet* 77-78 (2000).

³¹ L. Andersson, “Loneliness research and interventions: A review of the Literature” 2 *Aging Mental Health* 264-274 (1998).

Loneliness though not an age-specific³² feeling, is commonly associated with old³³ with debatable gender differences³⁴. It has been contended and empirically proved that loneliness results in increased use of health services, impairments in physical and cognitive functions³⁵, and raises the risk of mortality³⁶. In research studies, social isolation and living alone³⁷ are considered critical factors³⁸ leading to loneliness and associated depression in addition to inadequate revenue³⁹, low level of education, death of a spouse, and low functional status⁴⁰. Nonetheless, what is widely accepted by researchers is that long-lasting loneliness plays an instrumental and etiological role in negatively impacting the physical and mental health in the elderly, which jeopardizes the sensation of mental wellbeing and enhances the self-destructive tendencies because with the advancement of age it becomes tough to remain self-reliant as due to irreversible changes pertaining aging one loses on strength and other cognitive abilities. The degree of such modifications, though, varies depending upon the combination of multiple factors such as occupation, lifestyle, chronic diseases, inheritance, personality traits. But, in this transitional phase of life wherein the person due to negative ageism or due to prevailing policies about the age of retirement, reemployment after

³² J. M. Donalson and R. Watson, "Loneliness in elderly people: An important area for nursing research" 24 *Journal of Advance Nursing* 952-959 (1996). Ageing in itself is not responsible for developing the feeling of loneliness despite the fact that the feeling of loneliness is a typical feature amongst old people.

³³ B. Fees, P. Martin, *et.al.*, "A model of Loneliness in Older Adults", *Journal of Gerontology* 54 *Psychological Sciences* 231-239 (1999).

³⁴ S. Chan and M. Yang, "The relationships between the elderly loneliness and its factors of personal attributes, perceived health status and social support" 15 *The Kaohsiung Journal of Medical Sciences* 337-347 (1999); See, Andersson and Stevens, "Associations between early experiences with parents and well-being in old age" 48 *Journal of Gerontology* 109-116 (1993).

³⁵ D.G. Blazer, "Depression in late life: Review and Commentary" 58A *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences* 249-265 (2003).

³⁶ B. Pennix, Van Tilburg, T. Kriegsman, D. Deeg, A. Boeke, J. Van Eijk, "Effects of social and personal resources on mortality in old age: The longitudinal study" Amsterdam, *American Journal of Epidemiology*, 146, 510-519 [1997].

³⁷ Rukuye Aylaz, Ummuhan Akturk, *et.al.*, "Relationship between depression and loneliness in elderly and examination of influential factors" 55 *Archives of Gerontology and Geriatrics* 548-554 (2012). In this study a positive correlation was established between Geriatric Depression and loneliness by using Geriatric Depression Scale(GDS) and UCLA Loneliness Scale (ULS). Since least depression amongst elderly was observed amongst those having social security and high income it was suggested that there should be a provision for minimum income. Further it was suggested that whether there I social security or not the families and the members of society should be trained in a way that minimizes the scope of elderly being left alone.

³⁸ M. Pinguart and S. Soresen, "Influences on loneliness in older adults: A meta- analysis" 23 *Basic and Applied Social Psychology* 245-266 (2001). Feeling of Loneliness was found to be higher amongst women and vulnerable groups. See, Y. Luo, L.C. Hawkey, *et.al.*, "Loneliness, health, and mortality in old age: A longitudinal study" 74(6) *Social Science and Medicine* 907-914 (2012). It was contended that the instead of social isolation leading to loneliness, it is the baseline poor health, particularly impairment of mobility, arthritis, depression responsible; See, H. Sugisawa, J. Liang, *et.al.*, "Social networks, social support, and mortality among older people in Japan" 49(1) *Journal of Gerontology* S3-S13 (1994). Association of loneliness with mortality was mediated through linkage with chronic diseases and functional impairment.

³⁹ K.C. Wilson, R. Chen, *et.al.*, "Socio-economic deprivation and the prevalence and prediction of depression in older community residents" 175 *The British Journal of Psychiatry* 549-553 (1999).

⁴⁰ O. Kim, "Predictors of loneliness in elderly Korean immigrant women living in the United States of America" 29 *Journal of Advanced Nursing* 1082-1088 (1999).

retirement loses an active role making the elderly to lead a sedentary life. This psychosocial transformation leads to depression.

Change in Activity and Interest Index, designed to comprehend the perceptible changes in the level of the elderly's engagement in the daily activities, revolves around the central idea that there are not only gradual changes in the level of activities with aging but also there is a remarkable alteration in the emotional investment he makes in the material and social world⁴¹. Eight stages of life are being included in the well-known model for the entire life cycle where in the last stage, i.e., *integrity and despair*, the older person evaluates his or her, which is nearing the end⁴². According to all the three theories describing aging, namely, Disengagement theory, Socioemotional Selectivity Theory⁴³, and Gerotranscendence, the elderly who is coping and adapting to his depleted physical and psychological energies and reserves *may* choose between doing fewer activities, may choose partners for spending time who are familiar than spending time with new companions, feel less attached to material things and may not be any longer interested in the earlier pursuits. Interestingly, gerotranscendence, which gives a contemporary outlook of aging, theorizes the ninth stage of life, i.e., gerotranscendence, which is the final step towards achieving maturity wherein the reality is re-constructed, including a transition from the acquisitive and realistic viewing of the world to a more cosmic and transcendent one. This shift is contended to result in more life satisfaction and a feeling of completion and fulfillment. The older person freely selects the activities, which seems to be more meaningful to him and he ultimately feels break away from the social conventions and role expectations. He/ She becomes inclined to lead and adapt to a meditative way of life, which includes narrowing down the social interaction and networks, enjoying solitude, letting go of the unrewarding relationships, and starts focusing on the few close relations. As far as Socioemotional Selectivity theory is concerned, it also supports the idea that although in old age, people become very selective and restrictive in maintaining and interacting with social contacts, they become very close to people with whom they are emotionally attached⁴⁴. The close relationship interactions with their loved ones, including parents, siblings close friend, becomes vital for them to have the feeling of

⁴¹ Kathryn Betts Adams, "Changing investment in activities and interests in Elder's Lives: Theory and Measurement" 58(2) *International Journal of Ageing and Human Development* 87-108 (2004).

⁴² E. H. Erikson and J. M. Erikson, *The Life Cycle Completed* (Norton New York, 1997).

⁴³ L. L. Carstensen, "Social and emotional patterns in adulthood" 7 *Psychology and Ageing* 331-338 (1992).

⁴⁴ M. M. Baltes and L. L. Carstensen, "Social-psychological theories and their applications to aging: From individual to collective", in V. L. Bengtson and K. W. Schaie (eds.), *Handbook of theories of aging* 209-226 (Springer, New York 1990).

increased satisfaction⁴⁵. On the contrary, with new relationships and friendships though not seem to be much meaning to them.

The idea mentioned above of enjoying or seeking solitude cannot be said to universally applicable in all the aged groups, and there are alternate views on the concept of disengagement of the aged in old age. In the 1970s, this theory was criticized on varied theoretical and political grounds⁴⁶. It was noted that the elderly do not accept, tolerate, or seek solitude, and in comparison, of the younger population seeking or enjoying solitude, the proportion of the older having increased satisfaction in living alone is significantly less⁴⁷. Further, it was contended that disengagement theory of aging reflects bio-medical model wherein the process of aging is paralleled and equated with sickness and health issues. This approach creates tolerance for policies of isolating and disregarding the elderly by segregating them. It is not prudent to negate the importance of leisure activities, social interaction, involvement in informal or formal social work activities, social familiarity, and integration in subjective well-being. Instead, in many studies, it is observed and substantiated that in terms of life satisfaction, minimal or lower level of social integration is seldom beneficial; in- fact; it leads to less satisfaction, thereby hurting the wellbeing of the elderly⁴⁸.

The early works of Durkheim⁴⁹ and John Bowlby⁵⁰ elaborate on the association of social integration with wellbeing. The former conceptualized the influence of social relationships on mental health, especially during upheavals. The latter proposed that there is a universal need amongst humans to form close and affectionate bonds. These seminal works and later studies enhanced the understanding of how emotional attachments, social integration, cohesion, social networking impact the health, which subsequently affects mortality⁵¹.

⁴⁵ B.L. Frederickson and L.L. Carstensen, "Choosing social partners: How old age and anticipated endings make people more selective" 5 *Psychology and Aging* 335-347 (1990).

⁴⁶ V.W. Marshal, "Sociology, psychology and the theoretical legacy of the Kansas City Studies" 34 *The Gerontologist* 768-774 (1994); See, C.R. Victor, "Old age in modern society: A textbook of social gerontology" (Chapman and Hall, London, 2nd edn., 1994).

⁴⁷ R. Larson, J. Zuzanel, *et.al.*, "Being alone versus being with people: Disengagement in the daily experience of older adults" 40 *Journal of Gerontology* 375-381 (1985).

⁴⁸ M.W. Steinkamp and J.R. Kelly, "Social integration, leisure activity, and life satisfaction in older adults: Activity theory revisited" 25 *International Journal of Aging and Human Development* 293-307 (1987).

⁴⁹ Emile Durkheim *Suicide* (Routledge and Kegan Paul, London, 1970).

⁵⁰ John Bowlby, *Attachment and loss* (Hogarth, London, 1969). See, Bowlby, "Social support and social networks: their relationship to the successful and unsuccessful survival of elderly people in the community. An Analysis of concepts and a review of the evidence" 8 *Family Practice* 68-83 (1991).

⁵¹ C.L. Johnson and B.M. Barer, "Patterns of engagement and disengagement among the oldest old" 6 *Journal of Aging Studies* 351-364 (1992). The study examined social adaptation in 150 adults aged 85 year or more with methodology of qualitative interviews supplementing standardized instruments. It was reported that correlates of remaining engaged, as measured by frequency of and reward derived from social contacts, included better

In contemporary times the model of successful aging⁵², leisure activities (which are not strenuous), are also associated with better functioning and survival amongst older people in addition to social and instrumental activities⁵³. Such a model of successful aging was a normative cornerstone of policies regarding the elderly, which countries of the world aimed to achieve. But the pandemic has revealed that the world will never be the same again, and the reality of a ‘status quo’ which existed pre-COVID will be obliterated. Thus, the goals that humanity had set for themselves, known as sustainable development goals (SDGs), would also be revisited and comprehended. The current pandemic has impacted every conceivable aspect of overall development like health, education, income, access to resources. The elderly being a category of marginalized, would face the imminent danger of being sidelined during these challenging times. But, the inherent wisdom of 2030 SDGs depicts that the challenges posed by the pandemic cannot be dealt with in isolation, and an inclusive approach, including the elderly, would pave the way for the future.

IV. COVID-19 and the Elderly: Mapping the Impact

Within population groups, older persons exhibit diversity in their characteristics. Their experience of age also differs based on gender, socio-economic status, race, etc. On the one hand, they can be an influential group of population with their years of knowledge and a cultural ethos, which bestows respect for them. On the other hand, they are often believed to be a ‘vulnerable’ group exposed to discrimination, isolation, poverty, dependency, and abuse. Thus, despite their inherent differences, there is a commonality in their experience of age, which entitles them to warrant particular emphasis and attention.

The requirement of a particular focus on the older population is further accentuated in the times of the Covid-19 pandemic caused by the novel coronavirus (SARS-CoV-2). It would additionally gain relevance in the long term in the post-COVID times. The norms of healthy

functioning, better perceived health, and lack of vision problems, as did social resources including marriage, living with others and having child who lives nearby. See, J. B. Gordon, “A disengaged look at disengagement theory” 6 *International Journal of Aging and Human Development* 215-227 (1975).

⁵² P. B. Baltes and M. M. Baltes, “Psychological perspectives on successful ageing: The model of selective optimization with compensation”, in P.B. Baltes and M.M. Baltes (eds.), *Successful Aging: Perspectives from the behavioral sciences* 1-34 (Cambridge University Press, Cambridge, England, 1990); See, A. J. Garfein and A.R. Herzog, “Robust aging among young-old, old-old, and oldest-old” 50B *Journal of Gerontology: Social Science* S77- S87 (1995). Morbidity reduction, adaptation, affective and highly functional cognitive abilities altogether reflects successful ageing.

⁵³ L.F. Berkman and S.L. Syme, “Social Networks, host resistance, and mortality: A nine year follow-up study of Alameda county residents” 109 *American Journal of Epidemiology* 186-204 (1979); See, J.W. Rowe and R.L. Kahn, “Successful Ageing” 37 *The Gerontologist* 433-440 (1997). This article studied association of social and productive activities.

living and sustenance, which Covid-19 has introduced to the world, will not disappear any time soon. During the pandemic in the early stage, it was apparent that one of the most vulnerable populations who succumbed early to the infection were the elderly. Data from the western world revealed that age was directly related to mortality and the severity of the illness. The pandemic has impacted everyone irrespective of gender and age group. But, the data reveals that mortality is high amongst the elderly, and the fatality of the infection is highest amongst the older whose immunity is compromised or are chronically ill.⁵⁴ A study conducted by Liu and colleagues⁵⁵ revealed that COVID-19 induced pneumonia, its progression, and resultant death risk is three times higher amongst the elderly than the younger people.

Access to Health Care: Discrimination based on age often has a direct and disastrous impact on the capacity of older persons to access goods and services. During the current pandemic, as in other situations of scarcity, age-based discrimination was revealed in a differential of access to health services between the elderly and the others.

During the pandemic, the health infrastructure, hospitals are overburdened and tremendous pressure is put on the medical facilities to make a judicious allocation of scarce resources. Experts and human rights activists reported with concern that difficult decisions of allocating the scarce and overburdened medical resources, including ventilators, were based entirely on the discriminatory considerations of age. Most of these decisions were guided by the ageist beliefs of ‘life well lived’ or making a faulty cost-benefit analysis between a young life and an old. The Madrid International Plan of Action on Ageing recognizes impediments to healthcare services. It acknowledges that the elderly can suffer age-based discrimination in the provision of health care when their treatment is perceived to possess less value than the treatment of younger persons.⁵⁶ Many national health systems across the world are stunned by the large number of patients suffering COVID-19 related complications. Age should not be a key criterion for denying treatment. Triage protocols need to be based on medical ethics, needs, and scientifically proven pieces of evidence. The complete lack of or limited access to health care and support services, augmented by the lack of choice and control over these, prevent the old to lead an liberated life. Such disempowerment has a cumulative impact

⁵⁴ World Health Organization, “Coronavirus disease 2019- Situation Report 51” (2020).

⁵⁵ Novel Coronavirus Pneumonia Emergency Response Epidemiology, “The epidemiological characteristics of an outbreak of 2019 Novel Coronavirus disease (COVID-19) in China” 41(2) *Zhonghua Liu Xing Bing Xue Za Zhi* 145 (2020).

⁵⁶ Political Declaration and Madrid International Plan of Action on Ageing, 2002.

during pandemic like COVID – 19 where the right to attain the highest attainable standard of health, guaranteed through the International human rights regime, was frequently denied to the elderly. Governments that are obligated to deliver medical care to those who are in need were frequently appeared as wanting on various occasions.

Also, during the time of such a health crisis, health services availability addressing the health requirements of the elderly unrelated to COVID-19 is scaled-down. Such non-availability of regular health check-ups, postponement of non-essential visits to the hospitals may enhance the health vulnerabilities of the elderly and may adversely aggravate their integrated health needs. The standard senior health requirements often remain unmet because the health infrastructure is focused on addressing the health crisis.

Impact on the mental health and wellbeing: The elderly are aware of their enhanced vulnerability during the uncertain times of the pandemic. This knowledge of vulnerability can have an increased negative effect on the minds of the aged. Anxiety about health, panic, depression, chronic stress, insomnia is the byproduct of the psychosocial impact of the pandemic on the elderly. Due to sensory and cognitive insufficiencies, many elderly people are unaware of the relevant updates about the disease. They are easy targets of misinformation, which may heighten their anxiety levels. As across the world, countries enforced lockdowns, curfews, and social isolation to mitigate the spread of COVID 19, this isolation and lockdown are going to be prolonged for the elderly. Such mandatory and forced periods of isolation enhances the level of dependency amongst the elderly. This inability to perform their daily activities can be overwhelming for older people, further negatively impacting their mental health. Social distancing is crucial to lessen the spread of the infection—Mandatory restrictive movements and social isolation as recommended in varied health advisories and even by WHO poses various bio-medical risks and concerns impacting physical and mental health, resulting in a public health emergency. Also, if not implemented with supports in place, the increased social isolation of older people can have a debilitating impact on their health. This, at a time when they need support altogether. The enhanced danger of worsening mental health is reported across the world.

In a study conducted by the Royal College of Psychiatrists,⁵⁷ UK claimed that suicide attempts by pensioners left lonely and who could see no end their isolation due to months of lockdown and potentially even beyond, have increased dramatically. In an unnamed medical service, the doctors have seen as many suicide attempts in two months of lockdown as they did in one whole year. The disturbing trend of the elderly contributing in no small proportion of total deaths in the developed countries of the world has further exposed the old to a disproportionately more bereavement of friends and relatives whose funeral they could not attend due to the heightened health risks. Suicide was the leading cause of deaths due to non-coronavirus cases from March to May 2020. This was disclosed in a study conducted by public interest technologist Tejesh GN, Social activist Kanika Sharma and Aman, an assistant professor at OP Jindal College of Law.⁵⁸ The study further revealed that 80 such deaths were due to loneliness and fear of testing positive for COVID-19. This evolving condition puts the mental health of older people at greater risk of relapse as they are already vulnerable to depression and feeling of premonition.⁵⁹ By the year 2019, over 9 percent of the world population aged over 65 years⁶⁰. Asia (led by Japan) and Europe (led by Italy) are the two continents which accounted for the highest proportion of the elderly populace of the world. The United Nations Report Living Arrangements of Older Persons: A Report⁶¹ indicated that in the world, in the year 2010, roughly 40 percent of persons aged 60 years or above lived independently. Across regions of the world, there were glaring differences in the prevalence of independent living. More than 70 percent of older persons in Europe and Northern America lived independently, compared to 33 percent in Latin America and the Caribbean, 27 percent in Asia, and just 20 percent in Africa. In the year 2018, based on a sample of 10,000 elderly persons, Delhi based NGO Agewell Foundation⁶² found that 23.44 percent of

⁵⁷ Charles Hymas, "Attempted suicides by elderly have dramatically increased, says royal college", *The Telegraph*, May 25, 2020, available at <https://www.telegraph.co.uk/news/2020/05/25/attempted-suicides-elderly-may-increasing-six-fold-says-royal/> (last visited on September 12, 2020).

⁵⁸ PTI, "Suicide leading cause for over 300 lockdown deaths in India: Study", *The Times of India*, May 3, 2020, available at: http://timesofindia.indiatimes.com/articleshow/75519450.cms?utm_source=contentofinterest&utm_medium=txt&utm_campaign=cppst (last visited on September 13, 2020).

⁵⁹ A.J. Flint, K.S. Bingham, *et.al.*, "Effect of COVID-19 on the mental health care of older people in Canada" 24 *International Psychogeriatrics* 1-4 (2020).

⁶⁰ Department of Economic and Social Affairs, *World Population Prospects, 2019*, available at <https://www.un.org/development/desa/publications/world-population-prospects-2019-highlights.html> (last visited on September 13, 2020).

⁶¹ UN Department of Economic and Social Affairs Population Division, *Living Arrangements of Older Persons: A Report on an Expanded International Dataset ST/ESA/SER.A/407* (2017).

⁶² PTI, "No company for the old: Survey finds one fourth of elderly", *The Times of India*, July 9, 2018, available at:

the respondents were living alone. 25.3 percent of the elderly lived alone in urban areas, and 21.3 8 percent lived alone in rural areas. Different news reports⁶³ revealed instances of elderly suicide, where the known cause of suicide was fear and anxiety related to COVID-19. The reports further indicate the sense of desolateness created amongst the elderly due to the lack of critical support systems during the pandemic. The excessive information, some of it even unverified, professed through news channels further accentuated this disease-related anxiety during the self-isolation phase, especially for the elderly living alone. Furthermore, social disengagement leads to fear, anxiety, and depression in the elderly. Steps of reaching out to the Old, whenever and wherever taken during the pandemic, have helped in easing out the anxiety levels. Various stories of positive interventions of the civil society, doctors⁶⁴ have helped in alleviating the situation of the elderly during the pandemic.

Violence and Abuse: A survey⁶⁵ was conducted by the civil society organization, Agewell Foundation, in different parts of India, including cities like Kolkata, Delhi, Mumbai, and Chennai. The survey focused on the effects of the pandemic on the elderly. Based on the responses of 5,000 elderly persons contacted, the study revealed that about 71 percent of them recorded a higher degree and instances of abuse during and after the lockdown. The kind of abuse ranged from silent treatment to physical, emotional violence, and financial cheating. Incidents of violence may increase manifold with the mandatory processes to

https://timesofindia.indiatimes.com/articleshow/64918809.cms?utm_source=contentofinterest&utm_medium=txt&utm_campaign=cppst (last visited on September 13, 2020).

⁶³ HT Correspondent, “Covid fear: elderly couple ends life in Amritsar”, *Hindustan Times*, April 4, 2020, available at <https://www.hindustantimes.com/cities/covid-fear-elderly-coupleends-life-in-amritsar/story-6jldsvs4NilypPRo71HbJ.html> (last visited on September 13, 2020). See, P. Theruselvam, “Elderly man in coronavirus isolation ward commits suicide in Ariyalur General Hospital”, *The New Indian Express*, April 10, 2020, available at <https://www.newindianexpress.com/states/tamil-nadu/2020/apr/10/elderly-man-in-coronavirus-isolation-ward-commits-suicide-in-ariyalur-general-hospital-2128486.html> (last visited on September 7, 2020); TNN, “Elderly man found dead in Pune, note found in flat states ‘corona fear’”, *The Times of India*, April 10, 2020, available at <https://timesofindia.indiatimes.com/city/pune/elderly-man-found-dead-note-found-in-flat-states-corona-fear/articleshow/75073842.cms> (last visited on September 10, 2020); Aparna Banerji, “Anxiety over COVID-19 leads to Phagwara woman’s suicide”, *The Tribune*, April 6, 2020, available at <https://www.tribuneindia.com/news/punjab/anxiety-over-covid-19-leads-to-phagwara-womans-suicide-66466> (last visited on September 7, 2020); Jayanthi Pawar, “Abandoned elderly couple kill selves in Chennai”, *The New Indian Express*, July 23, 2020, available at <https://www.newindianexpress.com/cities/chennai/2020/jul/23/abandoned-elderly-couple-kill-selves-in-chennai-2173879.html> (last visited on September 12, 2020).

⁶⁴ Chitra Deepa Anantharam, “Specialised care for the elderly during the COVID-19 crisis”, *The Hindu*, March 31, 2020, available at <https://www.thehindu.com/sci-tech/health/specialised-care-for-the-elderly-during-the-covid-19-crisis/article31207155.ece> (last visited on September 12, 2020).

⁶⁵ Ambika Pandit, “Abuse has increased during lockdown, say 71% of elderly”, *The Times of India*, June 15, 2020, available at https://timesofindia.indiatimes.com/india/abuse-has-increased-during-lockdown-say-71-of-elderly/articleshow/76377324.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst&code=461 (last visited on September 12, 2020).

retrain and contain the movements. Cases of increased elder abuse were reported from countries like Nepal, Jordan, Democratic Republic of Congo, etc.⁶⁶ The civil society organizations set up to help the elderly reported a substantial increase in the number of distress calls received by them seeking immediate intervention or reporting abuse. The world also witnessed numerous disturbing stories of abandonment of the old in hospitals and care homes. It was reported that Spanish soldiers assisting in the war against the COVID-19 discovered the geriatric patients abandoned in the retirement homes, with some of them dead in their beds.⁶⁷ A similar news report came from both the developed and the third world countries where the COVID-19 positive elderly patients were abandoned in the hospitals, and even their mortal remains were not claimed.⁶⁸ Extraordinary events were witnessed where even the elderly patients who had recovered from the infection were not allowed to be back home by the family members out of fear of getting infected.⁶⁹

Ageism and the Associated Stigma: Portraying COVID -19 as the disease of the old and providing public spaces to such discourses can result into social shaming and enhancing the negative perceptions about aged. The socially perceived stigma attached to COVID 19 is on account of the unfamiliarity with the disease and the fear of the unknown. Such stigma can negatively label a group of persons, impacting their social status, security, betterment, well-being on account of a perceived link with the disease. The geriatric health issues of weak respiratory systems, bronchitis, common cold leading to chronic cough, sore throat, and flu-like symptoms, etc., can often be easily mistaken for the signs of COVID-19, which can lead to social segregation stigma and impaired mental wellbeing of the old. Such discrimination is further accentuated in the times of scarcity of medical resources and infrastructure. Such

⁶⁶ OCHA Services, “Neglect and abuse of older people around the world intensified by COVID-19”, (June 15, 2020) available at <https://reliefweb.int/report/world/neglect-and-abuse-older-people-around-world-intensified-covid-19> (last visited on September 12, 2020).

⁶⁷ BBC Correspondent, “Coronavirus: Spanish army finds care home residents 'dead and abandoned'”, *BBC*, March 24, 2020 available at https://www.bbc.com/news/world-europe-52014023?at_custom4=C177D418-6D67-11EA-B544-BA024844363C&at_custom1=%5Bpost+type%5D&at_custom2=twitter&at_campaign=64&at_custom3=%40BBCWorld&at_medium=custom7 (last visited September 12, 2020).

⁶⁸ Lata Mishra, “Covid fear makes families abandon 12 bodies at KEM, some lying unclaimed for three weeks”, *Mumbai Mirror*, June 11, 2020, available at https://mumbaimirror.indiatimes.com/mumbai/cover-story/covid-fear-makes-families-abandon-12-bodies-at-kem/articleshow/76312003.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst (last visited on September 12, 2020).

⁶⁹ Arre Correspondent, “You’ve Heard Stories of HIV+ People Being Abandoned by Families. It’s Now happening with Covid-19”, *Arre Bench*, June 25, 2020, available at <https://www.arre.co.in/coronavirus/covid-19-patients-being-abandoned-by-families-hyderabad/> (last visited on September 12, 2020).

stereotyping is the root cause of triage protocols being faultily implemented and older being neglected during this pandemic.

Impact of Digital Divide: During the times of the pandemic, the internet and different digital technologies provided a window to people to interact with the outside world. This helped many to connect with family, friends, community during the lockdown and isolation period. But, the elderly have restrictive knowledge and information about the usage of digital technologies, or they do not possess the skill required for exploiting such technologies. Their world yet is offline.⁷⁰

This digital divide or digital literacy will play a crucial role in the post-pandemic world where for potentially a very long time; the elderly are advised to remain indoors and to venture out only for very critical engagements. Their inability to exploit technology will hinder their daily chores and would expose them to the potential danger of not only infection but also fraudulent practices and cheating. This digital gap can also hamper access of the elderly to vital information about the pandemic and associated concerns. Such a digital gap will also result in older persons being unable to access services, such as doctors on video calls, ordering things online, net-banking during the time of restrictive movements due to lock down and social distancing. This would further magnify their sense of dependence and, ultimately, their self-sufficiency.

Response to Concerns of the Elderly: It is essential that during the response and recovery phase of the pandemic, the crisis faced by the elderly are recognized, highlighted and prioritized. Their concerns have to find a place in overall social, economic and altruistic responses to COVID-19. The policy mechanism in the post COVID stage will have to address the issues of the elderly cohesively integrated with the concerns of the society. Addressing the problems of the elderly through inclusive policy formulations which address the problems of non-availability of age-related disaggregated data, pension, and social security issues, provide solutions to digital illiteracy problems through lifelong learning

⁷⁰ UN News Correspondent, "Internet milestone reached, as more than 50 per cent go online: UN telecoms agency", *Un News*, December 7, 2018, available at <https://news.un.org/en/story/2018/12/1027991> (last visited on September 12, 2020); ITU News Correspondent, "New ITU statistics show more than half the world is now using the Internet", *ITU News*, December 6, 2018, available at <https://news.itu.int/itu-statistics-leaving-no-one-offline/> (last visited September 12, 2020). See, United Nations, "Policy Brief: The Impact of COVID-19 on older persons", (May, 2020), available at <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf> (last visited on September 12, 2020). In the OECD, only half (49.8 %) among older persons aged 65-74 were using Internet, compared to nearly all (95.9%) young people aged 16-24.

programs enhancing the access to information and communication technologies (ICTs), will pave the way to tackling the challenges posed by the pandemic to not just the elderly but to the society holistically.

V. Policy and Legal Framework for successful aging post-COVID-19: Bridging the Gap

An upheaval has been caused across the world due to the raging pandemic called COVID-19. As the world handles an unprecedented health crisis, “Aged” has become the most visible victims wherein health conditions like chronic illness and issues like diabetes, hypertension, weak immunity have increased the risks for older adults. India, with 104 million elderly persons, constituting 8% of the total population, makes it a country with the second-largest global community of the elderly population. The mandatory preventive measure of social distancing and lockdowns during the pandemic of COVID -19 exacerbated the challenges already faced by this section of the population. Many of the elderly are already struggling with ageism, discrimination, loneliness, restricted mobility, limited access to basic goods and services, Imperfect social safety nets, lack of financial security, inability to bridge the digital divide, etc.

The extraordinary magnitude of the health emergency has underlined the inconspicuousness of this stratum of population in public data analysis. The situation has exposed the non-availability of age-disaggregated data. The lockdowns and restrictions to movements during the pandemic have aggravated the social exclusion of older people. It is critical and vital that responses to this crisis specifically identify and prioritize older persons, who may be at particular risk of being left behind or excluded during the pandemic response and recovery phases. It can be argued that this pandemic doesn't result in the collapse of the health system but exposed the systems which were already collapsed and required reform. The regulatory framework was long due to improving the health, social security infrastructure framework for the disadvantaged groups. It was severely criticized for not being inclusive to cater to the needs of doubly (e.g., older women) or triply disadvantageous (e.g., elderly widow or elderly disabled women) group.

Traditionally, elders are respected in Indian society, and their respective care was for a very long time was considered to be the sole responsibility of the family members. The legal provisions for the welfare of the older cohorts are mentioned in the Constitution of India, the

Code of Criminal Procedure (Cr.P.C), 1973, the personal laws as well as the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act, 2007. On the policy front, National Policy for Older Persons (NPOP), (1999), National Policy for Senior Citizens (NPSC) 2011 (not finalized), 'Integrated Programme for Older Persons' (IPOP), 2016, 'National Programme for Health Care of the Elderly (NPHCE) are in place. Further, the social pension schemes and welfare plans for this segment of the population are also in existence. Additionally, the political will to safeguard the interests of this segment is manifested in the Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019.

Pre COVID-19 all the legislations mentioned above, provisions and policies were tested on different testing grounds. For instance, MWPSA Act in itself and the intention behind it was always taken as a commendable step taken in the right direction for the reason that it entails the protection and welfare of the elderly interests. However, it was criticized on account of several loopholes like the scarcity of comprehensive and inclusive welfare provisions, non-deliberation about the aspect of mental health, no standard guidelines for the old age homes, etc. Further, the foremost concrete step in this direction was the adoption of the National Policy on Older Persons (NPOP) in the year 1999 (NPOP, 1999). The formulation of the said policy was the manifestation of India's commitment to the various United Nations documents.⁷¹ It not only highlighted India's dedication towards the cause of the elderly but also helped in fulfilling the Constitutional mandate under Article 41. NPOP recognized aging as a national concern and focused on ensuring that the elderly do not lead an ignored, unprotected, and marginalized life, thereby denying them the right of successful aging. This policy of 1999 is a formal acknowledgment of the State for the first time that the older people do have distinctive requirements, and it's an obligation of the State also to take care of it. The NPOP, while recognizing the elderly as a potential human resource, stated that about six-tenths of the population in the age ranging from 60-69 could lead an active life free from any disability with decent physical and cognitive abilities. Though it further recognizes that a significant proportion of the elderly would be requiring "care" in old age.

Further, the '**National Policy for Senior Citizens (NPSC-2011)**' paid some attention to disability and associated issues among the elderly. It also identified that women experience geriatric illness and disability higher in proportion than males, and the vulnerability further increase by the additional factors, such as being single, widowed, or disabled. Additionally,

⁷¹ United Nations General Assembly, *United Nations Principles for Older Persons*, resolution 46/91 (December 16, 1991); United Nations General Assembly, *Principles for Older Persons*, resolution 47/5 (1992).

this policy proposed the additional pension in case of disability, loss of adult children, and consequent responsibility for grandchildren and women. NPSC, 2011 visualized creating age-friendly, unhindered access in varied public places and transportations.

The ‘**National Programme for Health Care of the Elderly (NPHCE)**’ aims to “provide affordable, accessible, high-quality continuing, wide-ranging and committed care services to the elderly. It primarily aims at restructuring the framework regarding the elderly by not only creating a supportive milieu but also by encouraging the concept of active and healthy aging, culminating into novel construction of aging for all⁷². Another scheme which pertains to the healthcare needs of the elderly is the ‘Integrated Programme for Older Persons’ 2016. It proposes to establish Day Care Centers under the said initiative for the Aged populace, which is suffering from Alzheimer’ s/Dementia, Physiotherapy clinics, etc. The scheme also aims to provide ‘Mobile Medicare Units’ to ensure that medical care reaches the elderly residing in rural areas, where access to health facilities is remote and can’t be accessed easily. It is proposed that each mobile care unit should cover at least four hundred elderly per month. It is an innovative alternative to deliver medical facilities to the elderly living in remote areas.

The prevailing policy structure for the elderly entails provisions for their financial security, health, and nutrition, shelter, welfare, etc. The measures as per the existing provisions of the policy are unsatisfactory. For instance, the provisions involving the re-employment of the older faction or the periodic revision in the old age allowance has not yet reached the stage of implementation. Moreover, the shelter necessities of the elderly remain unfulfilled. Healthcare remains the only segment with a dedicated program for addressing the unique health needs of the elderly populace. The National Programme for the Health Care of the Elderly (NPHCE) to develop active and healthy aging entails the development of geriatric centers and geriatric wards in the hospitals. Still, it has not been brought in force. It exists only as a draft and would be finalized only after the consultations with the state governments and the concerned ministries are complete.

There have been frequent reports of a shortage of beds in almost all the states resulting in which the people were denied the fundamental human right, i.e., the right to access the health and health facilities. The scarcity of ambulances, ICU beds, ventilators are the reported incidents that were not unique in India. The gravity of the infection and the number of people getting infected and dying is unprecedented. But, it is submitted that the population getting

⁷² Government of India, “National Programme for the Health Care of the Elderly” (Ministry of Health and Family Welfare, 2010).

infected other than the elderly was still managing at home quarantine if the symptoms were not severe and didn't require hospitalization. But, when the impact of this pandemic is comprehended about older people, its effect is magnified manifold, as discussed in the previous section of this article. No doubt, the policies made for the elderly evolved in due course of time and were more exhaustive about ensuring the welfare of the older people. Still, there came a time due to pandemic that unparalleled need arose before even proper implementation of the policies. Interestingly, some of the policies are still in the draft stage, which shows the political will and also an approach of not prioritizing the welfare of the elderly.

In December 2019, a significant overhaul of the MWPSA Act was brought forth with the passing of the Maintenance and Welfare of Parents and Senior Citizens' Bill, 2019. It entailed new provisions for ensuring the wellbeing of the elderly like the establishment of the Multi-Service Day Care Centre for Senior Citizens', 'Nodal Officer for Senior Citizens,' 'Senior Citizens' Care Home, measures for ensuring the expeditiousness of the proceedings, enhancement of the punishment for the perpetrators of abandonment or intentional abuse of the senior citizen, etc. Though this initiative is also not free from voids that could have been filled post-pandemic, the suggested amendments have acquired a new meaning altogether.

It is pertinent, noting here that vulnerability amongst this age group is enhanced due to varied reasons. But the prominent areas were that of isolation and restrictive movement, associated fear, anxiety and depression, access to health care, and the digital divide. Issues mentioned above can quickly be addressed by the proper and timely implementation of the previous policies dedicated to the elderly and by the incorporation of the suggested amendment in the MWPSA Act and effective implementation after that.

As mentioned in the previous section that due to the limited functioning of OPD in almost all the hospitals and the absence of dedicated geriatric facilities in the hospitals, the elderly couldn't even avail of the health facilities for their regular follow up checkups, dialysis, physiotherapies, etc. This not only impacted their health beyond repair but exposed them to additional complications. But the proposed amendment makes it obligatory on the Central Government to ensure that all hospitals – government or private make available beds for the elderly, earmark separate queues for them in healthcare institutions, develop and assign facilities for geriatric patients, geriatric healthcare programs are monitored and implemented,

etc.⁷³ Further, the Bill even provides that “barrier-free access is provided to the senior citizens in all healthcare and allied institutions.”⁷⁴ We can easily relate to this amendment that if it is implemented in its given spirit, this will not only lead to better preparedness pertaining elderly for dealing with such pandemics but will improve his quality of life.

Quarantined life in old age with a disability is having an added dimension of non-accessibility of the necessities, may it be medical or otherwise. Further, the proposed amendment includes the provision for home care services⁷⁵, which would be provided for the elderly suffering from physical and mental impairment and who have trouble performing routine activities. Trained and certified caregivers or attendants would be engaged for the same. A time frame within which these services would be initiated along with the means and modes of the institutions providing training and certification is absent in the Bill. Nonetheless, had there been such provision irrespective of the legislation, it would have mitigated the impacts of lockdown.

The mental health of older people was undeniably impacted by the pandemic and the imposed lockdown. The importance of counseling and its part of essential health and home services can't be negated in such times of crisis. Through counseling for the elderly deserves mention in the MWPSB Bill as a part of the healthcare initiative but has not formed a part of the amendments which necessary to be included for being a pre-requisite to health and well-being of the elderly. Also, this pandemic has posed a pertinent need to explore other alternatives concerning the health interests of the elderly, and one such dimension is that of paid care. Interestingly, it is proposed to be introduced by the Maintenance and Welfare of Parents and Senior Citizens Bill, 2019.

Further, an explicit role of the police, together with the involvement of the social worker, is undoubtedly a significant improvement in the Bill of 2019 over the Act of 2007, the need for which was felt in the mandatory lockdowns. There were reports of police officers celebrating birthdays of senior people who were living alone and the happiness which they felt on such gestures in the difficult times. Building up a participatory approach always goes the extra mile and ensures the implementation of welfare schemes in the right spirit.

⁷³ The Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019 s. 20.

⁷⁴ *Ibid.*

⁷⁵ *Id.*, s. 20(A).

The stigma attached to infection and fear of getting infected lead to disturbing incidents of family members abandoning their elderly. Even the instances of neglect, abuse, violence increased against this vulnerable group. The MWPSA Act of 2007, though, prescribed punishment for the abandonment of the senior citizens, but The MWPSA Bill enhanced the penalty and made the provision more stringent. Further, a much more exhaustive definition of abuse is provided in the MWPSA Bill, including “physical abuse, verbal, emotional abuse and economic abuse, neglect and abandonment causing assault, injury, physical or mental suffering.”

Further, the dependency amongst the elderly during the pandemic increased due to the digital divide as well. Since the movement was curtailed, the wellbeing and fulfilment of requirements were primarily based on their capability of handling the technology. Senior members of the society who were comfortable with ordering things online and also maintaining proximity through video calls were less susceptible to the feeling of loneliness. Further, section 23 provides for standard helpline numbers for the country linking all the services holding eminence for the welfare of the senior citizens, namely the healthcare facilities, police services, and other related agencies addressing diverse needs.

Though the said amendment provides for the establishment of dedicated police units dealing with the safety and security of the elderly, it is pertinent taking a note here that the Act of 2007 also provided for mandatory registration of the elderly at respective police stations. A separate wing called the Social Security Cell (SSC) is mandated to be set up in every police station for the elderly. A helpline to call the police station has also been set up under the Act. Further, the police officers must gather information about senior citizens living in the jurisdiction of respective police stations, and they are to be sent in civil dress to collect data about the elderly to each home. Lack of knowledge and lack of faith in the police has resulted in the absence of data regarding the elderly, which otherwise could have been very helpful in this pandemic.

Pandemic or no pandemic older adults are distinctive from the remaining population in numerous socio-economic aspects such as work participation rates, the pattern of physical and cognitive disabilities, physical, emotional, and financial dependence, and the needs of access to health care. The present COVID crisis has made it emphatically clear not only to India but to all the leading nations that issues related to health and health infrastructure about older adults. Hence, to ensure successful aging and quality life, the elderly needs are

supposed to be deliberated upon and encapsulated in policies on an equal footing with the issues of high priority. The policies must be framed and implemented from a long term perspective keeping in mind the interest and welfare of the older cohorts.

VI. Conclusion: Towards an Inclusive Approach

This pandemic has brought extraordinary challenges to humanity and has presented a disparate threat to the lives, health, rights, and wellbeing of the elderly. It is thus essential to rebuild an inclusive age-friendly policy for the elderly where their participation, activities, socio-economic wellbeing is amalgamated in the policymaking exercise. This would entail modification in the existing legal and policy documents concerning the senior citizens in the country.

Concomitant changes would have to be included in the National Policy on Older Persons (NPOP), Special provisions in the National Social Assistance Program would have to be included. Necessary modifications in the Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019, would have to be suggested for dealing with the new exigencies that such pandemic and the post-pandemic scenario may create for the senior citizens. Their concerns of health, morbidities, mobility, socio-economic wellbeing, digital literacy needs to be addressed. Their rights, dignity, and access to information must be addressed through other policy measures.

The crisis has exposed the essential gaps in the age-specific data available to the policy makers. To build a robust response to the pandemic impacts, crucial data on older persons disaggregated by age groups, and covering all living arrangements like those living alone, with families, in care homes are critical.

COVID 19 has no doubt offered a challenge but at the same time has also provided an opportunity to reexamine and rebuild our policies to extend the scope of our partnership with civil society representatives and others to carry the voices of older persons, couple their knowledge, and warrant their open, lively, and significant participation. COVID-19 planning for recovery offers an opportunity to build a bedrock for an increasingly inclusive, equitable, and age-friendly society which has secured human rights for all and is steered by the collective assurance of the Agenda for Sustainable Development goals of 2030 to trudge on the path of development together as a society.