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A situation analysis of the social well-being of elderly during the COVID-19 pandemic

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***Abstract*---**The consequences of the Covid-19 pandemic on the daily lives of human beings are incalculable. Business, economic, and social life are all disrupted in the field of health care, as are challenges in the diagnosis, isolation, and treatment of suspected cases. The medical system is also burdened, as are patients who are suffering from other diseases or health problems. One of the most important factors in mental health is one's sense of belonging to a community. During the COVID-19 pandemic, the social well-being of the population is threatened in a variety of ways. Various issues confront the elderly, and they have lost all of the pleasures that they had enjoyed before the COVID-19 pandemic hit them. Because they were unable to see even their closest relatives during the pandemic, the COVID-19 caused them to live a completely lonely life as older adults. By examining factors of well-being such as interpersonal relationships, neighbourhood and neighbourhood cohesion, material deprivation, most important occupation, social isolation, societal institutions, and societal participation, the current study attempts to determine the social well-being of elderly people during the COVID-19 pandemic.

***Keywords*---**social well-being, older adults, social contacts, networking, social isolation, societal participation.

Introduction

It is important to note that the COVID-19 pandemic is a phenomenon that has affected humanity as a whole and has caused changes in the lives of children and adults alike. This pandemic situation resulted in a way of life that was completely foreign to humans. The most visible and accountable consequences were caused by social distancing and lockdown (Haleem & Javaid, 2020). As a result, changes in the covid-19 pandemic bring about changes in all aspects of life, particularly in the lives of older adults. The elderly face a variety of difficulties; they have lost all

of the pleasures that they had enjoyed prior to the COVID-19 pandemic, and as a result, no one seems to care about them anymore. Because they were unable to see even the closest people during the pandemic, the COVID-19 caused them to live a completely lonely life as older adults. Depression and anxiety, unmet spiritual needs, poor social well-being, and the negative effect of quarantine are the most common types of grief that coronavirus causes in the elderly (Buenaventura, Ho, & Lapid, 2020).

The COVID-19 pandemic has reawakened old people's fears and tensions about their futures. Because the news that the corona virus primarily affects older people and can cause death if they are physically weakened is widely disseminated in the media and public, this information causes unwanted fear among them, which in turn leads to depression and anxiety. Prayers and religious activities are considered to be important factors for the elderly. They go to places of worship on a daily basis and visit holy sites, all of which contribute to the elderly's mental well-being. However, older people are no longer able to visit their religious institutions, where they previously found pleasure. They are no longer permitted to attend services at churches, temples, or other religious institutions. While social isolation is necessary to slow the spread of the virus, it has the unintended consequence of preventing older people from meeting and communicating with their friends and relatives. It is more likely that people who lack access to technology and have limited resources will be lonely and unable to connect with others outside of their homes. Depression and a decrease in emotional well-being over a long period of time may result from a lack of social contact; this effect is more pronounced among geriatrics who have limited proficiency with digital platforms (Buenaventura, Ho, & Lapid, 2020).

Aging is a condition that is just as important as any other in one's life. However, in the case of a pandemic such as COVID-19, aging is often overlooked. This is due to the fact that older adults are the ones who suffer the most as a result of epidemics. Many of the decisions made to deal with epidemics are deemed unacceptably harsh by them. No one is making any effort to learn about or comprehend the difficulties and hardships that the elderly are experiencing. The COVID-19 pandemic is having a negative impact on the social well-being of the elderly, which implies that it is also having an impact on their mental health. It is clear from the literature cited above that epidemics such as COVID-19, which have denied the majority of activities that bring happiness to the elderly, have been denied. The social well-being of the elderly is a significant contributor to their mental health. It is an attempt to ascertain the social well-being of elderly people during the COVID-19 pandemic by examining factors of well-being such as social contacts, neighbourhood and neighborhood cohesion, material deprivation, most important occupation, social isolation, societal institutions, and societal participation, among other things.

Review of Literature

As stated by Raveen Lekamwasam and Sarath Lekamwasam in their study on the effects of covid-19 on mental health and well-being of older adults, pandemics are unavoidable in nature, and pandemics not only affect the morbidity and mortality rates, but they will also have an impact on people's income at various levels. This

article discusses the negative effects of social isolation and social distancing in an excellent manner. Towards the end of the article, it is discussed the effects of isolation on older adults both internally and externally, as well as the implications of these measures for social workers in a pandemic environment. According to the author, during the pandemic period, special attention should be paid to the areas of health, nutrition, physical activity, social activities, and religious activities of older adults. The authors Berg-Weger and Morley (2020) evaluated the best method for reducing social isolation and loneliness during the pandemic period, and they began implementing innovative methods as a result of their findings. The elderly, however, face a number of unique challenges. The fact that you are getting older can be a risk factor for developing physical and mental problems. Those over the age of 65 are particularly vulnerable to social isolation in everyday situations, a problem that has been addressed in recent years. Older people are more likely to have a close-knit group of friends and family members with whom they regularly interact than younger people.

Social interaction, on the other hand, becomes an outsized part of their lives in retirement. However, because of the pandemic situation and the restrictions placed on them, they are unable to maintain their social circle or interact with their loved ones. When it comes to handling online platforms, older adults are not professionals; however, online platforms are the only method that has been suggested to maintain relationships with everyone (Philip & Cherian, 2020). Pandemics have a significant psychological and social impact. The most significant branches include: psychological tension, alarm, modification problems, gloom, persistent pressure, and sleep deprivation, to name a few (Banerjee, 2020). The use of deception and vulnerability can lead to widespread panic. The older ones, in particular, have a lower level of defense. Until now, only one paper has looked at the psychological well-being of older people during these times. A "genuine general wellbeing concern" for the elderly, according to the report, is their social isolation as a result of their psychosocial profile weaknesses. Social separation is an effective method for combating Coronavirus, but it is also a significant source of loneliness, particularly in settings such as nursing homes or assisted living facilities, where it is a free risk factor for depression, stress, and suicide. The importance of social connectedness increases when one's general well-being deteriorates, particularly when "ageism" becomes a source of defamation in this underserved population. Apathy and remedial agnosticism result as a result of this. A pandemic insurance policy must be explained to seniors in plain language because most seniors are uncomfortable with advanced cells or, on the other hand, media terminology. Furthermore, psychological hindrances such as meandering, peevishness, and crazy side effects can detract from the frenzy and make it difficult for them to adhere to the precautions of separating and hand hygiene.

Methodology

According to the Social Well-being Seven Factor Scale developed by Jacqueline Radzky, the researcher examined the social well-being of elderly people, specifically factors such as social contacts, neighborhood and community cohesion, material deprivation, the most important occupation, social isolation, societal institutions, and participation in society. The investigation was carried

out among 82 non-institutionalized elderly people in Kerala, who were selected through a simple random sampling procedure. The researcher devised an interview schedule that included questions about the respondents' sociodemographic profile as well as a scale measuring their level of social well-being. The SPSS software was used to code, tabulate, analyze, and interpret the data that had been collected. The information was presented in the form of simple frequency tables, diagrams, and graphs.

Result and Discussion

The study made an attempted to analyse the effect of COVID 19 pandemic on social well-being of elderly. The study analysed the socio-demographic profile of the elderly in first section and Social well-being in second part.

Table 1
Socio Economic and demographic Profile of Elderly

Variables	Group	Percentage
Age	60-70	28.3
	70-80	43.3
	80 <	18.4
Gender	Male	38.7
	Female	61.3
Living Arrangement	Alone	12.4
	With Children	48.3
	With Spouse	28.3

	Other	11
Source of Income	From Children	5.1
	Pension	68.7
	Agriculture	13.3
	Other	12.9
Spending Leisure time	Siblings	8.7
	Grand Children	39.7
	Friends	12.6
	Neighbors	32.1
	Other	6.9

The elderly are represented in Table 1 by their socioeconomic and demographic characteristics. Approximately 43.3 percent of those who responded are between the ages of 60 and 70, with 61.3 percent of them being female. According to the findings of the study, the vast majority of respondents earned their living through a variety of activities such as agriculture (13.3 percent), old age pensions (68.7 percent), and other activities such as daily wages and shopkeeping (12.9 percent), with only a small number of them earning their living through other means (5.1 percent). The vast majority of respondents (52.2 percent) earn a meager monthly income. According to the findings of the study, 12.4 percent of the elderly were living alone, 48.3 percent were living with children, and 28.3 percent were living with their grandchildren. This indicates that the majority of the elderly are living with their children, indicating that they have strong familial support. The vast majority of respondents spend their spare time with their grandchildren because they have fond memories of them and a loving relationship with them.

Table 2
Social well-being of Elderly during COVID-19 Pandemic

Social Wellbeing Components	Gender	Level of Well Being			Mean	SD
		Low	Moderate	High		
Social Contact	Male	33.8	42.8	23.4	14.465	1.7653
	Female	31.3	48.5	20.2	15.786	1.549
Neighbourhood and neighbourhood cohesion.	Male	38.2	52.6	9.2	12.738	1.415
	Female	34.0	49.14	16.86	14.52	1.835
Material Deprivation	Male	36.3	49.3	14.3	11.80	1.659
	Female	37.8	48.4	13.8	10.852	0.983
Most important occupation	Male	38.7	55.3	6.0	12.67	1.572
	Female	34.5	52.7	12.8	10.873	1.264
Social Isolation	Male	3.3	55.0	41.7	11.621	1.55
	Female	12.7	48.7	38.6	12.785	1.674
Societal institution	Male	33.3	47.1	20.6	11.63	1.581
	Female	31.7	43.6	24.7	11.98	1.076
Societal Participation	Male	65.6	28.3	6.1	12.38	1.585
	Female	72.3	14.8	12.9	11.505	0.894
Over all Social Well being	Male	41.5	46.3	12.2	12.342	1.438
	Female	35.7	49.8	14.5	14.582	1.236

The social well-being of the elderly was represented in table 2 during the COVID - 19 pandemic. The social well-being of participants was assessed using a seven-factor scale developed by Jacqueline Radzy. Social contact, neighborhood and neighborhood cohesion, material deprivation, the most important occupation, social isolation, societal institutions, and societal participation are some of the factors that contribute to a sense of belonging. According to the results of the current study, the level of social well-being in terms of social contact is extremely low, as evidenced by the responses. 76.6 percent of males and 79.8 percent of females reported having only a low or moderate level of social contact, respectively. Moreover, the study revealed that female respondents reported a high level of social well-being during the pandemic. According to the findings of the study, females had greater neighborhood cohesion than males. Regarding their sense of belonging and neighborhood cohesion, they have a moderately low level of well-being. The majority of respondents (85.6 percent of male respondents and 86.2 percent of female respondents) reported that they were deprived of materials. The study found that the majority of respondents (94 percent of males and 87.2 percent of females) had a low or moderate level of social well-being when it came to the factor related to the most important occupation. However, according to the means score of the component, male respondents reported higher levels of social well-being than female respondents. As a result of the COVID-19 pandemic's social distancing and lock down, social isolation is another important factor that has an adverse effect on the elderly population. As measured by the mean score of the social isolation component, male respondents report feeling more social isolation than female respondents. Additionally, according to the findings of the study, interaction with social institutions is extremely limited during the pandemic due to restrictions imposed by the government, particularly with religious institutions and activities for the elderly. Moreover, according to the opinions of 65.6 percent of male and 72.3 percent of female respondents, social interaction among the elderly during the COVID- 19 pandemic is extremely low. Female respondents, on the other hand, engage in more social interaction than male respondents. When looking at the overall social well-being of the elderly during the COVID-19 pandemic situation, the majority of them (87.8 percent of males and 86.5 percent of females) had a low and model level of social well-being, which was consistent with previous findings. In addition, the study revealed that male respondents reported lower levels of social well-being than female respondents. They were forced to isolate themselves and maintain a physical distance as a result of the COVID-19 pandemic. Given the fact that older adults are a vulnerable group, as we all know, they were subjected to a number of restrictions during the pandemic period.

Conclusion

In the elderly population, the COVID-19 pandemic had a significant impact on their quality of life. The quality of one's social relationships is one of the most important factors in one's mental health. It was discovered that older adults suffer from poor mental health during the COVID-19 pandemic, which can be attributed to their low level of social well-being, according to the findings of the study. People of all ages, including older adults, have difficulty maintaining social contact, and this is true for everyone. People lost their jobs in large numbers during the pandemic period, and they were unable to maintain their financial

stability. It is not possible for them to work during the pandemic, so they are compelled to stay at home during this time period. In addition to a lack of visiting permission to see family and friends, and restrictions on attending religious ceremonies, a lack of visiting permission and restrictions on attending religious ceremonies have a negative impact on elderly people's social wellbeing. The COVID-19 pandemic has had a negative impact on the elderly population's quality of life. In fact, older adults were frequently left off of many government lists of consideration during the pandemic period, which was a result of a lack of adequate consideration during the pandemic. Our health-care system is in trouble as a result of the numerous schemes and programs that are required to ensure the safety of the elderly and people with disabilities. Given the possibility that an epidemic, such as the Corona virus, is still in progress, it is critical to take preventative measures to ensure the well-being of the elderly population as soon as possible. It is critical that we do not overlook the needs of the elderly when dealing with epidemics or pandemics.

References

1. Buenaventura, R. D., Ho, J. B., & Lapid, M. I. (2020). COVID-19 and mental health of older adults in the Philippines: a perspective from a developing country. International Psychogeriatrics, https://doi.org/10.1017/S1041610220000757.
2. Badana, A. N. S., & Andel, R. (2018). Aging in the Philippines. Gerontologist, 58(2), 212–218. https://doi.org/10.1093/geront/gnx203
3. Banerjee, D. (2020). The Impact of Covid-19 Pandemic on Elderly Mental Health. International Journal of Geriatric Psychiatry, April, 1–2. https://doi.org/10.1002/gps.5320
4. Berg-Weger, M., & Morley, J. E. (2020). Loneliness and Social Isolation in Older Adults during the COVID-19 Pandemic: Implications for Gerontological Social Work. Journal of Nutrition, Health and Aging, 24(5), 456–458. https://doi.org/10.1007/s12603-020-1366-8
5. Flint, A. J., Bingham, K. S., & Iaboni, A. (2020). Effect of COVID-19 on the Mental Health Care of Older People in Canada. International Psychogeriatrics, 10–13. https://doi.org/10.1017/S1041610220000708
6. Haleem, A., & Javaid, M. (2020). Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information. January.
7. KM ASHIF (2021). Social Health Status of Rural Elderly Population In India. Natural Volatiles and Essential Oils, 8(3), 5404-5408. http://www.nveo.org/index.php/journal/article/view/1684
8. KM ASHIFA, RA RASI (2021). Social Well-Being And Elderly : An Analysis On Effect Of Covid-19 Pandemic Among Aged Persons. Journal of Cardiovascular Disease Research, 12(6), 392-2397., Doi: 10.31838/jcdr.2021.12.06.50
9. Lange, J., & Grossman, S. (2010). Chapter 3 - Theories of Aging. Gerontological Nursing: Competencies for Care, 2nd Edition, 41–65. http://samples.jbpub.com/9781284104479/Chapter_3.pdf
10. Lee, C., & Keyes, C. L. E. E. M. (2013). Social Well-Being *. 61(2), 121–140.
11. Lekamwasam, R., & Lekamwasam, S. (2020). Effects of covid-19 pandemic on health and wellbeing of older people: A comprehensive review. Annals of

Geriatric Medicine and Research, 24(3), 166–172. https://doi.org/10.4235/agmr.20.0027
12. Letter to the Editor. (2020). Emergency Medicine News, 42(6), 19–19. https://doi.org/10.1097/01.eem.0000669400.45518.55
13. Philip, J., & Cherian, V. (2020). Impact of COVID-19 on mental health of the elderly. International Journal Of Community Medicine And Public Health, 7(6), 2435. https://doi.org/10.18203/2394-6040.ijcmph20202513
14. Rajan, S. I., Shajan, A., & Sunitha, S. (2020). Ageing and Elderly Care in Kerala. China Report, 56(3), 354–373. https://doi.org/10.1177/0009445520930393
15. RA Rasi. & KM Ashifa (2019), Role of Community Based Programmes for Active Ageing : Elders Self Help Group in Kerala. Indian Journal of Public Health Research & Development, 10(12).
16. RA.Rasi & KM Ashifa (2020) Community based Interventions for Active Aging: Implications and Recommentations. Jounral of Xi`an University Journal of Architecture & Technology,12(10).
17. Rehan, M., Assistant, M., & Masoom, M. R. (2016). Social Isolation: A Conceptual Analysis. Research J. Humanities and Social Sciences, 7(4), 277–281. https://doi.org/10.5958/2321-5828.2016.00044.9
18. Schäfer, S. K., Sopp, M. R., Schanz, C. G., Staginnus, M., Göritz, A. S., & Michael, T. (2020). Impact of COVID-19 on Public Mental Health and the Buffering Effect of a Sense of Coherence. Psychotherapy and Psychosomatics, 89(6), 386–392. https://doi.org /10.1159/0 00510752
19. Sepúlveda-Loyola, W., Rodríguez-Sánchez, I., Pérez-Rodríguez, P., Ganz, F., Torralba, R., Oliveira, D. V., & Rodríguez-Mañas, L. (2020). Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. Journal of Nutrition, Health and Aging, 27. https://doi.org/10.1007/s12603-020-1469-2
20. Shereef Abdul & KM ASHIFA(2021) Social Issues Faced By Senior Citizens Among Paniya Tribal Communities In India, Turkish Online Journal of Qualitative Inquiry 12(8): 7456-7464
21. United Nations. (2020). Policy Brief : The Impact of COVID-19 on older persons. United Nations Sustainable Development Group, May, 1–16.
22. USIP & USAPSOI - United States Institute of Peace, & United States Army Peacekeeping and Stability Operations Institute. (2009). Section 10: Social Well-Beig. Guiding Principles for Stabilization and Reconstruction, 162–194.https://www.usip.org/sites/default/files/GP_170-203_Social_Well-Being.pdf% 0Ahttps://www.usip.org/sites/default/files/guiding_principles_full.pdf