

COVID-19 AND ELDERLY IN INDIA: CONCERNS AND CHALLENGES

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ABSTRACT

The COVID-19 pandemic has spread across the globe and impacting the population in drastic ways. While all age groups are at risk of contracting this virus, the elderly population is at higher risk. The decreased immune system, physiological changes associated with ageing, dependency on others and the existence of co-morbidity make elderly more susceptible to this disease. The number of elderly in India increased to 104 million in 2011. Due to the increasing population of elderly, the old-age dependency ratio has also increased from 10.9% in 1961 to 14.2% in 2011 for the country as a whole. COVID-19 is spreading in India and initially, people above 60 years of age accounted for 63% of deaths that occurred due to COVID-19. This reality poses a series of direct and indirect challenges for older persons. With this view, the paper attempts to analyze concerns and challenges of the elderly population in wake of COVID-19.

Keywords: COVID-19, Elderly population, Challenges, India

1. Introduction

The COVID-19 pandemic occurred during the month of December 2019 and spread across all the countries. It is impacting the global population in drastic ways. While all age groups are at risk of contracting this virus but, elderly face a significant risk of developing severe illness in case of contraction of the diseases. The physiological changes associated with aging, decreased immune function and existence of co-morbidity makes the elderly more susceptible to

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the infection. Hence, they are more likely to suffer severely from COVID-19 disease and also may face more serious complications.

According to the Policy Brief on Impact of COVID-19 on Older Persons published by the United Nations, over 95% of fatalities due to COVID-19 in Europe have been of people 60 years or older. In the United States, 80% of deaths were among adults 65 and over. In China, approximately 80% of deaths occurred among adults aged 60 years or older. This reality poses a series of direct and indirect challenges for older persons (UN, 2020).

In the face of pandemics, like COVID-19, older persons face challenges in accessing medical treatments and health care. Lockdowns and concentration of health resources to fight pandemic may marginalize older persons and create barriers to obtaining health services for their existing underlying conditions, some of which may increase their vulnerability to COVID-19.

Slow economic growth and broken production cycles due to lockdown are likely to impact the elderly in several ways which may impact the fulfilment of their basic needs- food, clothing, shelter and medical expenses.

In India, as per the Ministry of Health and Family Welfare, initially people above 60 years of age account for 63% of the 109 deaths that occurred due to the novel corona virus. This raises several precautions and related issues for the people above 60 years and their care givers.

In the light of the above, the paper aims to examine concerns and challenges of the elderly population in India during COVID-19 pandemic. The paper is divided into eight sections. Section one deals with the introduction followed by the review of literature in section two. Issues and trends of the elderly population in India are discussed in section three and section four highlights the health and related areas of the elderly population. An effort has been made to throw light on health care system of the county in section five. The Health Expenditure has been discussed in the sixth section. The concerns and challenges are brought out in section seven. Conclusion and recommendations are presented in the final section of this paper.

2. The review of literature

The National Policy of senior citizens defines person above 60 years age group as elderly. This policy addresses issues concerning senior citizens living in the country. With increasing longevity and debilitating chronic diseases, many elderly citizens will need better access to physical infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life

in India as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care (Mane, 2016).

The number of elderly in India increased from 75.93 million (38.22 million males and 37.71 million females) to 104 million (53 million females and 51 million males) in 2011 (Census 2011). Due to increasing population of the elderly, the old-age dependency ratio has increased from 10.9% in 1961 to 14.2% in 2011 for the country as a whole.

Indian elderly face several social issues such as loneliness, elder abuse, neglect, lack of income security, and poor access to health care. This is further accompanied by a lack of policies on the advanced directive, palliative care, and end-of-life care for the elderly. India has 112 million elderly people with multiple physical, social, psychological and economic problems with unmet needs in all domains of health (Adikari, 2017).

Many older adults are at risk of developing mental disorders, neurological disorders or disability-related problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. As per the WHO estimates, over 20% of the older persons aged 60 and over suffer from a mental or neurological disorder and 6.6% of all disability among people over 60 years is attributed to mental and neurological disorders (Syamala, 2019).

Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation, and a majority of the elderly are women (70%) (Rajan, 2001). Further majority of older female widows are also significantly less likely to engage in health care-seeking behaviour (Agrawal and Keshri, 2014).

The elderly are also prone to abuse in their families and in the institutional settings. A study that examined the extent and correlation of elder mistreatment among 400 community-dwelling older adults aged 65 years and above in Chennai found the prevalence rate of mistreatment to be 14%. Chronic verbal abuse was the most common followed by financial abuse, physical abuse, and neglect. A significantly higher number of women faced abuse as compared with men; adult children, daughters-in-law, spouses, and sons-in-law were the prominent perpetrators (Ingle and Nath, 2008).

The literature reveals that the elderly face several health conditions and most of them are dependent on others making their situation worse. Health facilities of the country are deficient making the elderly more vulnerable. The next section discusses population trends of the 60 and above in India.

3. Population Trend of Elderly in India

The percentage share of the elderly persons in the population of India is ever increasing since 1961(MOSPI, 2016). Table-1 below depicts that not only the overall population of the elderly is growing but the elderly females are having higher share in the overall population, thus, depicting the feminization of elderly population leading, to higher concerns.

Table 1: The percentage of elderly people in total population

Sex	Percentage of elderly people in total Population (Census Years)					
	1961	1971	1981	1991	2001	2011
Female	5.8	6.0	6.6	6.8	7.8	9.0
Male	5.5	5.9	6.4	6.7	7.1	8.2
Total	5.6	6.0	6.5	6.8	7.4	8.6

Source: Elderly in India- Profile and Programmes, 2016, MOSPI, CSO, Govt. of India Social Statistics Division

4. Status of the Elderly in India

Poor health, morbidity and low income diminish the quality of life and wellbeing of the elderly while increasing psychological distress and perception of vulnerability.

4.1 Economic Status of Elderly

An increasing number of elderly raises several concerns about them because this is the age at which income also reduces and some of the low income households are forced to join the labour market to suffice their daily needs. According to the report titled Situation Analysis of Elderly in India, 2011, nearly 40% of persons aged 60 years and above (60% of men and 19% of women) were working.

4.1.1 Dependency Ratio of the Elderly

The dependency ratio is an age-population ratio of those not in the labour force and those in the labour force. It is used to measure the pressure on the productive population. It may be observed from the Table 2 that the old-age dependency ratio has sharply increased from 10.9% in 1961 to 14.2% in 2011 for the country as a whole. The women outnumbered their male counterparts in the old age dependency ratio.

Table 2: Old Age Dependency Ratio

Sex	Percentage of elderly people in total Population (Census Years)					
	1961	1971	1981	1991	2001	2011
Female	10.9	11.6	12.2	12.2	13.8	14.9
Male	10.9	11.4	11.8	12.2	12.5	13.6
Total	10.9	11.5	12.0	12.2	13.1	14.2

Source: Elderly in India- Profile and Programmes, 2016, MOSPI, CSO, Govt. of India Social Statistics Division

3.1.2 State of Economic Independence

India's 22% population lives below the poverty line. A majority of these reside in rural areas (RBI, 2019)¹. Due to the inadequate social security, the elderly have to work as long as possible in order to support themselves. The social security from the employer such as employer insurance and pension are available only to the formal sector workers. Those in the formal sector may experience halving of their incomes, which, in the face of rising inflation, leaves smaller proportions of income that may be allocated to health. As a result, a considerable proportion of the elderly are employed (Mathew and Rajan, 2008). Table 3 below reveals that as many as 52% of the elderly in the rural areas and 51% in the urban areas had to depend on others for their day-to-day needs.

Table3: Percentage Distribution of Elderly by State of Economic Independence by Gender

Gender	% distribution of aged persons with economic status					
	Rural			Urban		
	not dependent on others	partially dependent on others	fully dependent on others	not dependent on others	partially dependent on others	fully dependent on others
Male	42.6	23.9	33.5	51.5	18.5	30.0
Female	11.3	19.1	69.6	12.9	15.3	71.8
Total	26.6	21.5	51.9	31.9	16.9	51.2

Source: NSSO Report No. 574, Health in India

4.2 Health status of Elderly

4.2.1 Status of Diseases among Elderly in India

A decline in immunity as well as age related physiological changes leads to an increased burden of the communicable and non-communicable diseases in the elderly. Among prevalence of various types of diseases prevalence of heart diseases is higher among elderly population –it is much higher in urban areas as

1 <https://www.developmentchannel.org/2019/09/26/3>

compared to the rural. Prevalence of diabetes is also higher in urban locations at all India level while it is the reverse in case of the rural elderly women. Urinary problems were more common among the aged men while more aged women reported to suffer from joint problems (MOSPI, 2016).

It is evident that for the aged persons the ability to move is an important indicator of their physical condition of health and also indicates the degree of their dependence on others for movement and performing their daily activities. About 8.4% of the aged persons in rural and 7% in urban areas were either confined to their home or bed. The proportion of the aged persons reporting confinement to their home or bed was found to increase with the age for all categories. For the age group 80 years and above it sharply increased to as high as 27% in urban and 34% in rural areas. Health issues and increased disability leads to increased burden on caregivers (NSSO No 574).

4.3 Other Issues

4.3.1 Living Arrangements of Elderly

Consequently upon rapid transformation of Indian society due to the impact of industrialization, globalization and urbanization etc. the traditional values and institutions are in the process of erosion, thus, weakening of the traditional family. This has also given rise to negligence by children towards their old parents. In addition to this feeling of powerlessness, loneliness and isolation in elderly has given rise to immense pressure on this group of population.

4.3.2 Elder Abuse

Not only the health conditions and dependency on others for day-to-day needs (economic and physical) but abuse of older persons is considered a global public health problem which is seriously impairing the well-being of the elderly. Old, vulnerable and frail persons, dependent on others for their daily needs, are routinely abused, neglected, and exploited worldwide and India is no exception. The perpetrators are generally family members, relatives, friends, or trusted caregivers (UNFPA, 2017).

According to the survey conducted by HelpAge India about half of the elderly population in the country face some form of abuse, more in case of women than men (HelpAge India, 2015). This is also corroborated by the findings of Ingle and Nath which has been discussed in the literature review.

The above discussion shows that there are several issues and problems associated with old age such as decline in immunity as well as age related physiologic changes, dependency on others, elder abuse etc. Hence, the care of elderly in wake of COVID-19 throws a special concern and challenges.

5. Health care System in India

India has a federal structure. Hence, operations of health system have been divided between the Union and the State Governments. As far as health providers are concerned, in India there is a mixed health-care system, which includes public and private health-care services. The private health facilities are very costly and not affordable to much of the elderly population due to their low income and dependency on others. The 71st round of NSSO reveals that in India, the private doctors were the single-most significant source of treatment in both the rural and urban sectors. They accounted for around 50% of the treatments in rural as well as in urban areas.

Various programmes/schemes have been launched by the Government of India to look at the well-being of the older persons such as the National Policy for Older Persons (NPOP) 1999, National Health care Programme, Ayushman Bharat, Rashtriya Vayoshri Yojana etc. These programmes aim to promote the health, safety, social security and well-being of elderly in India.

Some of these schemes provide health insurance and some others address the health issues faced by elders by providing dedicated health facilities in the district hospitals, community health centres (CHC), primary health centres (PHC), and sub-centres (SC) levels.

Deficiency of urban health infrastructure, overcrowding in hospitals, lack of outreach, and functional referral system, standards, and norms for urban health care delivery system, social exclusion, unavailability or ignorance of information for accessing modern health care facilities, and lack of purchasing power are some of the issues that have been identified as challenges to the urban healthcare in the country. These factors are further complicated by poorly functioning sub centres, PHCs, and CHCs resulting in people from rural areas having to increasingly depend on hospitals in the bigger cities and towns for their curative needs, thereby stretching the infrastructure at these hospitals to limits².

Despite the elaborate public health infrastructure visualised by policymakers of independent India, evidence indicates that access to public health facilities in India has been a source of constant concern due to inadequate numbers of such facilities, lack of quality, dearth of doctors and poor infrastructure (Gupta, 2020).

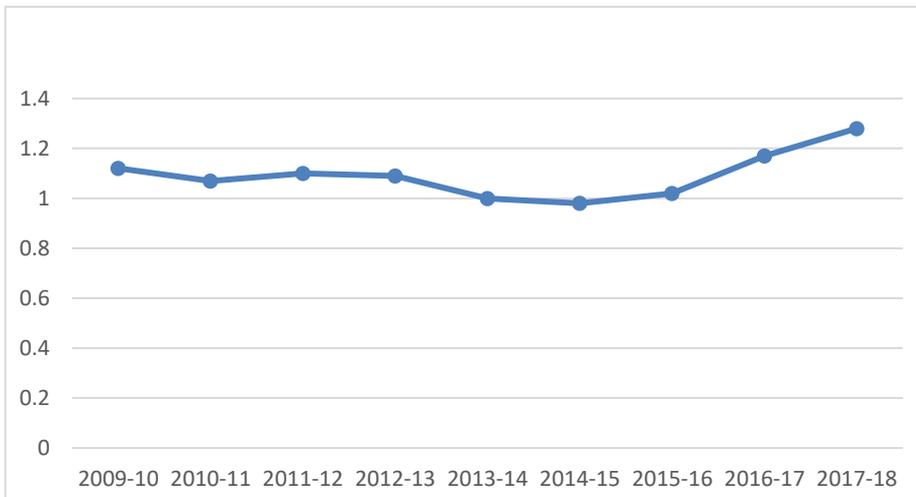
5. Public Expenditure on Health in India

India's relatively unaccountable and inefficient public system of healthcare has led to the evolution of a highly varied, unregulated, and mostly expensive private sector that provides most healthcare, rendering Indians increasingly vulnerable to catastrophic health expenditures and poverty (Pal, 2010).

2 <https://www.hindawi.com/journals/aph/2014/898502/>

The National Health profile 2019 brings out that the cost of treatment has been on the rise in India and it has led to inequity in access to health care services. India spends a measly 1.28 per cent of its GDP (2017-18 BE) as public expenditure on health. The per capita public expenditure on health has gone up from Rs 621 in 2009-10 to Rs 1657 in 2017-18; indicating a very minor increase. Figure 1 provides the details of the public expenditure on health as a percentage of the GDP.

Figure 1: Public Expenditure on Health as % of GDP in India



Source: National Health Profile, 2019

During the year 2016, when we compare GDP percentage of India on public expenditure with expenditure of high income countries, we observe that India spends only 1.17% of its GDP on public health which is very low as compared to high income countries. India's share is lower than the low income countries also as expenditure as a percentage of GDP in case of lower income countries is 1.57% (National Health Profile, 2019).

6. Concerns and Challenges of Elderly during COVID-19

In India, the first laboratory-confirmed case of COVID-19 was reported from Kerala on January 30, 2020. As has been mentioned earlier that initially that the population above 60 accounted for 63% of the total deaths that occurred due to the novel coronavirus in India This was nothing new in case of India as this finding was in line with global trends.

It is evident that age and underlying conditions are visible markers of an increased risk. Given the scenario of health of the elderly in the country and low public expenditure coupled with deficient health facilities, due to outbreak of pandemic elderly care becomes a great concern. According to the Ministry

of Health and Family Welfare (MoHFW), 86% of the patients who died had conditions such as diabetes, chronic kidney disease, hypertension and heart-related problems. Indicating that those with co-morbid health conditions are at a higher risk of developing a severe form of illness, Hence they need to be more cautious.

It has also emerged that adults 60 and above, especially those with pre-existing medical conditions, especially heart disease, lung disease, diabetes or cancer are more likely to have severe corona virus infection than other age groups.

Senior citizens face the fatal effects of COVID-19 because the immune system weakens with age. When the body becomes exposed to a new virus like the COVID-19, which attacks immune cells, the already lower immune system increases the chances of fatality. Elderly, especially who are 80+, not vaccinated against flu or pneumonia, who are residing in old-age homes or long-term care facilities are at a high risk of developing severe health problems due to COVID-19.

Medical research has shown that while people of all ages can be infected by the new coronavirus, older people and people with pre-existing medical conditions (such as asthma, hypertension, diabetes, heart disease) appear to be more vulnerable to becoming severely ill. The NSSO data shows that 164 persons per thousand elderly population suffers from heart disease in urban areas and 80 in rural areas in India.

The study of the Chinese Centre for Disease Control and Prevention revealed that the sick and elderly are highly at risk of getting infected. The study also tells that the people with existing illnesses, cardiovascular disease, diabetes, chronic respiratory disease and hypertension are at a higher risk of catching the virus. The fatality rate or the number of people dying of the infection remains low but it is more in the case of elderly people of about 80 years of age (National Herald, 2020). A WHO-China joint report on COVID-19 had found that in cases of the novel coronavirus mortality increases with age, with the highest mortality among people over 80 years of age (21.9%).

The average age of those who've died from the virus in Italy is 79.5 as of March 17, 2020. The Rome-based institute has examined medical records of about 18% of the country's coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions (Ebhardt, Remondini and Bertacche, 2020).

It has been observed that the co-morbid conditions are high with the elderly, they are more susceptible to COVID-19, hence protecting elderly from this pandemic is of utmost importance and challenging.

The outbreak of COVID-19 has placed unprecedented demands upon the health services. The elderly may be worst affected as they are the ones who are more prone to falling prey of COVID-19. More so it is applicable for older persons staying in smaller houses with their children or in old age homes. The Lancet Global Health comments that the interplay of multiple morbidities, age, and strength of hospital systems plays a key role in determining infection outcome (Lancet Global Health 2020).

Isolating the elderly is a key primary action to avoid increasing outbreak of COVID-19 amongst them. As caregivers perceive risk of getting infected, they may not act with responsibly to protect the elderly leading to elderly sufferings.

Further, when elderly are confined to their homes they need care for their already underlying medical conditions as well as protection from this novel corona-virus. On the one hand, they are expected to be in isolation and hence, are unable to go for their regular medical treatment and on the other there is a psychological pressure of catching the virus.

In a telephonic survey of 5,000 elderly people conducted in third week of April, a majority of respondents revealed that they missed the “healing touch of their doctor, as they could not visit them personally”. A total of 65% elderly complained that due to the lockdown situation they have lost their independence, self-esteem and even dignity to some extent, as they have to depend upon others for their daily needs³.

A study conducted by HelpAge India during June, 2020 found that the onset of virus has brought about certain fear and vulnerability among the elderly. The major fears were broadly clustered into 3 categories: 38% had the fear of getting infected by COVID-19, fear of its spread through socializing & loss of Income; 34% feared economic loss, fear of starvation & no work, and 12% had fear of travelling, fear of community spread and their low immunity levels. Violence against older people has risen sharply since the beginning of the COVID-19 pandemic and imposition of lockdown measures.

According to a survey report released by Agewell Foundation, 71% of the elderly respondents said that cases of elder abuse have increased during lockdown period. Among them, 58 per cent claimed that interpersonal relationships were the main factor responsible for fast increasing incidence of elder abuse in families. The survey found that older persons suffering from medical complications are not able to visit their doctors. They are not able to interact and share their worries with their friends or relatives. This has made life of older persons more critical and it is also affecting their health adversely⁴.

3 <https://timesofindia.indiatimes.com/india/what-the-elderly-fear-most-in-times-of-covid-19/articleshow/75641568.cms>retrieved on 22.6.2020.

4 <https://www.livemint.com/>

Santini et. al. (2020) express that social disconnection puts older adults at greater risk of depression and anxiety. Self-isolation will disproportionately affect elderly individuals whose only social contact is out of the home, such as at day care venues, community centres, and places of worship.

However, it is well known that social isolation among older adults is a “serious public health concern” because of their heightened risk of cardiovascular, autoimmune, neuro-cognitive, and mental health problems (Gerst-Emerson, 2015)

One of the reasons older people are greatly impacted by COVID-19 include the physiological changes associated with aging, decreased immune function and multi-morbidity which expose older adults to be more susceptible to the infection itself and make them more likely to suffer severely from COVID-19 disease and more serious complications⁵. Hence, the elderly in general and the elderly with co-morbidities, specially who are with low income groups and who are dependent on others economically, need a special care during this pandemic period.

As COVID-19 is highly contagious, we need to protect our elderly from this fatal infectious disease and also take care of their mental and already existing physical conditions. This requires a lot of commitment on part of caregivers and family members. Caregivers are also at a risk of catching the disease. Those elderly who are living alone in their home or only with their spouse who is also old and frail and those who are living in old age homes face different challenges. Due to less or no income, feeling of powerlessness, loneliness, uselessness and isolation in elderly has grown. This may impact them adversely during the pandemic period.

The other challenges in the country include inefficient infrastructure, lack of manpower, increasing number of patients leaving a very heavy load on the available health facilities and above all a high dependence on the private sector medical care facilities leading to a very heavy expenditure requirement to fight with the disease. Due to the high cost of medical treatment it becomes very difficult to provide the required medical attention for the people above 60 who are dependent on others or are with lower income in old age.

There is a concentration of healthcare in the metro cities. The phenomenon of rapid growth of the private health sector has resulted in a situation where a large share of the health infrastructure has come under the private players resulting in the institutions becoming commercial units and the social-welfare objective taking a backseat.

5 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements>

Policy Brief of the WHO on Impact of COVID-19 on Older Persons (2020) indicates that older persons face challenges in accessing medical treatments and health care. In the developing countries, weak health systems or healthcare requires out-of-pocket expenditure leaving millions of people, especially those in the poorest groups, without access to basic care. Lockdowns and concentration of health resources on COVID-19 may marginalize older persons and create barriers to obtaining health services for their existing underlying conditions, some of which may increase their vulnerability to COVID-19. Workforce shortages disrupt the provision of care and directly impact the older persons, causing further isolation.

7. Conclusion and Recommendation(s)

The elderly population suffers from co-morbidities and age related and social isolation issues making them vulnerable to COVID-19. They also fear of getting infected, loss of livelihood and community spread etc. This group of population needs special care.

The rapid social transformation has taken place in the Indian society giving rise to ever increasing trend of nuclear families, resulting in the weakening of the traditional family system. Negligence by younger generation towards their old parents has become a common phenomenon. Many elderly persons are forced to stay alone or with their spouse as their children migrate due to employment. On the other hand, due to less or no income, feeling of powerlessness, loneliness, uselessness and isolation in elderly has increased. The deteriorating health and financial position is another cause of concern for the elderly. The concept of geriatric care has remained a neglected area of medicine in the country.

There is a concentration of healthcare in the metro cities. The phenomenon of the rapid growth of the private healthcare sector has resulted in a situation where a large share of the health infrastructure has come under the private players. The result of this is that these institutions have become commercial units and the social-welfare objective has taken a backseat.

Older persons face challenges in accessing medical treatments and health care. In developing countries, weak health systems or healthcare requiring out-of-pocket expenditure leaving millions of people, especially those in the poorest groups, without access to basic care. Lockdowns and concentration of health resources on COVID-19 may marginalize older persons and create barriers to obtaining health services for their existing underlying conditions some of which may increase their vulnerability to COVID-19. Workforce shortages disrupt the provision of care and directly impact older persons, causing further isolation.

Shortage of the hospitalization facility in the government hospital which are mainly accessed by poorer sections, and as government has allocated some hospital beds for the patients of COVID-19, elders requiring hospitalisation for

their pre-existing diseases may suffer adversely. This needs to be taken care of by the government so that the elderly do not suffer.

Due to the risk perceptions of members of society as a whole, the caregivers may not act in solidarity and responsibly to protect the elderly, who constitute a population at a particularly high risk. In order to protect the elderly, social distancing is a must which may lead to massive negative impact on this group who already feels neglected and unwanted. Managing home care for the elderly is a massive challenge.

The recent spread of pandemic in the country requires a comprehensive plan to deal with the elderly population. Elderly, especially those with underlying health conditions and those living alone need to be identified and attended during this pandemic period. Their requirement of diagnostics, isolation ensuring supply of day to day requirements essential items such as medicine and food etc. may be taken care of. A system needs to be evolved to provide home care to the elderly with regard to their medical as well as day today requirements.

The NSSO, 2017-18 health data indicates that those aged 60 and above had the highest treatment seeking behavior – for OPD as well as hospitalisation – indicating that the elderly are going to be impacted the most. The shortage of hospital and hospital beds would mean that many with non-COVID illnesses would forego hospitalization and many would also switch to private providers, incurring out-of-pocket expenditure. Scaling-up testing of the elderly and ensuring segregation of health facilities and resources for elderly may be instrumental in boosting their confidence.

To make elderly free from fear and build their confidence during this pandemic, an awareness among family members may be generated widely regarding the elderly care, their needs and rights. The government think tank NITI Aayog in association with Piramal Foundation launched a campaign ‘Surakshit Dada-Dadi & Nana-Nani Abhiyan’ focussed on ensuring the well-being of the senior citizens during COVID-19. The campaign is expected to reach over 2.9 million senior citizens in 25 Inspirational Districts with a focus on behaviour change, access to services, early detection & tracking of COVID-19 symptoms.

To look after medical needs of elderly specially those staying alone, telemedicine may prove useful for the management of patients with chronic diseases such as diabetes etc.

Besides the government agencies, the role of NGOs (non-governmental organisations) and voluntary organizations may be important in this regard. The government must support the NGOs and other agencies which provide these services for the elderly.

Older persons need to be supported with access to their social security

and other protection measures. Due to risk of pandemic leading to restricted movement, the elderly may not be able to collect their social security amounts provided by government. The NGOs /voluntary organisations may play a crucial role in this regard.

Prevalence of chronic diseases, overburdened health facilities and almost no source of income at old age are some of the major challenges faced in the country by the elderly. It becomes critical to address these challenges and restore health and well-being of the elderly during this pandemic time.

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