ELDERLY AS A SOCIAL CAPITAL IN FAMILIES: WITH SPECIAL REFERENCE TO COVID-19 PANDEMIC

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AM20S0C008

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ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

MARCH 2022

ELDERLY AS A SOCIAL CAPITAL IN FAMILIES: WITH SPECIAL REFERENCE TO COVID-19 PANDEMIC

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of the requirements for the award of the degree of* **Master of Arts in Sociology**

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CERTIFICATE

I certify that the thesis entitled **"ELDERLY AS A SOCIAL CAPITAL IN FAMILIES: WITH SPECIAL REFERENCE TO COVID-19 PANDEMIC"** is a record of bonafide research work carried out by **DEVIKRISHNA**, under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology

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DECLARATION

I, **Devikrishna** hereby declare that the thesis entitled **"ELDERLY AS A SOCIAL CAPITAL IN FAMILIES: WITH SPECIAL REFERENCE TO COVID-19 PANDEMIC"** is a bonafide record of independent research work carried out by me under the supervision and guidance of **Dr. Lebia Gladis N.P.** further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship or other similar title.

ERNAKULAM

MARCH 2022

DEVIKRISHNA

ACKNOWLEDGEMENT

In this humble endeavor, I have received a great deal of support and guidance from different quarters. First and foremost, I thank the God almighty, for bestowing upon me abundance of grace, wisdom, and power throughout the study and making it a success.

I am extremely grateful to our Director Rev. Sr. Emeline CSST and Principal Dr. Lizzy Mathew for giving me this opportunity.

I take this opportunity to express my gratitude to Smt.Elizabeth Abraham, head of the department of sociology and to all the members of teaching for their encouragement and guidance in accomplishing the work.

I am grateful to Dr. Lebia Gladis N.P. for her constant guidance and inspiration without which this work would not have been possible.

I would like to express my gratitude to the respondents of the study without whose cooperation this study could not have conducted successfully.

I also wish to acknowledge the help provided by the librarians of St. Teresa's college (Autonomous). Last but not the least I take this opportunity to thank my classmates, friends, and my family for their love and support.

Ernakulam

March 2022

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CHAPTER 1

INTRODUCTION

Ageing is a biological process, experienced by mankind at all times. Ageing is a continued process and 'the aged' is a category. The word ageing has been defined by several researchers in various ways. According to Tyagi, "ageing means the effect of age, i.e., the deterioration in physiological capabilities". Becker defines ageing in a broader sense as "those changes occurring in an individual, as a result of passage of time". According to Stieglitz, "Ageing is a part of living. It begins with conception and terminates with death" (Srivastava, 2010). An individual ages biologically as a continuing process, socially as perceived by the members of the society, economically when retired from the workforce; and throughout some chronological criterion is attached to this ageing process.

The aging of humans is a diverse process in all spheres of life, including the biological, psychical and social. Biological aging is defined as the natural occurrence of irreversible, increasing with age changes in metabolism and the physicochemical properties of cells, leading to impaired self-regulation and regeneration, and structural and functional changes in tissues and organs. Physiological changes occurring during aging run unevenly in the various organs and systems of the body, and may also take place at different rates in individuals. Psychosocial aging is treated as a phenomenon secondary to biological aging. Changes that occur with age in the functioning of individual organs affect the mood, attitude to the environment, physical condition and social activity, and designate the place of the elderly in the family and society. Psychosocial aging, however, to a great extent depends on how a person is prepared for old age, and takes effect over time. (Dziechciaż& Filip, 2014)

Social aging refers to how a person perceives the aging process and how it relates to the society in which they live. Everyone enters old age with an individual vision of what it means, although this period in life is formed by many aspects, for example, watching old people closely, existing stereotypes of old age, and their own expectations arising from past experience. The vision of old age created by humans is a kind of guide, according to which behavior towards the aging process is shaped. Depending on which old age image is dominant – positive or negative, those who are aging develop a real dimension of their age. The subjective way of perceiving the aging process

influences the aging functioning, life activity, and all actions and contact with other people. (Dziechciaż& Filip, 2014)

People who perceive their friends and family members as supportive during times of need have a stronger sense of meaning in their lives; that is, they live their lives with a broader purpose, adhering to a value system that fits within the larger social world (Krause, 2007). In addition, people with strong social networks report greater emotional well-being in day-to-day life and also when they experience stressful life events. In old age, social spheres may also influence cognitive functioning. A growing number of studies have found that older adults embedded in strong social networks and high levels of social activity are less likely than their more socially disengaged peers to experience declines in cognitive functioning. (Charles & Carstensen, 2014)

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. By 2025, the geriatric population is expected to be 840 million in the developing countries. As old age sets in, people above the age of 60 are considered elders. The elderly population in India has steadily increased and has almost doubled in the past 20 years. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. (Mane, 2016) India has thus acquired the label of "an ageing nation" with 7.7% of its population being more than 60 years old. The demographic transition is attributed to the decreasing fertility and mortality rates due to the availability of better health care services. (Ingle & Nath, 2008) Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases.

The elderly in India faces multiple social, political, economic and cultural challenges including suboptimal financial security, decline of traditional extended family systems due to rural-urban migration of young people, and increasing costs of health care. In India, as is the case in many developing countries, the health systems are inadequate to promote, support and protect health and social well-being of the elderly due in part to lack of human and financial resources. The elderly finds themselves exposed to harsh realities of globalization; changes in cultural values and beliefs, high disease burden from chronic noncommunicable diseases, and weak family and social welfare system. To address the health and welfare needs of this vulnerable section of society, the

Government of India in 1999 developed and adopted the National Policy for Older Persons. A National Council for Older Persons and an Inter-Ministerial Committee was set up to implement the policy directions. To date, Government of India with its partners, have introduced various schemes and initiatives to promote and protect the welfare of the elderly. These initiatives include financial assistance for the construction of and maintenance of old peoples' homes and non-institutional services to the elderly, as well as the provision of nutritious food and appropriate medical services. The Government of India, through the National Rural Health Mission has embarked on efforts to strengthen provision of primary health services and to reorient health care professionals from curative to preventive services at various levels. However, challenges remain for the health system, social welfare and health financing as the elderly population continue to rise. (Krishnaswamy, et al., 2008)

The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts. (Mane, 2016) Disparities exist if we compare the growth rate of elderly population of different states of India. The rate of growth of elderly population is highest in southern states such as Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu. Amongst the southern states Kerala has the largest growing rate of elder's population. (Mudgal &Wardhan, 2020)

India, which has the second-largest population in the world, is suffering severely from COVID-19 disease. The COVID-19, which was declared as an epidemic by the World Health Organization (WHO) on March 11, 2020, caused great concern all over the world; it spread rapidly, affecting more than 223 countries and regions. Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness (WHO).

The disease had an unprecedented effect all over the world, especially in older individuals. Although all age groups are at risk of contracting COVID-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions (WHO). Older people and those with underlying

medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

There are many additional issues for the older adults related to the changing social and medical support levels during COVID-19. Like any other disaster situations, the services are stretched and are available to a proportion rather than the whole population. Another concern is the isolation and their effects on the elderly. The issues are more acute for those who are dependent on others for their basic needs, those who are living alone and residents of care homes. Although many countries could set up support systems and many voluntary organizations stepped in to help in most parts of the world, older adults continue to experience difficulties. As health care systems are stretched, it is quite possible that the support for the older adults with chronic non-communicable diseases is compromised to a variable extent. While the attention at the moment is understandably focused to contain the spread of the virus, provide treatment and arrange economic support for the general public; there is a specific need to address the issues of the older adults as well. Older adults are known to have increased vulnerability during disastrous situations; and it is a reality that their needs are often neglected. (Kar, 2020)

The risk of developing a serious and often deadly disease has led to numerous restrictions in many countries that can have a detrimental effect on the psychological functioning of the elderly. However, with these restrictions, limited contact with other people can lead to the loss of social support, which is especially important for older people. Also, social isolation may result in loneliness, which is a factor significantly associated with depression in the elderly. Recent cross-sectional studies have reported higher levels of loneliness during the COVID-19 pandemic. Loneliness is a strong risk factor for the development of a number of health conditions, such as coronary heart disease and stroke19, and is associated with a 26% -50% increased risk in mortality. These situations have been shown to predict worse disease outcomes and quality of life in older populations. (Kasar&Karaman, 2021)

During the COVID-19 pandemic, it has become essential that elderly is isolated and social distancing is enforced to keep them safe and protected. Besides the threat of contracting coronavirus infection, social isolation itself could be a source of anxiety and other psychological problems. Most nations have resorted to quarantine, lockdown and curfew to contain the community transmission of infection. All these techniques warrant people in the community to stay at home and maintain social distancing. (Girdhar, Srivastava, & Sethi, 2020)

COVID-19 not only killed people through virus incursion but also due to economic and mental collapse, where developing countries suffered from unemployment and hunger. To combat the disease, the Government of India imposed a lockdown in most districts of the 22 States and Union Territories where confirmed cases were reported from March 24, 2020 onwards. India enforced 68 days of four-phased-lockdown starting from 24th March-31st May to deal with COVID-19. Due to the growing number of infestations from COVID-19, on 14th April, Indian government declared an extended 2nd phase lockdown till 3rd May which was further lengthened till 17th May and later imposed till 31st May. To make the lockdown and social distancing effective, India also levied the quarantine law under the Epidemic Disease Act, 1897. (Ghosh, Nundy, & Mallick, 2020)

"Lockdown" is an emergency protocol that prevents public from moving from one area to the other. Complete lockdown further means that persons should stay where they are currently and no entry/exit movements would be allowed further. It can be both a preventive and an emergency strategy in order to save the lives of the vulnerable or at-risk persons. In this scenario, all educational institutions, shopping arcades, factories, offices, local markets, transport vehicles, airports, railways, metros, and buses are completely shut down except hospitals, police stations, emergency services like fire station, petrol pumps, etc., and groceries. While lockdown can be a significant and effective strategy of social distancing to tackle the increasing spread of the highly infectious COVID-19 virus, at the same time, it can have some degree of psychological impact on the public. It is well known that quarantine/isolation for any cause and in the context of a pandemic (Severe Acute Respiratory Distress Syndrome, 2003) has been associated with significant mental health problems ranging from anxiety, fear, depressive symptoms, sense of loneliness, sleep disturbances, anger, etc., in the immediate few days of isolation, and later with symptoms of posttraumatic stress disorder and depression after discharge from the hospital. However, the psychological impact of lockdown on the general public has not been studied yet. Man being a social animal, such restrictions on free movements can lead to anger, frustration, loneliness and depressive symptoms. There can be fear/apprehension among the public related to supply of basic amenities like groceries and milk supplies, medicines, care of previously sick persons in the family due to other medical causes, elderly persons staying alone, restriction of free movements, having a prevailing sense of being imprisoned in one's own house or "being in house arrest," etc. (Grover, et al., 2020)

Lockdown can have different effects on different age groups. As schools remain shutting, children are in a prolonged state of physical isolation from their peers, teachers and society. The loneliness due to lockdown could lead to high rates of depression and anxiety in children and adolescents. Lockdown may cause behavioral changes in children. The parents may struggle to cope with their children's behavioral problems. The closure of the schools has affected the academic and personal development of the children. Adolescents seek independence and have a need to establish their identities. They lost their opportunities to indulge this urge. Online learning also creates challenges. The technical issues, distractions, continuous use of electronic devices, lack of proper interactions in the class etc. all makes the learning process stressful. The young people are also affected by the lack of job opportunities during lockdown, delay in completing their studies, family pressure and isolation from friends. The young women face more problems including reproductive and mental health challenges. Lockdown was a challenging time for all age categories. Among all, the elderly is more likely to get seriously affected by the disease and lockdown restrictions.

The COVID-19 pandemic has adversely impacted the elderly population worldwide in various ways. Due to the vulnerability of elderly for COVID-19 infections, others would avoid to meet the elderly, which can be a major source of distress, both for the elderly and their family members. As is the case with most infectious diseases, older adults are the most vulnerable group. In this scenario, they are expected to adhere to these restrictions for extended periods, to minimize the risk of contracting the infection. However, these safety measures pose a risk of social isolation. Visiting community meetings, parks, neighborhood, places of worship and day centers are possibly the only socialization channels for most of the elderly. With lockdown or quarantine these are now not possible. Elderly who lives with their families are better placed in this respect; but some of them may still expect to maintain social distancing within their house considering their own existing ailments or COVID symptoms of family members. As younger generation may be busy with various chores, it is quite possible that the elderly may get neglected even when they are with their families. This leads to social and psychological isolation, which may be a contributing factor for poor mental health. Most preventive measures during infectious disease epidemics focus on prevention of the spread of infection and looking after the physical health of infected person. In this state of crisis, a wide range of psychological problems often accompany the outbreak. Social isolation and loneliness are particularly problematic in old age due to various reasons such as: decreasing functional limitations, economic and social resources, the death of spouse and relatives,

changes in family structures and mobility. Lockdown adds more reasons to this list including: inactivity, repeated exposure to disturbing news related to the pandemic, reminiscences of previous traumatic events (and anxiety associated with those), the interactional problem within family members, and the lack of opportunities to share their worries. Confinement, loss of usual routine, and reduced social and physical contact with others are frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, leading to distress (Girdhar, Srivastava, & Sethi, 2020).

In this scenario, Kerala needs a special attention. Kerala stands out in the Indian context due to its large elderly population. Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Government of Kerala 2017). Out of the total elderly population, 11 per cent are old-old, which is the fastest growing group in the old category that includes those above 80 years. In the elderly category, women outnumber men, and among them majorities are widows. The old age dependency ratio of Kerala at 19.6 per cent is higher than the rest of the country at 14.2 percent. (Rajan, Shajan, & Sunitha, 2020)

According to 2011 Census, there are 7.4 million people who are above 60 years of age in Kerala. Of these, 3.3 million are males and 4.1 million are females. The proportion of population aged 60 years and above is slightly higher in rural areas than in urban areas. Around 12.6 per cent of the population is above 60 years of age which is the highest in the country. It grew from 10.5 per cent in 2001 at a rate of over 2 per cent per annum. (BKPAI, 2011)

Kerala reported the first three cases of coronavirus in India in late January 2020. The critical situation is that Kerala is a small state (38,863 Sq.KM), but it homes for 35 million people makes it 819 people per square kilometer, eight most densely state in India. Other than people living in closely Kerala has 25 lakh migrants, who frequently travel to their native land. In addition to that, international travelling is a part of Kerala culture, which is connected to the rest of the world through four airports serve around 17 million passengers annually. Finally, Kerala has 2.5 million migrant laborers from other states. Simply Population density, affluent non-resident Keralites and thriving tourism all raise the risk for an outbreak in Kerala. On March 23, Kerala announced complete lockdown before the announcement of national lockdown. (T., A.P., K., &Sulaiman, 2020)

People aged above 65 were strictly advised to stay at home during the lockdown period. Volunteer forces looked after the needs of those confined to their homes, but social distancing created a challenging situation for the mental health of the elderly. A major cause of loneliness was reverse quarantine, wherein the elderly remained separate from the rest of their household to avoid contracting the infection from them. (Gulia& Kumar, 2020) The department had warned that people over the age of 60 and those with other serious illnesses should stay in quarantine at home (reverse quarantine). Under reverse quarantine, people having underlying medical conditions, especially those above 60 years and persons who are immune-compromised are segregated from other family members (Mint, 2020). The death audit report of august 2020 published by the department of health and family welfare says that "Failure of reverse quarantine was observed in 61 (24%) of the COVID deaths. Mortality may be prevented by vigilant observation of reverse quarantine."

Lockdown has adversely affected the health care and non-COVID medical services of the elderly. Fear of COVID infection and the presence of possible COVID infection symptoms were associated with psychological distress and anxiety. (Balasundaram, Libu, George, & Chandy, 2020)

CHAPTER 2

REVIEW OF LITERATURE

This chapter deals with the secondary data which is used by the researcher to study the role of grandparents in families. The secondary data used in this chapter includes articles, boos, journals and newspaper.

There are many factors which affect the type of interactions that occur between grandparents and grandchildren. These factors include culture, ethnicity, gender, family structure and traditions. "It is common knowledge that various cultures seem to have different types of family systems. In the United States and Canada and the countries of northern Europe, the nuclear family, father, mother and the children, appears to predominate. In almost all of the rest of the world, extended families, the grandparents, father, mother, children, but also aunts, uncles, cousins, and other kin are considered to be "family" (**Georgas**, 2003).

In Japanese culture for example, the first son takes care of the elderly parents. The parents core side with his family. As a result, this close proximity allows for grandparents to develop strong relationships with their grandchildren, passing on cultural traditions (**Mitchell,** 2009).

Raju, Asirvatham, &Madani, (2021) points out that due to repeated lockdown in India, people suffered with massive mental health crisis because of unemployment, alcohol abuse, economic hardship, domestic violence and indebtedness. It will affect most of the population where poor people are the most vulnerable and marginalized groups.

Saikarthik, Saraswathi, & Siva, (2020) says that though quarantine and lockdown help containing the spread of infection, it is also accompanied by potential psychological distress in the population. Isolation, fear of contracting the disease, confusion created by rumors, financial strain, apprehension regarding job security, boredom, frustrations, lack of freedom and space due to restrictions, alcohol withdrawal, and concerns for the family members that occur during lockdown period could affect the mental health of the population to varying degrees.

Shweta Singh, (2020) studies shows that lockdown can have different effects on different age groups. In children and adolescents, the pandemic and lockdown have a greater impact on emotional and social development compared to that in the grown-ups. The pre-lockdown learning of children and adolescents predominantly involved one-to-one interaction with their mentors and peer groups. Unfortunately, the nationwide closures of schools and colleges have negatively impacted over 91% of the world's student population. The home confinement of children and adolescents is associated with uncertainty and anxiety which is attributable to disruption in their education, physical activities and opportunities for socialization. Many children and young people have experienced loneliness during lockdown and in particular, been affected by lack of physical contact with their friends, families and peers, and the boredom and frustration associated with a loss of all the activities they have been used to taking part in. Moreover, many children and young people have experienced worries and distress about their education and returning to school.

The psychological wellbeing of working adults was also influenced by the lockdown due to COVID-19 pandemic. The mental status of women was affected more than the men. Additionally, gender, age, monthly income, history of quarantine, tested positive for Corona Virus had strong association with Psychological wellbeing. (**Raju, Asirvatham, &Madani**, 2021)

During the third phase of the lock down, less than one fifth of the adult Indian population suffered from depression, one fourth suffered from anxiety and more than one fifth suffered from stress. Females were more likely to suffer from depression and anxiety when compared to males. Employment in the government sector and higher educational status were protective against anxiety. Age above 25 years, smaller household size and single status were associated with decrease levels of stress. Parents with lesser number of kids or none were less likely to suffer from depression when compared to parents with more than 2 kids. (**Saikarthik, Saraswathi, & Siva**, 2020)

Individuals aged over 60 years and those with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer are at highest risk of affecting the disease. Fear of getting infected is significant in persons aged 60 years and above.

This is probably because co morbidities are more common in old age and advancing age is also a risk factor for COVID-19. (**Miglani**, 2020)

Although all age groups are at risk of contracting COVID-19, older people face significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions (**WHO**).

According to the survey conducted by Agewell foundation, elderly are the worst affected among all during current lock down situation due to the global Covid-19 pandemic. According to the survey findings, 70 per cent elderly were either already facing health complications or fearing to develop some medical complications due to current COVID-19 lockdown restrictions. During the survey, while interacting with older persons, volunteers observed that majority of older persons were depressed due to this new phenomenon. They expressed sense of apprehension, resentment, anxiety and even anger while talking over the phone. (**Agewell foundation**, 2020)

Lower immunity levels and co-morbidities put the geriatric population at a higher risk for corona virus disease (COVID-19). There was an increase in the anxiety levels among the elderly as they are unable to get advice from doctors on time due to the lockdown. Many were unable to go and get medicines from government hospitals, while some were unable to check their sugar levels and creatinine levels as many laboratories were closed. Some are also facing psychological issues. There is fear of death, and loneliness due to restriction in movement. They could also slip into depression. (**The Hindu**, 06 May 2020)

Shin Yin Chee (2020) has conducted a phenomenological study to explore the lived experiences of older adults in an aged care home during the COVID-19 pandemic. The study focuses on their perspective on how the pandemic has impacted their daily routine, relationships and overall well-being. This qualitative research is driven by an interpretivist paradigm. The author selected two aged care homes with comparable care service qualities, daily living activities, demographic distribution, building typology and environmental features. Semi-structured, in-depth, one-on-one interviews with 10 participants were conducted with open-ended questions. Through this study the researcher found that, even though COVID-19 resulted in significant social changes, it has not changed the way the older adults' perceptions of spending the rest of their lives in an aged care

home. Some developed a fear of death when they were made aware of COVID-19 and had very little faith that they could overcome the COVID-19 pandemic. Participants expressed feeling trapped, confined and vulnerable; all of which are depicted with negative feelings because of the measures being enacted to protect them from COVID-19. The experience described indicates that older adults may view this COVID-19 pandemic as potentially 'the end'. The results clearly show the need to promote the development of information programs for helping older adults stay up to date with pandemic.

According to a study conducted to determine the effect of COVID-19 lockdown on the health care and psychosocial aspects of the elderly in Kerala, hypertension was the most common lifestyle disease in the elderly, followed by diabetes. Those who used to do regular blood tests missed the same during the lockdown period. Some of them missed regular exercise during lockdown. The effect of lockdown on the mobility of the elderly population was even more evident among those who missed regular medical follow-ups and consultations. Scarcity of public transport shut down of outpatient departments in many private hospitals, and the conversion of many government hospitals into COVID hospitals would have been the reasons for this scenario. Frequent hand washing was one of the essential practices promoted in the state as a part of "break the chain" movement in Kerala against COVID. It was well received among the elderly population as only few respondents reported as not having done it. This was a fair indicator of the acceptance and practice of preventive measures by the elderly during the lockdown period. According to the study, Lockdown has adversely affected the health care and non-COVID medical services of the elderly. Fear of COVID infection was associated with psychological distress and anxiety. Proper psychosocial interventions are necessary to mitigate the effects of lockdown on health care and psychosocial aspects of the elderly. (**Balasundaram, Libu, George, & Chandy**, 2020)

Social distancing because of the COVID-19 pandemic could lead to negative consequences for the physical health of older adults. This is caused by the decrease of physical activity levels due to the total or partial restriction of social participation in community groups and family activities during the pandemic. Social participation has several positive effects on physical health in elderly people. Studies have reported that older adults who were enrolled into social activities presented better dynamic balance and muscle strength, healthy lung function and lower disabilities and chronic

inflammation compared to those without social participation. For this reason, attending social activities is an important component for successful aging. The relationship between social interaction and physical health may operate through different pathways. A possible explanation for these findings is that participating in meetings or social activities stimulates the musculoskeletal, cardiovascular, respiratory and nervous systems through physical activity and social interaction. Physical activity generates benefits for the physical health of older adults, stimulating muscle contraction, energy expenditure, decreasing
systemic inflammation and oxidative stress, reducing prevalence of chronic diseases, and geriatric syndromes such as sarcopenia, osteosarcopenia and frailty. As expected, decreasing or total restriction of social interaction could generate negative consequences for the health of elderly people, especially in those with chronic diseases, disabilities and geriatric syndromes. Evidence has demonstrated a relationship between social isolation and loneliness with disability, chronic diseases, risk of mortality and physical inactivity in elderly population. However, the effect of increased sedentary behavior and decreased physical activity on elderly people during the COVID-19 pandemic is unclear. Isolated older people have less physical activity and more sedentary behavior than those non-isolated the quarantine implied a radical change in the lifestyle of elderly people, reducing the social interaction, participation in exercise group, religious or spiritual group which have negatively affected the mental and physical health in this population. (**Loyola, et al.,** 2020)

In India, the older are more afflicted with chronic rather than acute illnesses – aside from locomotors difficulties – such as high blood-pressure, hypertension and diabetes, which require long-term medication. They are also more at risk of cancer, renal diseases and musculoskeletal disorders, particularly arthritis. Reduced mobility during this time prevents them from seeking regular medical attention, and leaves them dependent on others. To top it all off, 83% of their health expenses are out-of-pocket, leaving them financially vulnerable as well. Since older people are partially or entirely financially dependent on others. Their social security is quite fragile, especially in the context of the ongoing pandemic. (**Chaudhary & Suresh**, 2020)

Covid-19 has disrupted the lives and livelihood of people, especially in rural India. The lockdown has reduced income and threatens the food security of the rural population. One-quarter of India's

population is below the poverty line and approximately half a billion people are working in the informal sector, living on daily wages. The lockdown has affected millions of lives, leaving them hungry and penniless, and with no money and means to earn, these people depend on others for food and help, while there are many more who are simply starving. The elderly not only feared for their lives but also the stigma attached to the infection. The lockdown fanned their fears further, as they faced isolation, uncertainty, and income loss. The biggest challenge for the elders during the pandemic has been accessing healthcare, buying medicines, groceries, and banking. (**HelpAge India**, 2020)

Weakness is one of the most important issues faced by elders that are related to movement restriction, malnutrition and poor immunity. Weakness leads to loneliness and isolation with poor nutrition. Sensory problems that having difficulties in vision, hearing etc… can prevent them from taking sufficient precautions. Poor cognitive abilities like memory power, processing speed, thinking capacity and communication can prevent them from understanding and follow the prevention measures. People with dementia might have behavioral issues and wandering nature that can be a great challenge of keeping they isolated. Social distancing alone might not always be possible because, multiple people of various specialties mixed up in their care. It is necessary that elderly should be aware and updated with genuine information about the infection and the spread through a variety of modes. (**B & T**, 2020)

The outbreak of the COVID-19 pandemic has resulted in the disruption of food supply and unavailable or in short supply of adequate necessary materials. This leads to the vulnerable of the older adults to malnutrition and consuming non-healthy foods. The overconsumption of diets high in sugars, refined carbohydrates and saturated fats at the globe contribute to the prevalence of type 2 diabetes and obesity, and could place the elderly, at an increased risk for infected with the COVID-19 and then death in the sever case. The overconsumption of non-healthy foods impairs immunity and activates the innate immune system, leading to chronic inflammation and impaired host defense against viruses. Due to these risks, access to healthy foods should be taken into consideration and the older adults should be mindful of healthy eating habits to minimize long-term complications from COVID-19. (**Radwan, Radwan, & Radwan**, 2021)

An online survey conducted under the aegis of the Indian Psychiatry Society evaluated the psychological impact of lockdown due to COVID-19 pandemic on the general public. The objective of the study was to assess the prevalence of depression, anxiety, perceived stress, well-being, and other psychological issues. The survey suggests that more than two-fifth of the people is experiencing anxiety and depression, due to lockdown and the prevailing COVID-19 pandemic.

The mental and physical health in older people is negatively affected during the social distancing for COVID-19. The main mental and physical outcomes reported were anxiety, depression, poor sleep quality and physical inactivity during the isolation period. (**Loyola, et al.,** 2020)

In the context of prolonged lockdown and social distancing, loneliness can become a core component of a variety of psychiatric disorders through a subtly or grossly declared clinical picture. It may lead to hopelessness and discouragement, which can progress to depressive disorders and potentially self-destructive acts. It may aggravate fears and precipitate one or several types of anxiety disorders, including a variety of phobic syndromes. Also, it may generate painful memories that, later, can make the experience of social isolation a prelude of a potentially invalidating posttraumatic stress disorder. Finally, it may exacerbate behavioral styles and symptoms of conditions such as obsessive-compulsive disorder (e.g., washing hands repeatedly, sanitizing the household articles). Studies have revealed loneliness is associated with depressive symptoms in older age groups. Sleep quality continues to be affected by feelings of loneliness in this age group. Sleep duration tends not to differ between lonely and non-lonely older adults, but the same amount of sleep is less restful and results in greater daytime fatigue and dysfunction. (**Girdhar, Srivastava, & Sethi**, 2020)

The COVID-19 pandemic had an enormous impact on older adults aged 65 years or older. The risk of social isolation and loneliness due to governmental regulations raises concerns about the mental health and cognitive functioning of the elderly population. An online survey with self-report measures, studied the impact of the COVID-19 period on wellbeing, level of activity, quality of sleep and cognitive functioning of a general population of older adults aged 65 years or older. According to the study, changes in wellbeing, activity level, sleep quality and cognitive functioning were especially related to depression. The findings suggest that depression might be a

vulnerability factor that influenced the impact of the COVID-19 period on older adults. As the COVID-19 pandemic led to a decrease of older adults' social network and contacts, this emotional buffer might have disappeared, which in turn could have paved the way for depression. Next to depression, other variables such as living in a care facility or not and gender were related to changes in one specific domain of wellbeing and sleep quality, respectively. Susceptibility to cognitive failures was related to changes in cognitive functioning during the COVID-19 period. This study exposed that when we are faced with extreme stressors, such as COVID-19, in the future, prevention and intervention strategies are needed to aid older adults to prepare for and cope with them, especially for those at risk of depression. (**Pue, et al.,** 2021)

There have been reports of more than 300 people dying by suicide during the lockdown period; some 80 of them have been attributed to the fear of being infected by the virus and the consequent isolation and loneliness. Loneliness is a serious concern among the elderly, and could be a result of lower economic resources, death of contemporaries or spouse, lack of an active social life and dissatisfaction with familial and social relationships. There is also the self-perceived stigma of ageing and loss of purpose. (**Chaudhary & Suresh**, 2020)

A study estimates that 6% of elderly citizens live alone in India. Further, 10%–20% of them are enduring from mental desolation and loneliness. Usha Rana has conducted a study on "Elderly suicides in India: an emerging concern during COVID-19 pandemic". According to this study, elderly those are living alone find themselves unprotected due to the lack of social support in the lockdown scenario. Elderly, who are already suffering from mental disorders, are more vulnerable to COVID-19 pandemic, and the social consequences of COVID-19 have invigorated them to end their lives. The excessive information about consequences of COVID-19 for the elderly proclaimed by the news channels and social media led to the development of initial anxiety. The suicide cases of the elderly can be observed more where they experience loneliness because of social ignorance. (**Rana**, 2020)

Although it is natural for older adults to experience death anxiety (DA), the COVID-19 pandemic has exacerbated feelings of death anxiety in older adults, leading to catastrophic consequences on older adults' body functions and immunity. Religious coping can help protect individuals from

death anxiety. With social distancing being one of the effective ways of limiting the spread of COVID-19, religious practices in Mosques and Churches were suspended. Consequently, the religious coping and spiritual well-being of older adults have been dramatically and negatively impacted, and it is expected that their levels of death anxiety have increased. A study conducted among elderly found older adults' levels of religious coping, spiritual well-being, and death anxiety to vary significantly based on the selected socio demographic characteristics. Further, the results indicated significant associations between death anxiety and certain socio demographic characteristics, religious coping levels, and spiritual well-being levels in older adults. It is essential to consider the spiritual well-being of older adults during a stressful and life-threatening situation such as the COVID-19 pandemic. (**Rababa, Hayajneh, & Bani-Iss,** 2021)

Since social networks can act as a buffer against negative events, it might be beneficial to devote more attention to the importance of maintaining strong social relationships during major stressors, such as the COVID-19 pandemic. Social media usage and telephone contact could increase social interactions among the older adult population. Media actions might help in stressing the importance of maintaining such interactions for older adults. In addition, improving social skills could aid in preventing loneliness and decreased wellbeing. (**Pue, et al.,** 2021)

The elderly population has been hit with some of the worst effects of the pandemic, with harsher lockdown measures, and increased risks of mental and physical health problems, and the digital divide has seen that the effects of these measures have not been minimized. The population most affected by the lockdown is also the population least helped by the digital tools aiming to mitigate the negative effects. The uneven access and proficiency in technology is contributing to increased negative outcomes within elderly population. While technology may have gone a long way to mitigate negative effects of the crisis in the general population, the situation is more complicated in the elderly population. Access to, and ability to proficiently use technology is much lower in older populations than in younger adults. This uneven distribution of technological access and skill is known as the digital divide, or the gray digital divide there is a need to ensure that digital solutions to lockdown problems are also accessible to older populations. As of 2015, about 8.5% of the world population was aged 65 or older, and this number is growing every year. This is not a small group of people, and during the COVID-19 pandemic it is essential that society remains

aware of the challenges they are facing and takes measures to mitigate them. Encouraging the use of digital solutions in elderly groups is necessary, and governments and care homes should take measures to ensure the elderly population is aware of the resources available online during this pandemic. Raising awareness of the resources which can be accessed and making them available to less technologically savvy older individuals could have large benefits. Online socializing events catering to older individuals would allow for social contact, without any risks of COVID-19 infection. The introduction of online exercise programs geared toward homebound older individuals could offer simple workout routines to reduce the physical risks of decreased exercise. While short-term measures are unlikely to reach all older individuals, especially those with minimal material

access to technology, they could help maximize the usefulness of digital tools in older individuals without current knowledge of their availability. (**Jaarsveld**, 2021)

Due to various reasons such as lack of familiarity, cognitive or sensory deficits, and difficulties in adapting to a new practice, many senior citizens might not be proficient enough to stay in touch with their loved ones through social networking (WhatsApp, Facebook, etc.) and video-conferencing methods, which are recommended worldwide during the COVID-19 crisis for social connectedness. Especially the older adults residing alone might not have the required assistance when they want to connect virtually with their families. This can add to the frustration and helplessness. Even though digital connection appears to be a rational substitute, it has been shown in earlier studies that the elderly prefers personal communication and care, rather than virtual interactions. During the current pandemic situation, staying physically "segregated" adds to their loneliness and social isolation. (**Banerjee, D'Cruz, & Rao, Coronavirus disease 2019 and the elderly: Focus on psychosocial well-being, ageism, and abuse prevention – An advocacy review**, 2020)

The COVID-19 outbreak and the resulting economic shock are having a strong impact on the personal and financial lives of all. This impact can be greater on seniors as a recent survey by the OECD International Network on Financial Education (INFE) 1 shows that seniors in most economies were already displaying lower levels of financial well-being prior to the COVID-19 pandemic. Elderly people are most likely to fall ill and to suffer serious complications from the

disease. They are also likely to endure stricter lockdown measures in the present time and in the near future, limiting their possibility to live their (financial) lives as they did previously and requiring a profound adjustment. The pandemic and its socio-economic consequences are exacerbating factors that contribute to the increased vulnerability of elderly people, together with low financial and digital literacy, and possibly declining cognitive abilities. Lockdown measures and social distancing imposed in particular on the older population can put them at risk of financial exclusion. On the one hand, elderly people might prefer cash and not be familiar with digital or online payments, on the other, elderly people might not be able to access financial institutions, post offices or financial advisers. (**OECD/INFE,** 2020)

The compulsory measures taken to protect people against COVID-19 pandemic have severely impacted economic activity globally. As a result of this, many people have lost their jobs, 38 some face losses in business and share investments, 39 and others have had difficulty in receiving pensions. For those who don't get a pension, the problem is even worse. With the extended lockdown, they have spent most of their savings on daily necessities like groceries and medicines. In lack of a steady source of income and insufficiency of savings, many faces financial crises. In India, elderly constitute about 9 percent of the population and 50 percent of them are very poor. This current pandemic is likely to push them into financial crisis. (**Pant &Subedi, 2020**)

Most of the elderly in India work to make ends meet as there is no universal social security system. Most of them are in the unskilled, causal workers, who earn a meager daily wage to survive. These people were hard hit by the lockdown. Many of them did not have enough savings to sail them through and most of them were not credit worthy. The lockdown, consequent slow economic growth and broken production cycles, are likely to impact the elderly in more ways than one. They are expected to lose the opportunity for employment for three reasons: fear of going out and contracting infection, increased pressure on job market and loss of employment of the main breadwinner of the family. Such economic hardships are likely to impact the fulfillment of their basic needs of food, clothing, shelter and medical expenses.

To know how COVID 19 impacted the lives of older persons in India, a survey was undertaken by HelpAge India in June 2020. The survey covered 17 states and 4 Union Territories. According to the findings, 65% respondents stated, that COVID 19 impacted their livelihood. 60% of those who

stated impact of COVID 19 on their livelihoods were from rural areas while 40% were from urban areas. 56% were males, as compared to 44% females in this category. 67% were in the age segment of young old 60-69, 28% in the old-old category and 5% in the oldest old age group. (**HelpAge India**, 2020)

Ahead World Elder Abuse Awareness Day on June 15, a survey with focus on the impact of Covid-19 pandemic found 71% elderly respondents are of the opinion that cases of abuse against them increased during lockdown period and after. A majority 56.1% of the respondents said they were suffering abuse in their families or by society. The forms of abuse include a wide range from disrespect and verbal abuse, ignoring their daily needs, denying proper food, denying medical support, cheating financially, physical and emotional violence and forcing the elderly to work. (**Times of India,** 15 June 2020)

Besides being prone to isolation, loneliness, stress, grief, depression, and anxiety during the lockdown, the seniors are also victims of stigma, prejudice, and abuse, stemming from ageism. Substance abuse-related complications and cognitive disorders are added concerns. Elder abuse in every form has particularly been concerning during the present pandemic. Especially those staying alone, those with sensory or cognitive impairment, and those institutionalized are at a greater risk (**Banerjee, D'Cruz, & Rao, Coronavirus disease 2019 and the elderly: Focus on psychosocial well-being, ageism, and abuse prevention – An advocacy review**, 2020)

Implemented preventive measures to contain the COVID19 outbreak mean that the older adults will spend more times in their homes. The home, however, is not always a safe place for older adults who are experiencing or are at risk of abuse. Reports reveal that violence can increase during and in the aftermath of the outbreak of diseases including the COVID-19 pandemic. Violence against older adults (e.g., psychological, physical, and sexual violence, neglect, and financial abuse) can have damaging consequences and can even lead to death. More recently, it was reported that violence against older adults has risen sharply during the COVID-19 pandemic and imposition of lockdown procedures. During the COVID-19 crisis, older adults facing violence in their homes, long-term care homes, and online with a surge in scams. The preventive measures imposed during the COVID-19 pandemic exacerbate the factors which put older adults at risk of violence. Discrimination towards people due to their age has increased the risk factor for violence against

older adults during the COVID-19 crisis. For older women, prolonged exposure to their abusers as well as gender inequalities has worsened the risks of gender-based violence against them. In many countries influenced by the COVID-19 pandemic, records indicate an increase in the cases of domestic violence, in particular older women maltreatment. Although reports on violence during the COVID19 crisis are very scarce, established evidence on family violence against older adults reveals that various risk factors are likely to be exacerbated during the time of the COVID-19 pandemic. (**Radwan, Radwan, & Radwan**, 2021)

Ahead of World Elder Abuse Awareness Day on June 15, a survey with focus on the impact of Covid-19 pandemic found 71% elderly respondents are of the opinion that cases of abuse against them increased during the lockdown period. A majority 56.1% of the respondents said they were suffering abuse in their families or by society. The forms of abuse include a wide range from disrespect and verbal abuse, silent treatment (not talking to them), ignoring their daily needs, denying proper food, denying medical support, cheating financially, physical and emotional violence and forcing the elderly to work. (**Pandit**, 2020)

The World Health Organization encourages the public to support older adults through networks of family/friends and health professionals, especially those already affected by cognitive deficits including dementia who may feel more withdrawn during quarantine. The Inter-Agency Standing Committee (IASC) has summarized mental health and psychosocial support (MHPSS) considerations during this outbreak of COVID-19. Specifically, for older adults, it is important to provide continuous emotional support, as well as simple facts and information related to the outbreak, such as how to reduce transmission. In a world already filled with isolation and loneliness, the Health in Aging offers practical advice to share with elders. The first one includes consuming news in moderation, as the news is constantly being updated and can be emotionally overwhelming. The second piece of advice is to encourage outdoor activities while being mindful of maintaining 6 ft away from others. Next is to stay connected to family and friends via smartphones and computers. For those without internet access or the inability to utilize a smartphone, making daily phone calls and even writing letters is helpful. The last piece of advice is to ensure prescriptions are being refilled and medications are being taken daily. Maintaining any spiritual/religious affiliation via virtual events has been adopted in many locations as well. Free

classes online, live streaming of prayer services and community gatherings on Zoom have become popular. (**Roy, Jain, Golamari, Vunnam, &Sahu**, 2020)

Families and care givers need to be holistically involved in the care of the elderly, with increased sensitivity to their mental health. The seniors might be frail due to age, but they are definitely not weak. Their resilience can be noteworthy, if adequately cared for. It is high time that the pandemic-related policies and legislation in various countries are made more senior-friendly. The WHO and Centre for Disease Control and Prevention (CDC) have updated data related to geriatric-care during the pandemic. Besides their physical health burden, their psycho-social needs are also vital to be protected for their well-being and healthy survival. This is just the starting phase of the crisis. It is expected that in the post-pandemic months, there will be a surge in various mental-health issues, and a significant proportion of them might be the elderly. Preparedness to deal with this is necessary. Integrating them into this struggle against the unprecedented outbreak, can help us learn from their hope and wisdom for a better post-pandemic aftermath. (**Banerjee**, 2020)

Women elders in India have always found their own ways of social connections and engagement. Meeting their grandchildren, children and peer groups provide them with a sense of identity, security and support. The pandemic and its consequent precautions have restricted these day-to-day sources of joy. Moreover, limiting the movements and activities of our aged parents and grandparents with the best intentions of protecting them, has been often done without providing alternatives. The norms that dictated and restricted them all their lives as women got a renewed impetus during COVID-19. Those in care-homes have also faced an increased risk of loneliness, known to be an independent predictor of depression in the elderly. Cultural influences on older women are also of paramount importance. In the Indian socio-cultural milieu, wives who are often younger than their spouses serve as their main caregivers in the older age. The pandemic has grossly restricted domestic help and paid caregivers due to safety concerns, which made the elder women the sole carers of their elderly husbands. Their own safety and psychological concerns might not have been catered to. For some, it all just became a habit over time, with indifference forming the mainstay of coping. (**Chandra & Banerjee**, 2021)

Older women may be at heightened risk of domestic violence, by partners, adult children, or other family with whom they live, or from caregivers. The World Health Organization regards violence

against older people, including older women, as physical, psychological, and sexual violence, financial abuse, and neglect. This violence can occur in but is not limited to homes, long-term care facilities, and the internet. Covid-19 lockdown orders, which in some places lasted longer or were exclusively targeted for older people, may exacerbate the risk of violence and can increase social isolation and loneliness, financial dependency on family members or other caregivers, and alcohol and substance use in caregivers. (**Human Rights Watch**, 2021)

Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Government of Kerala 2017). Kerala has achieved remarkable milestones in terms of demographic indicators in comparison to rest of the states in India. Various factors contributed to this, including reduction in fertility and mortality, higher age at marriage and high female literacy. The concept of elderly care is embedded in a three-tier system: the household, institutional and society levels. At the household level, caregivers would be spouses, children, siblings and other relatives. Second, at the institutional level, hospitals, local self-governments and care homes would take care of the elderly. Finally, at the societal level, neighbors, friends and other non-relatives would be the caregivers. (**Rajan, Shajan, & Sunitha**, 2020)

According to a study conducted among elderly in Kerala, female and the 'old-old' category elderly are the most vulnerable to chronic diseases. Most of the female elderly had a low level of life satisfaction. Among elderly men, most of the 'young-old' had good accommodation, while most of the 'middle-old' and 'old-old' were not satisfied with their accommodation. This was partly due to the built environment not being conducive for 'middle-old' and 'old-old' persons. The findings say that depression was high among the 'middle-old' and 'old-old', irrespective of gender. Among the female elderly, 'young-old' and 'middle-old' resided in urban areas, while among males, most 'young-old' resided in rural areas. It is quite natural since as age increases, the prevalence of disabilities also increases. These disabilities were normally related to vision, hearing, walking and dental problems. The 'old-old' need maximum assistance. Most of the 'middle-old' and 'old-old' are single (unmarried or separated or widowed or divorced), and most in this category are also disabled. The 'old-old', irrespective of their gender, have severe cognitive impairment. It is the 'middle-old'. And 'old-old' categories of the elderly that need special care for both males and

females. The 'old-old' among the female elderly needed the most care as the percentage of women in this category is more. (**Rajan, Shajan, & Sunitha**, 2020)

A Study on the Health Care and Psychosocial Aspects of Elderly in Kerala State reveals that Lockdown has adversely affected the health care and non-COVID medical services of the elderly. Fear of COVID infection was associated with psychological distress and anxiety. (**Balasundaram, Libu, George, & Chandy**, 2020)

A few measures are also taken by the administration to ensure social connectedness for the elderly. One of the world's largest women empowerments in Kerala, named Kudumbashree (means 'prosperity of the family'), launched an outreach programme for the elderly during the COVID-19 lockdown with confidence-building measures through IEC (Information, Education and Communication) with the focused objective of extra precautions by the elderly. To help the elderly during the lockdown period, the Kerala Police Department introduced a scheme Prasanthi (means 'highest peace') which was executed by its special branch called Janamaitri (means 'people friendly') police. They provided their services to the elderly in need of essential medicines, food, other provisions and treatment. Counseling services were also available under the scheme. Specially trained women police officers worked 24x7 at their call centers. (**Gulia& Kumar**, 2020)

With the Covid-19 safety protocols constantly redefining the new normal, Kerala is one place that may initially struggle but soon comes to terms with strange paradoxes. Because, with those above 65 years of age forced to remain out of sight, Kerala is feeling the pinch more than any other state in India, as its demographic profile, along with many other human development indices, is more in line with the developed world, especially the Scandinavian countries. According to figures mentioned by IrudayaRajan, about 10-14 lakh elders with established sources of disposable income also happen to be in the 65 plus age group in Kerala. And by suddenly asking them to withdraw from all kinds of public appearances, Kerala now runs the risk of opening up cases of mental stress (**The Print**, 2020)

From the literature we can understand that the pandemic and the lockdown have affected people of different age categories in different ways. The elderly is most vulnerable among all. The older people are likely to feel more stressed, lonely, which may also adversely affect their health.

CHAPTER 3

METHODOLOGY

This chapter deals with the methodology which is used by the researcher to study the role of grandparents in the family during covid-19 pandemic.

Statement of the problem

This study is focused on the role of grandparents in families during covid-19 pandemic. This study is trying to find out the socio-economic profile of the grandparents.

General Objective

A study on the role of grandparents in the family

Objectives

- To find out the socio-economic profile of the respondents.
- To analyze the relationship between grandparents and other members of the family.
- To study the nature of the role of grandparents in the families during covid-19 pandemic.
- To find out the problems faced by the grandparents in the families during covid-19 pandemic.

Clarification of Concepts

Theoretical Definitions

- Elderly: According to Collins Dictionary, elderly means, past middle age, or approaching old age

- Social capital: According to Britannica, social capital is, 'the concept in social science that involves the potential of individuals to secure benefits and invent solutions to problems through membership in social networks.

- Families: According to Merriam Webster Dictionary, family is 'the basic unit in society traditionally consisting of two parents rearing their children'.

- Covid-19: According to WHO, covid-19 is "the disease caused by a new coronavirus called SARA-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China."

Operational definition

- Elderly: In this study, the term elderly that is being referred to the grandparents in the family.

- Social capital: In this study, the social capital that is being referred to describe how members are able to band together in society to live harmoniously.

- Covid-19: In this study, covid-19 is being referred because of the present situation which affected a lot number of people in the world.

Variables

Independent variables:

- Age
- Gender
- Educational qualification
- Type of family
- Locality
- Occupational status
- Income

Dependent variables:

- Role played by grandparents in the family.

Pilot Study

In order to find out the feasibility of the present study, the researcher visited the village officer of Kalavoor panchayth. He agreed to cooperate with the study and expressed the willingness to give the required assistance for conducting the data collection.

Research design

The research design used in this study is Descriptive research design since this study requires an in-depth and detailed study. The research is designed to study the role of grandparents in families during covid-19 pandemic.

Universe

The universe of the study is the grandparents from Kalavoor panchyath in Alappuzha district.

Sample size

The sample size for this study is 50 samples.

Sampling methods

The sampling method intended to use in this study is Simple random sampling.

Tools for Data Collection

In this study, interview is used as a tool for data collection. The questionnaire was prepared and the researcher goes directly and collected the responses from the elder people.

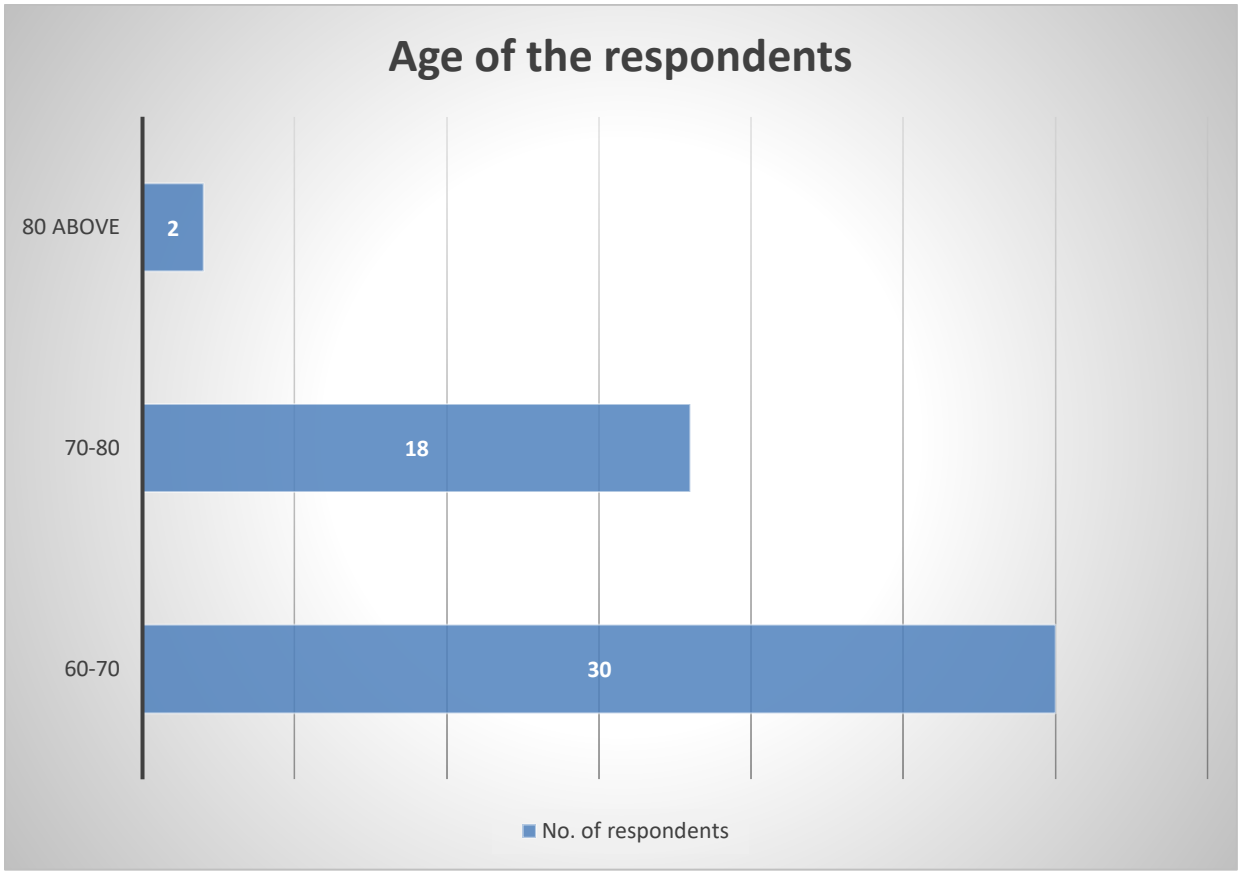
CHAPTER 4

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data, collected through interview. The data collected in this study was analyzed in a systematic manner in order to determine the study's objective.

Figure 4.1

Age of the respondents



The figure 4.1 shows the graphical representation of the age of respondents. Majority of the respondents come under the age group of 60-70. 30 respondents are under the age group of 60-70. About 18 of the respondents come under the age group of 70-80. And least number of respondents is 80 above. Only 2 respondents come under 80 above.

Figure 4.2

Gender of the respondents

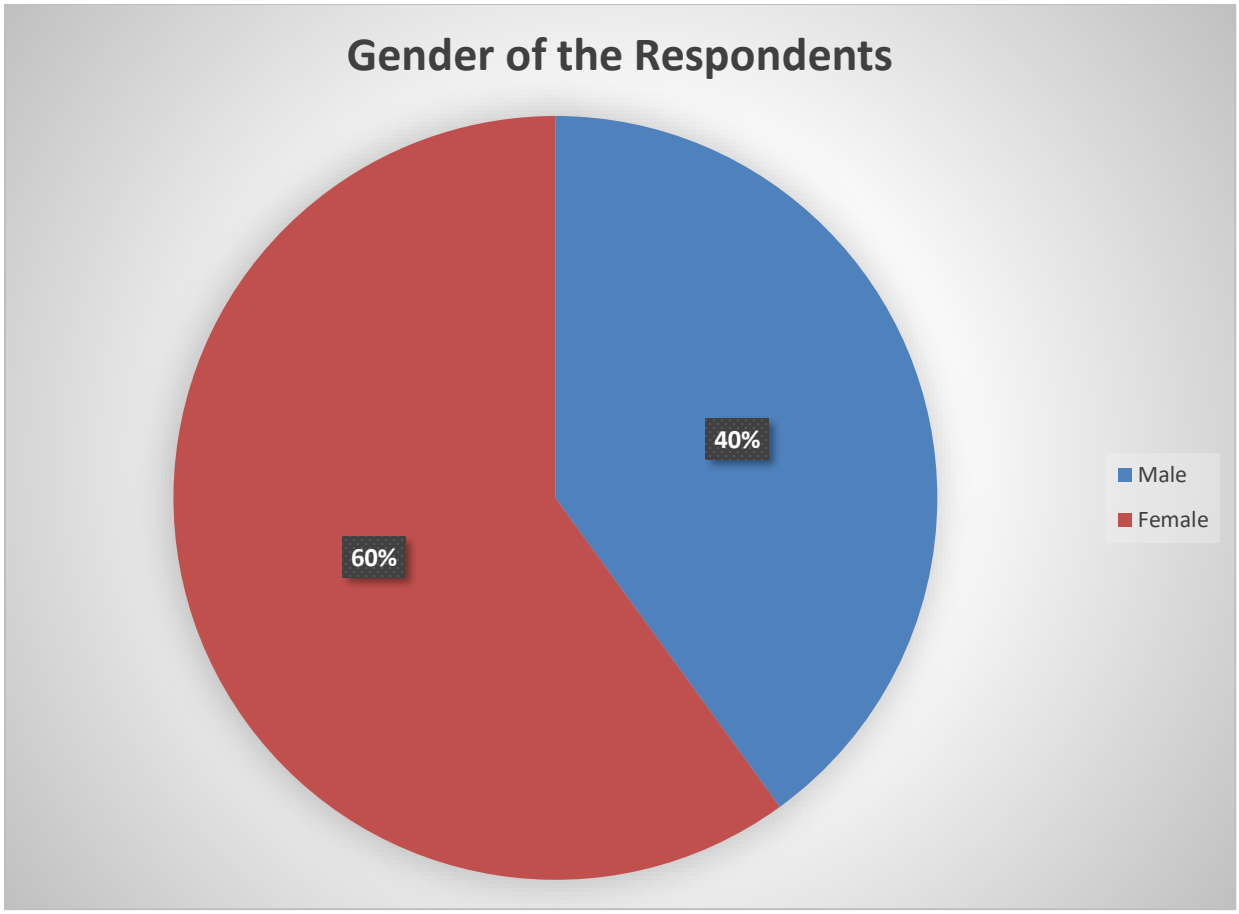
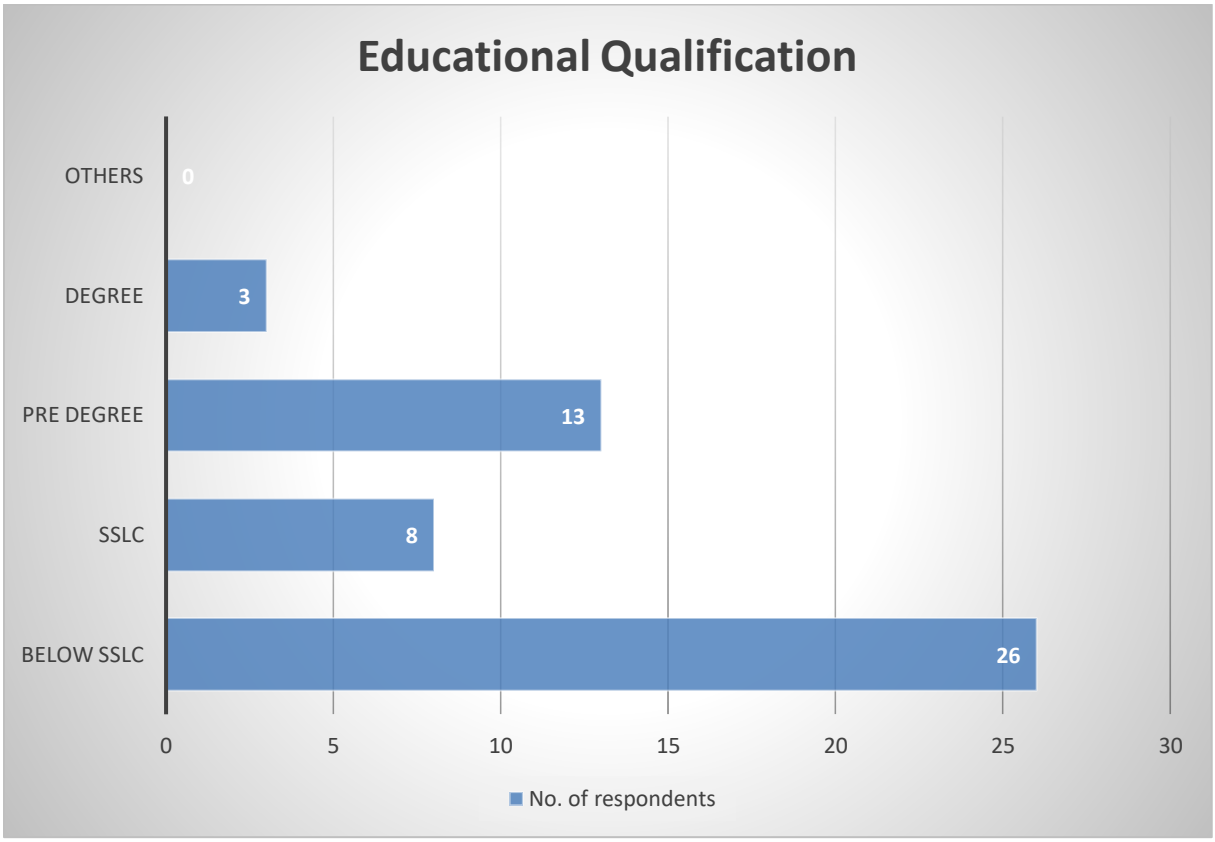


Figure 4.2 represents the graphical representation of the gender of respondents. About 60% of the respondents are female. And 40% of the respondents are male. And we can see majority of the respondents are Female.

Figure 4.3

Educational qualification of the respondents



In the figure 4.3 the educational qualification of the respondents is graphically represented. Majority of the respondents are below SSLC. About 26 of the respondents have educational qualification below SSLC. 13 numbers of respondents have completed pre degree. About 8 respondents attained SSLC. And only 3 respondents have degree level qualification.

Figure 4.4

Type of family of the respondents

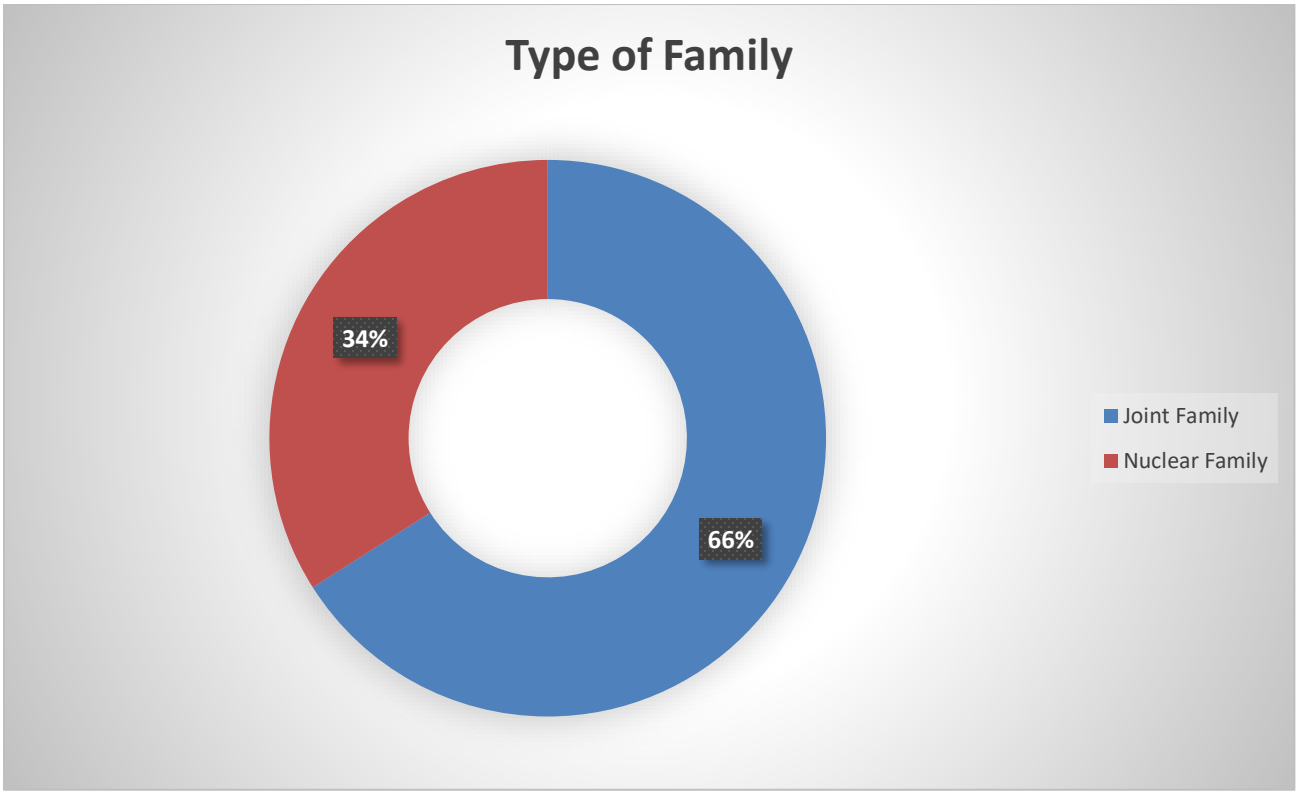


Figure 4.4 shows the graphical representation of the type of family of the respondents. 66% of the respondents are from joint family and 34% of the respondents are from nuclear family type.

Figure 4.5

Locality of the respondents

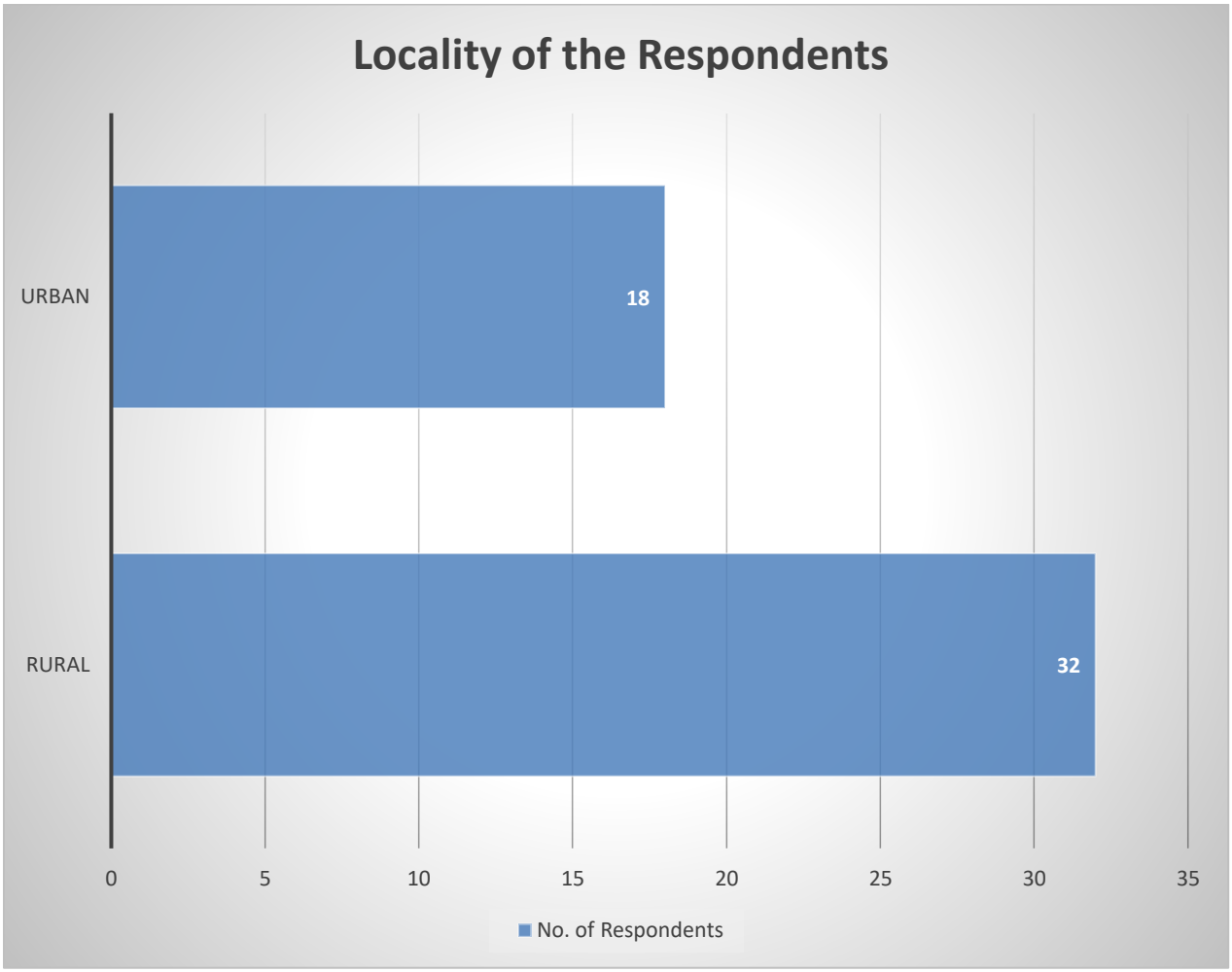
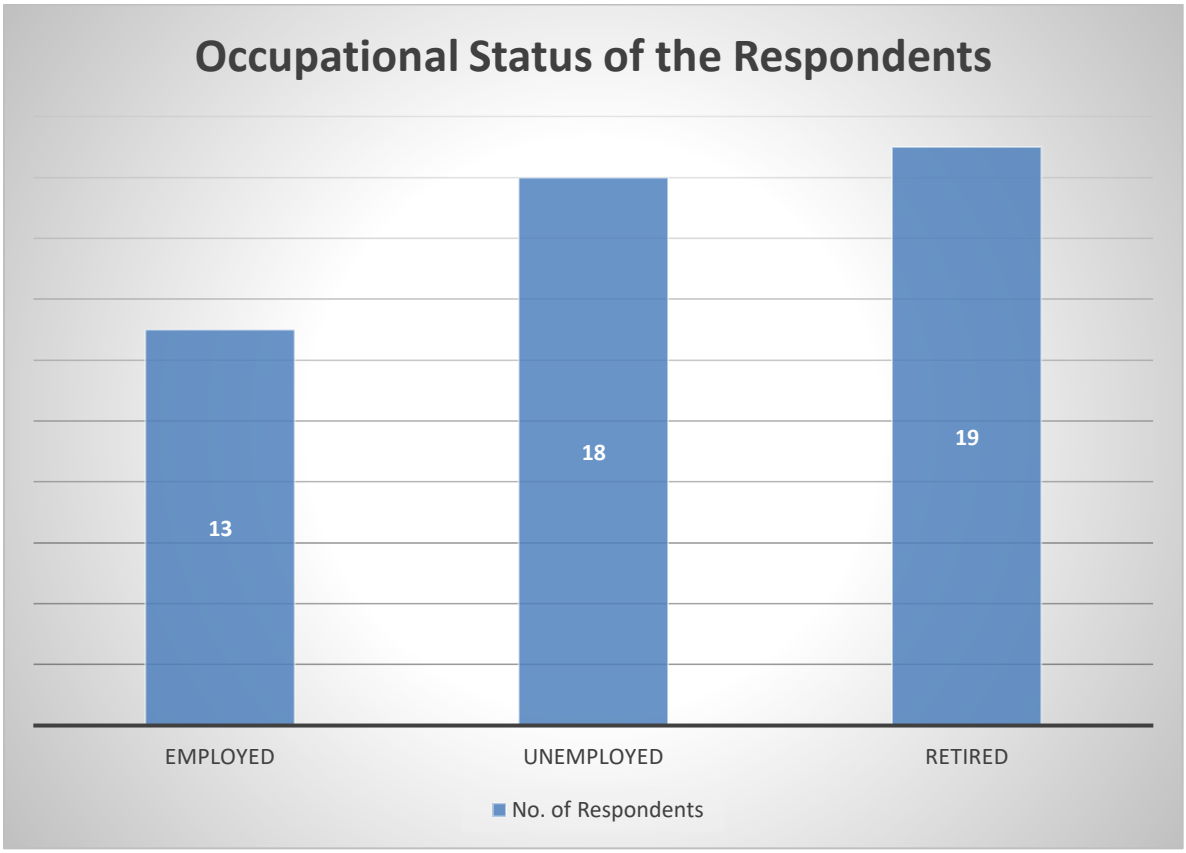


Figure 4.5 represents the graphical representation of the respondent's locality. About 32 of the respondents come from rural area and 18 respondents are from urban area. Majority of the respondents are from rural area.

Figure 4.6

Occupational status of the respondents



The figure 4.6 shows the graphical representation of the occupational status of the respondents. About 19 numbers of respondents are retired. 18 of the respondents are unemployed. And about 13 respondents are employed. Majority of the respondents are retired.

Figure 4.7

Income of the respondents

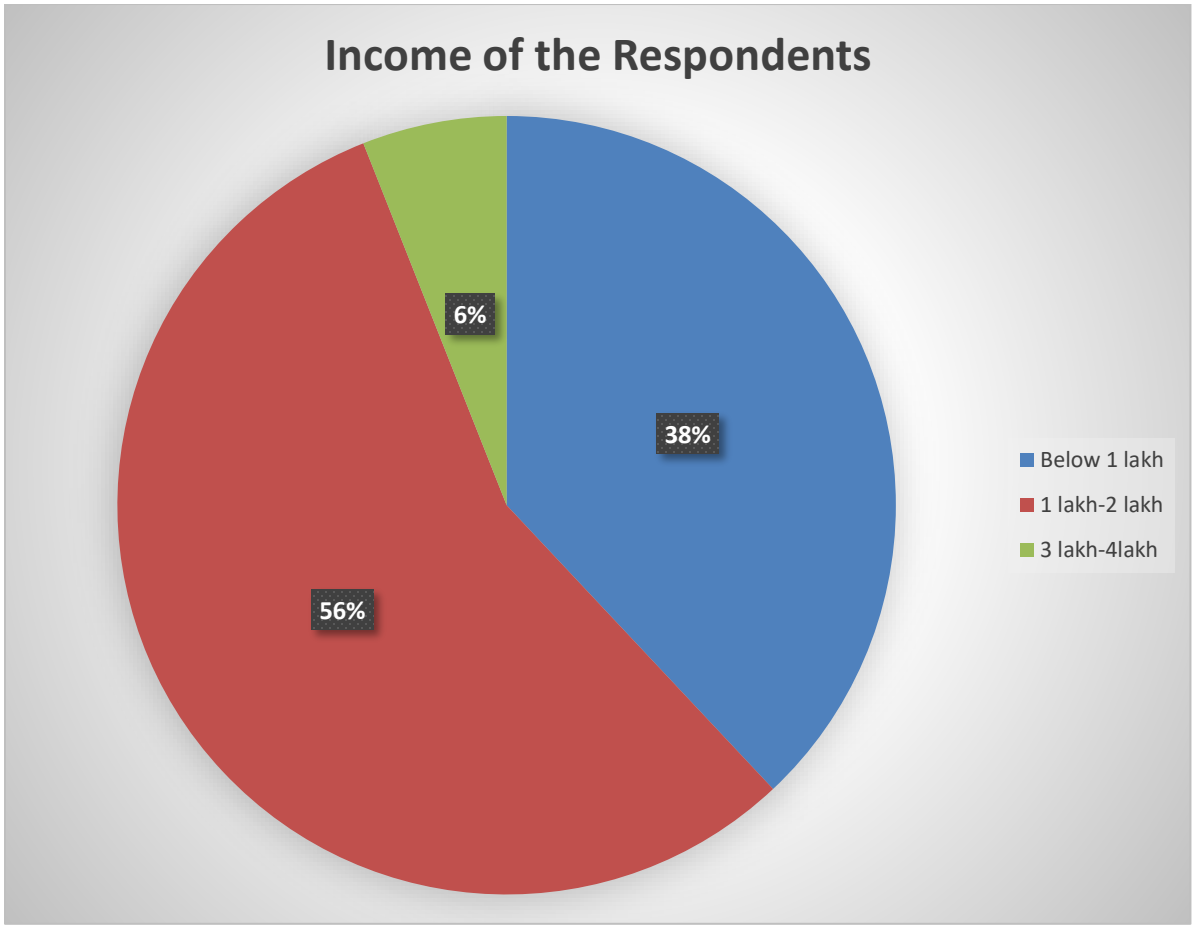
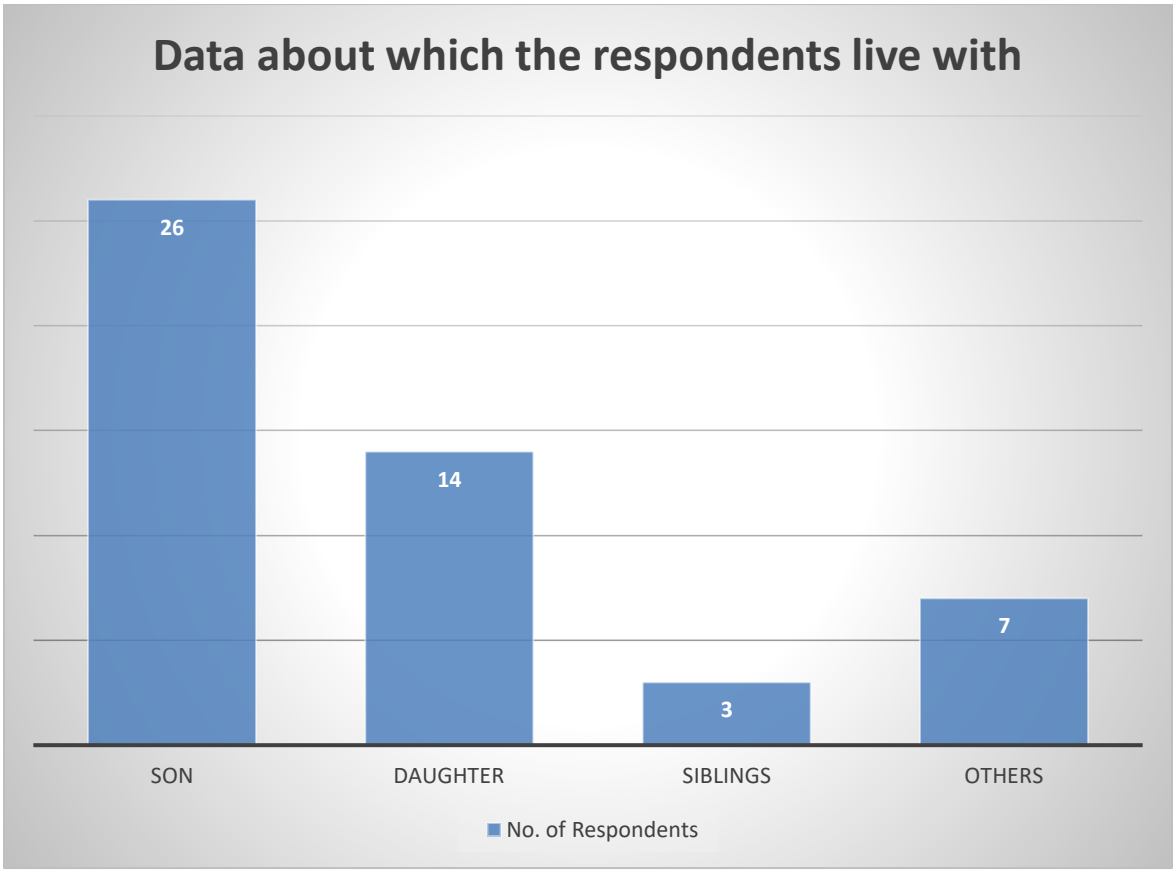


Figure 4.7 represents the graphical representation of the income of the respondents. 56% of the respondents have income level from 1 lakh to 3 lakhs. About 38% of the respondents have income below 1 lakh. And 6% of the respondents have income from 3 lakh to 4 lakh.

Figure 4.8

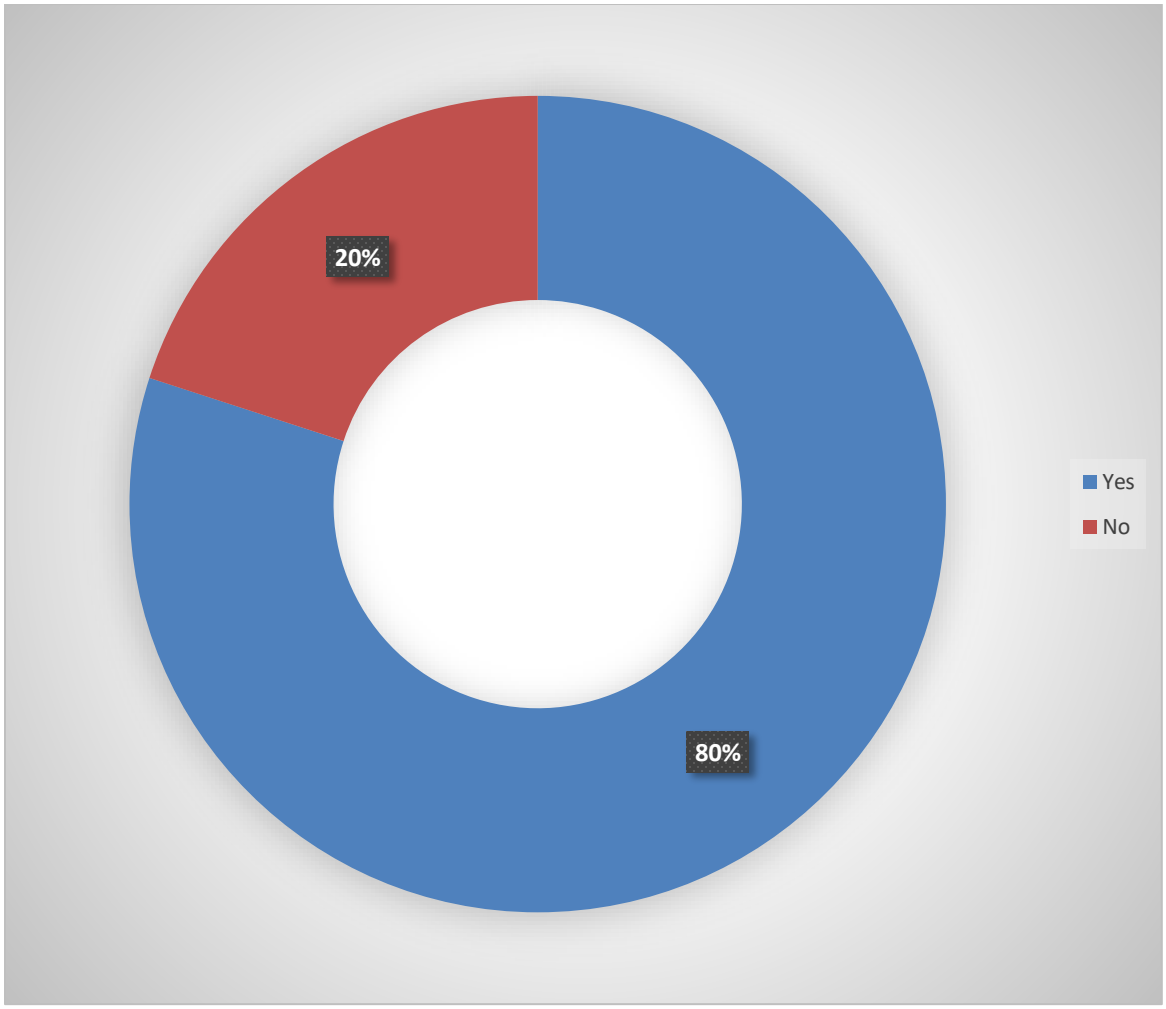
Data about which the respondents live with



The figure 4.8 depicts the graphical representation of the respondents whom they live with. About 26 respondents live with their son. 14 numbers of respondents live with their daughter. Only 3 of the respondents live with their siblings. Here majority of the respondents lives with their son. 7 numbers of respondents lives alone.

Figure 4.9

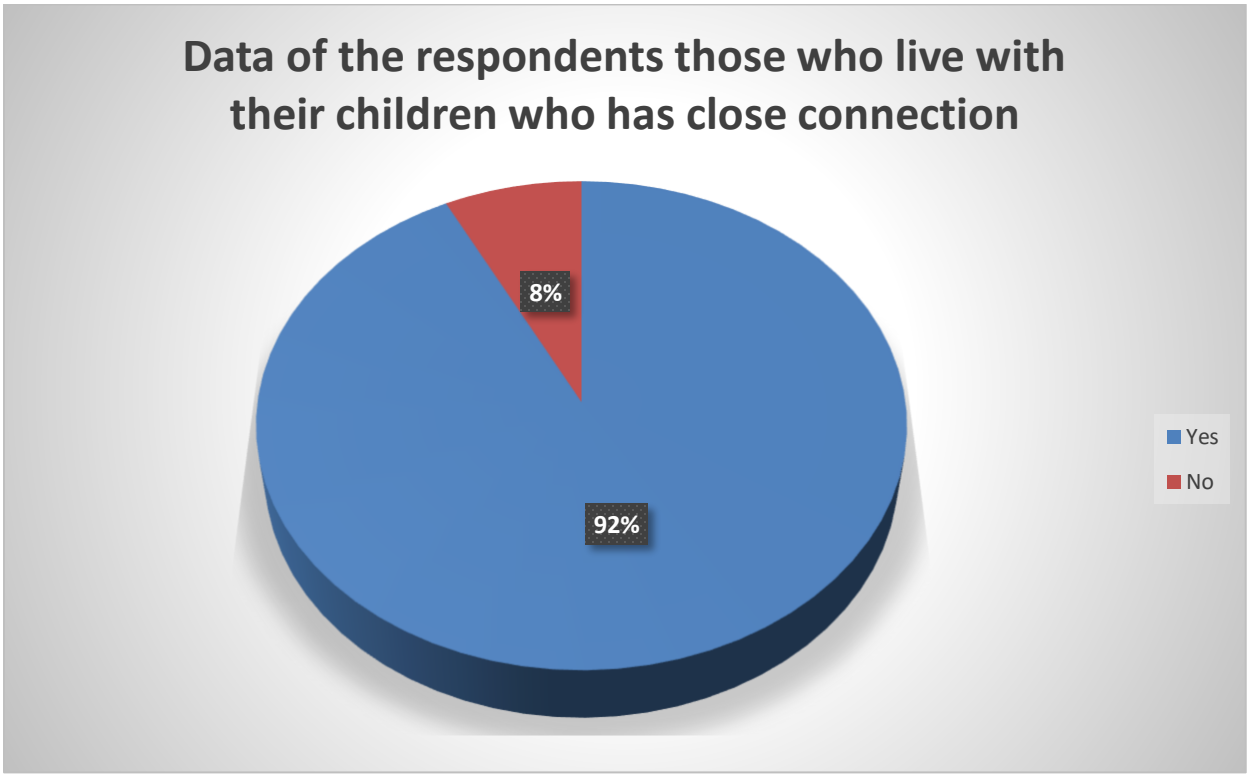
Data about the respondents lives with their children or not



The figure 4.9 shows the graphical representation of the respondents those who live with their children. 80% of the respondents live with their children and 20% of the respondents didn't live with their children.

Figure 4.10

Data of the respondents those who live with their children who has close connection



The figure 4.10 represents the graphical representation of the respondents those who live with their children who has close connection with them. About 92% of the respondents have close connection with their children and 8% of the respondents who do not have a close connection.

Figure 4.11

Data depicts the level of connection with the respondent's children

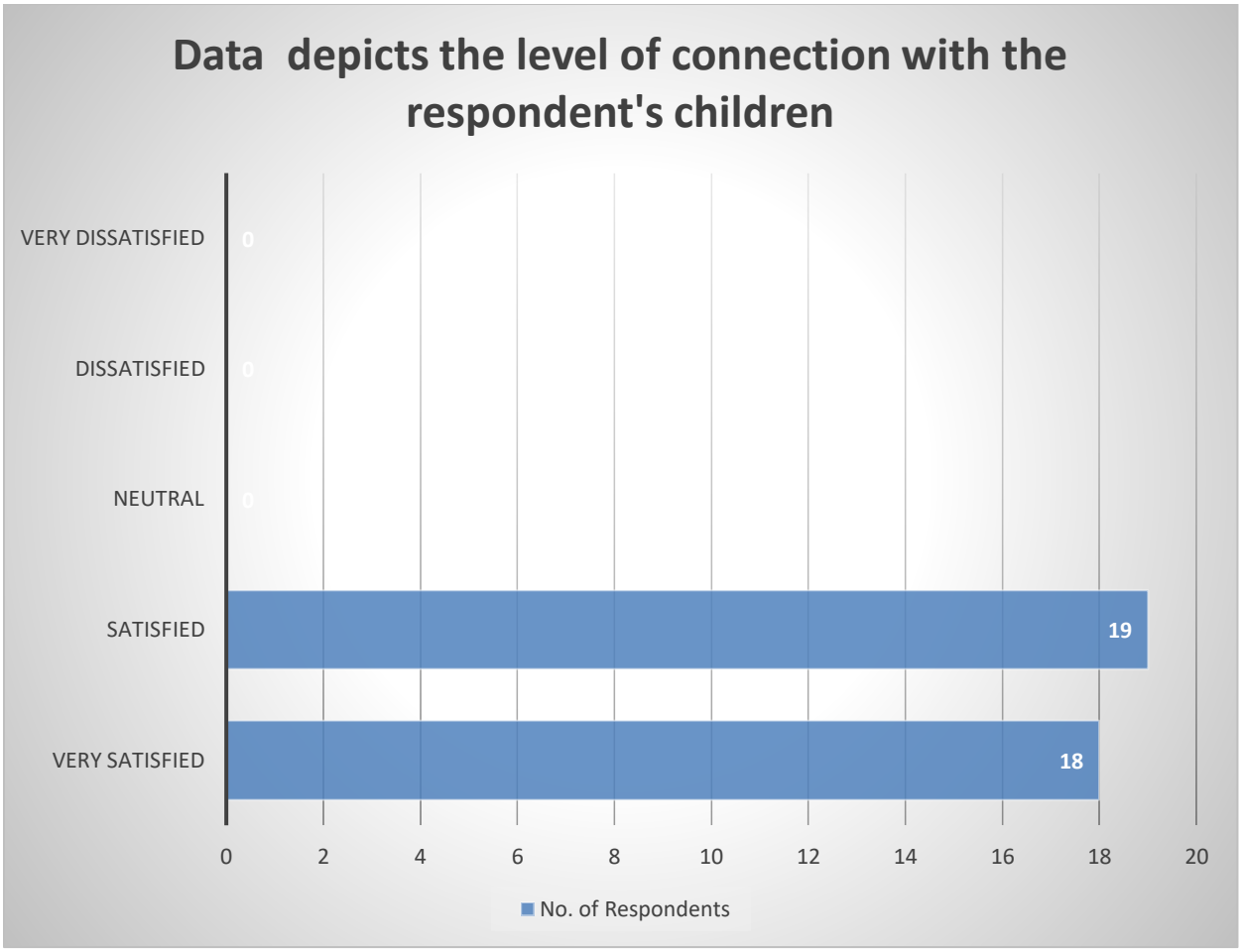


Figure 4.11 depicts the level of connection the respondents have with their children. About 19 of the respondents are satisfied and 18 respondents are very satisfied with the connection between the children and them.

Figure 4.12

Data of respondents communicate via phone

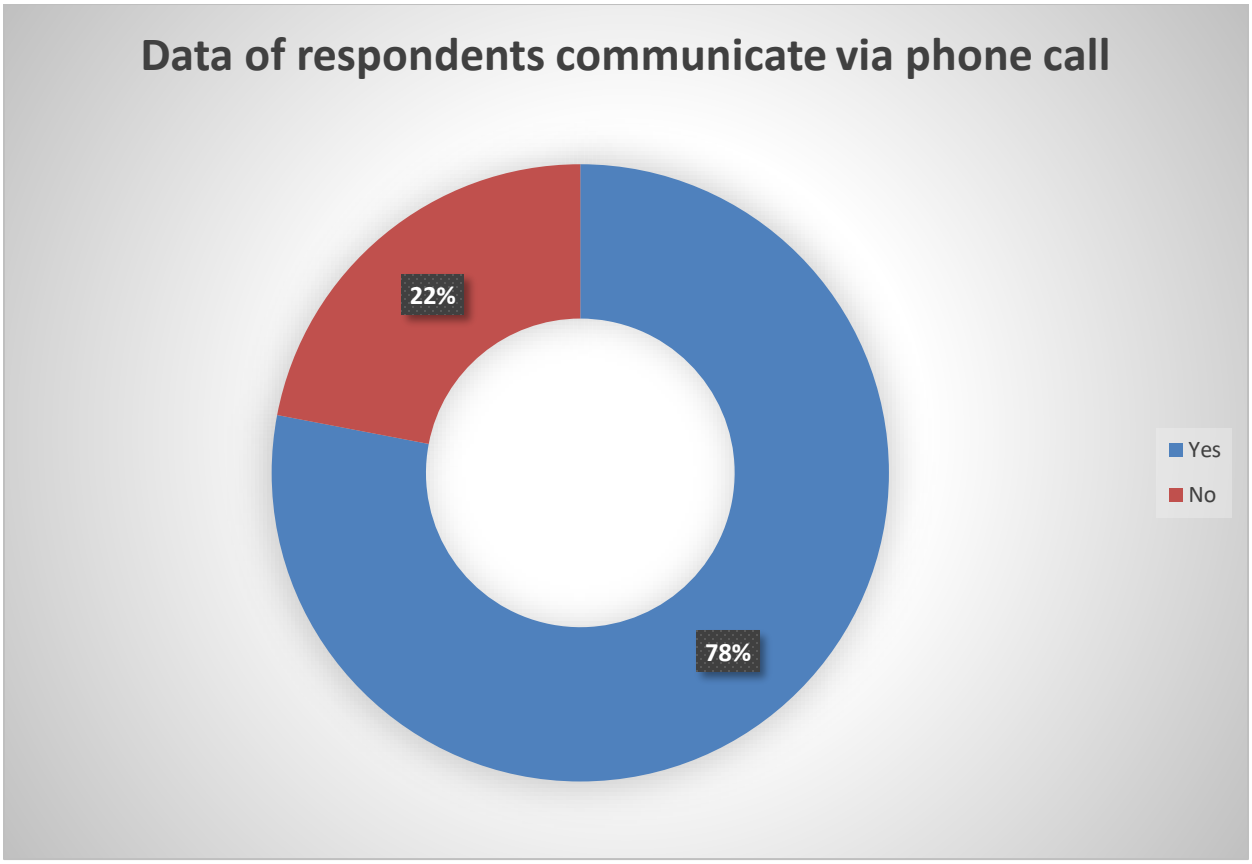
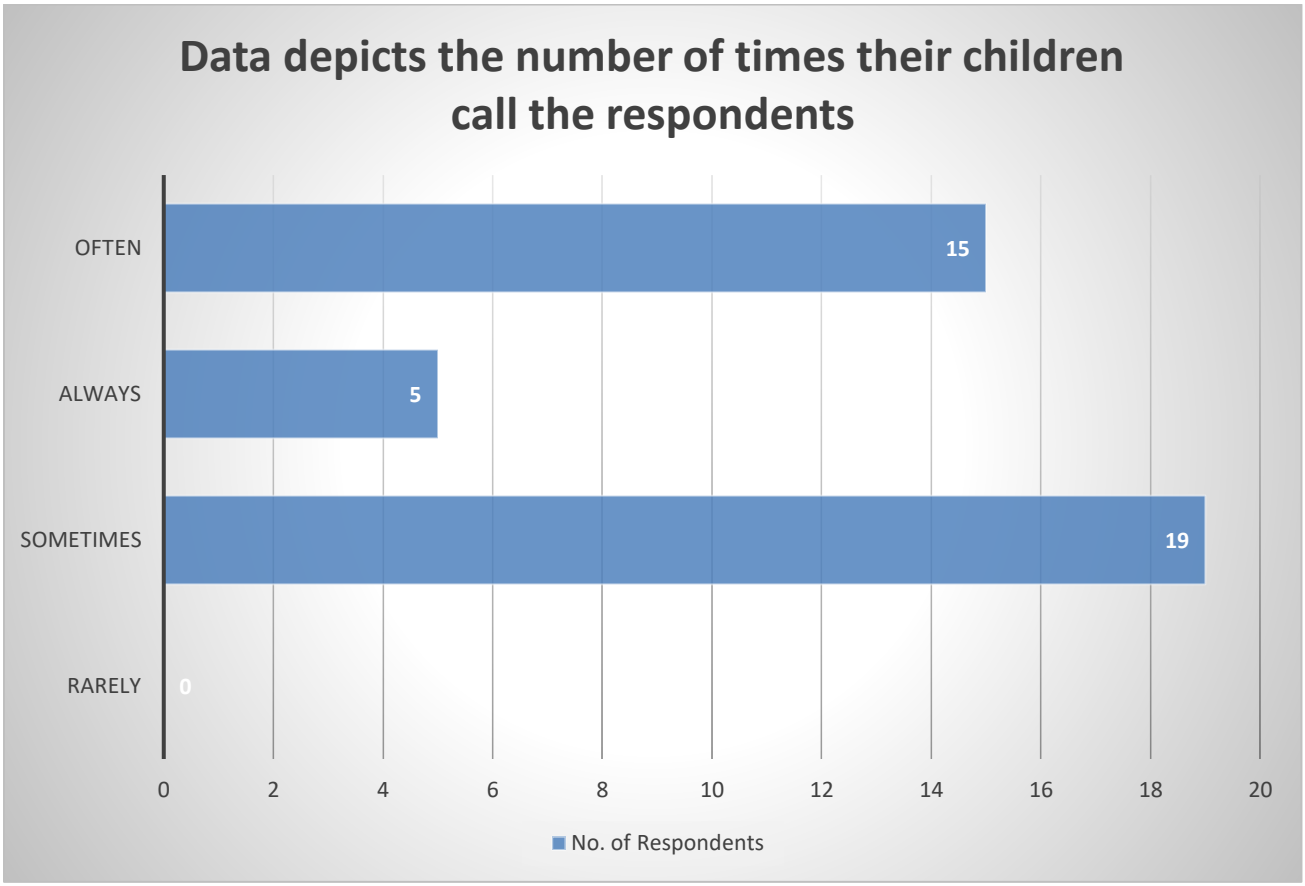


Figure 4.12 shows the graphical representation of the respondents those who communicate via phone call. About 78% of the respondents communicate through phone calls. And 22% of the respondents did not communicate often.

Figure 4.13

Data depicts the number of times their children call the respondents



The figure 4.13 represents the graphical representation of the number of times their children call the respondents. About 19 number of respondent's children call them sometimes. 15 of the respondent's children call them often and only 5 respondent's children always call.

Figure 4.14

Data of the respondents who has grandchildren

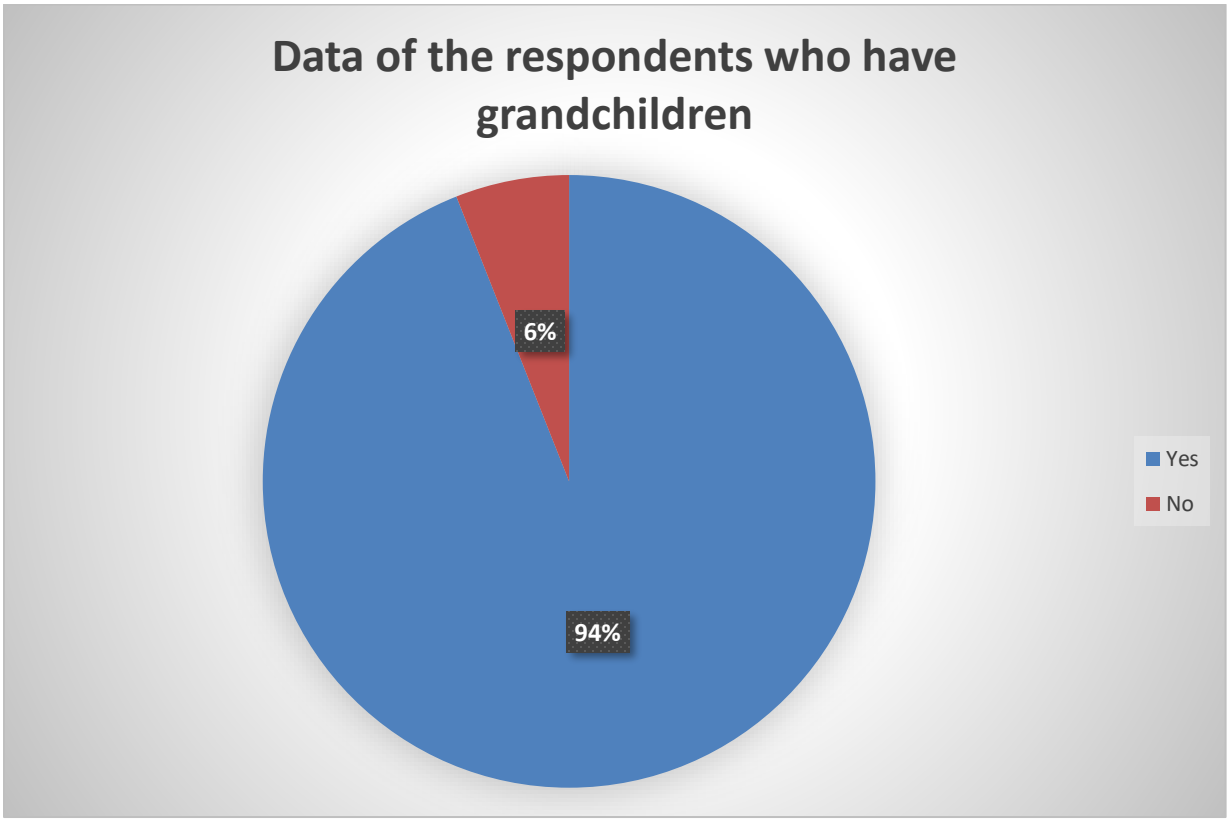
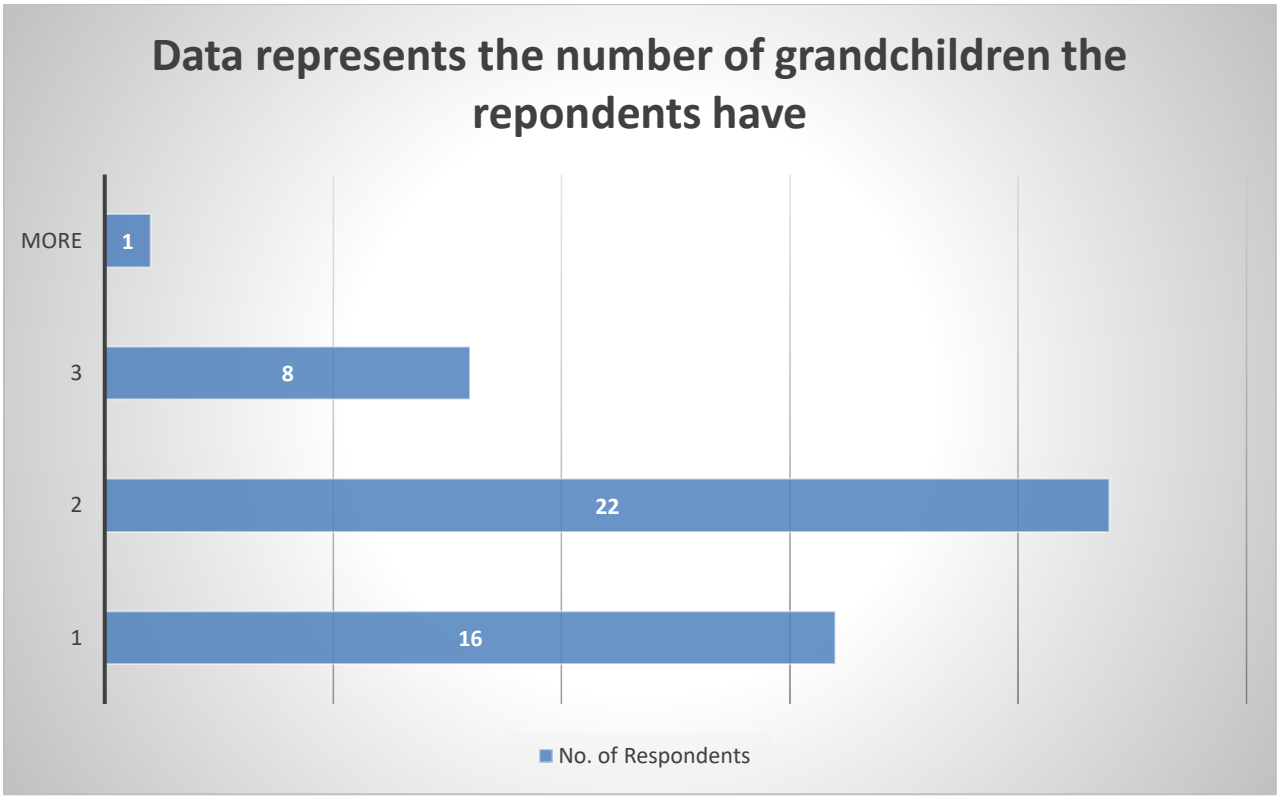


Figure 4.14 depicts the graphical representation of the respondents who has grandchildren. About 94% of the respondents have grandchildren and 6% of the respondents do not having grandchildren. Majority of the respondents are having grandchildren.

Figure 4.15

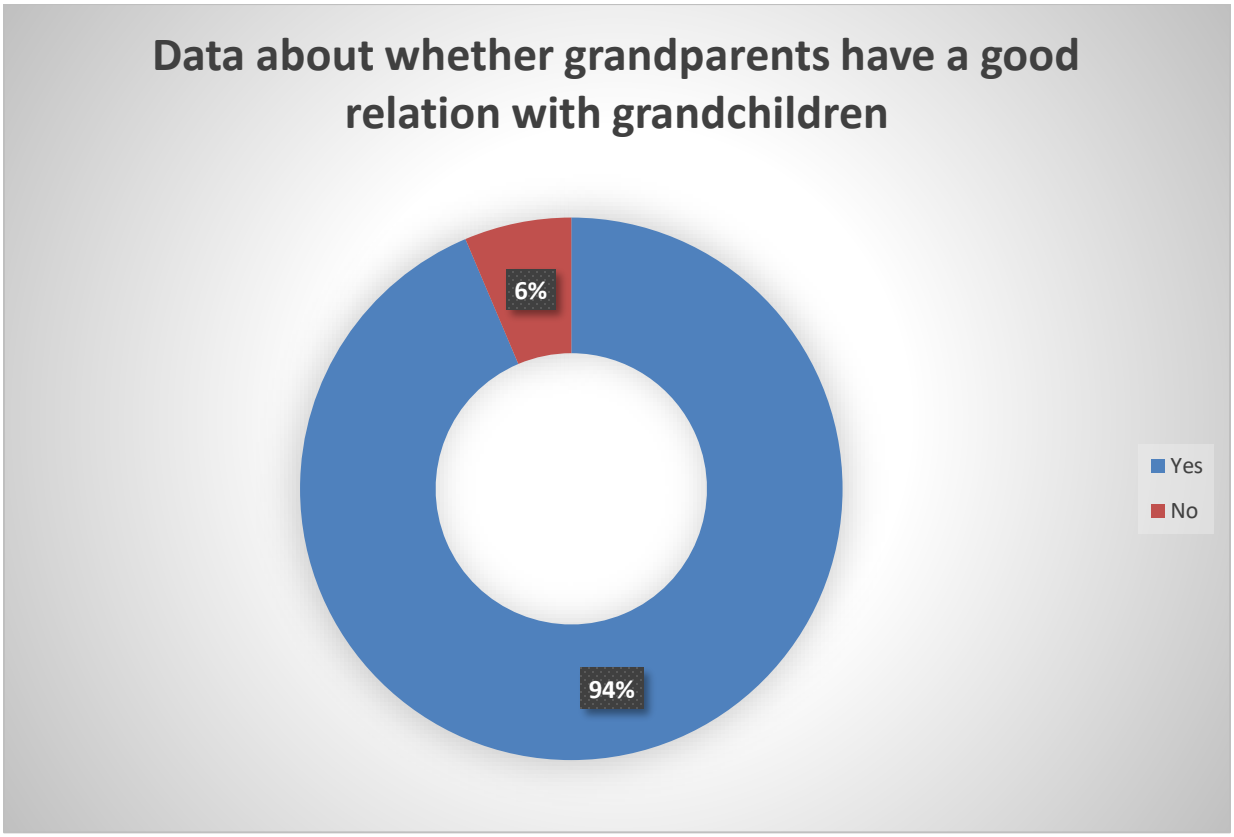
Data represents the number of grandchildren the respondents have



In figure 4.15, shows the graphical representation of the number of grandchildren the respondents have. About 22 of the respondents have two grandchildren, 16 numbers of respondents are having one grandchild, and 8 respondents have 3 grandchildren. And only 1 of the respondents is having more than 3 grandchildren.

Figure 4.16

Data about whether grandparents have a good relation with grandchildren



The figure 4.16 represents the graphical representation of the data about whether the grandparents have a good relation with grandchildren. About 94% of the grandchildren have a friendly relationship with their grandparents. And 6% of the grandchildren do not have a friendly relationship with their grandparents.

Figure 4.17

Data about how they rate their extend of good relationship with their grandchildren

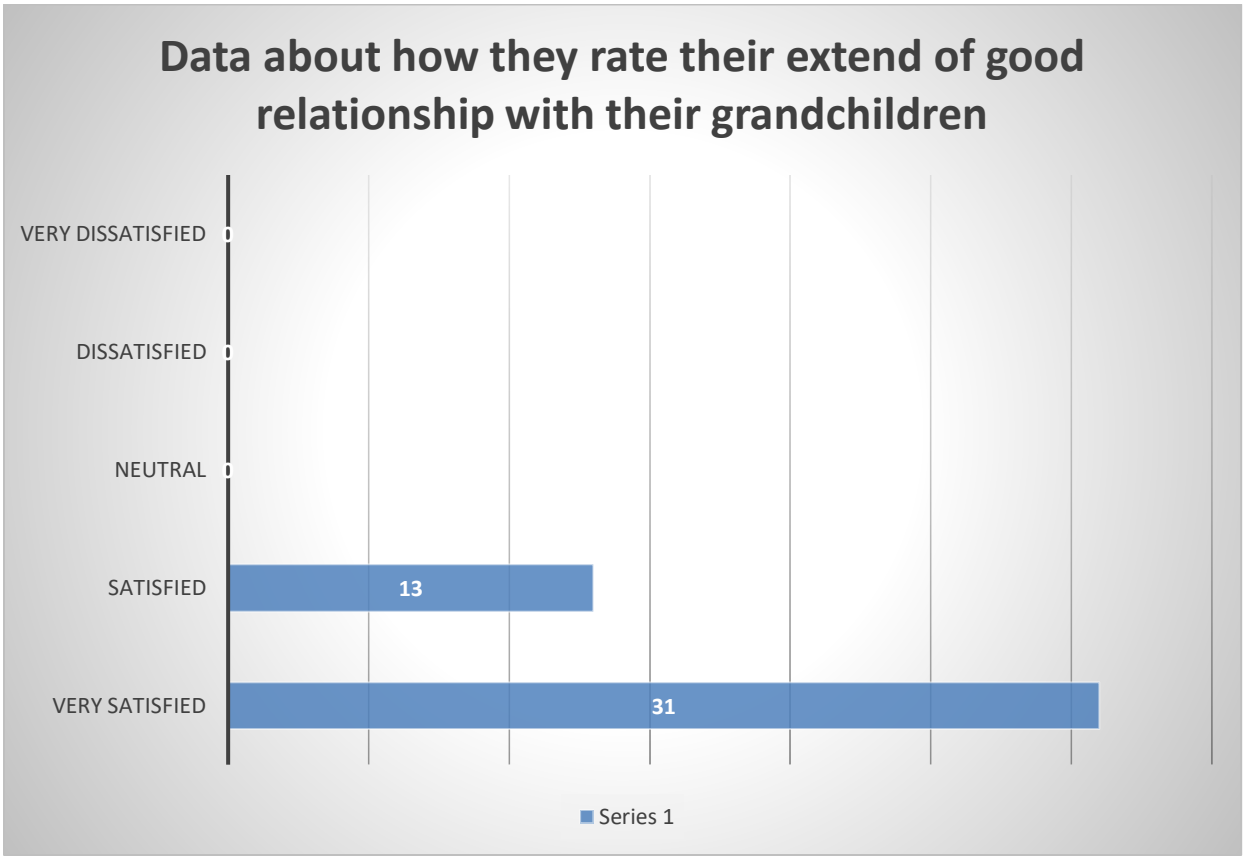


Figure 4.17 shows how the respondents rate their extend of good relationship with their grandchildren. 31 numbers of respondents are very satisfied with the relationship with their grandchildren. 13 of the respondents are satisfied with the relationship with their grandchildren. Majority of the respondents are very satisfied and have a good relationship with their grandchildren.

Figure 4.18

Data represents the care given by other member of the family towards the respondents

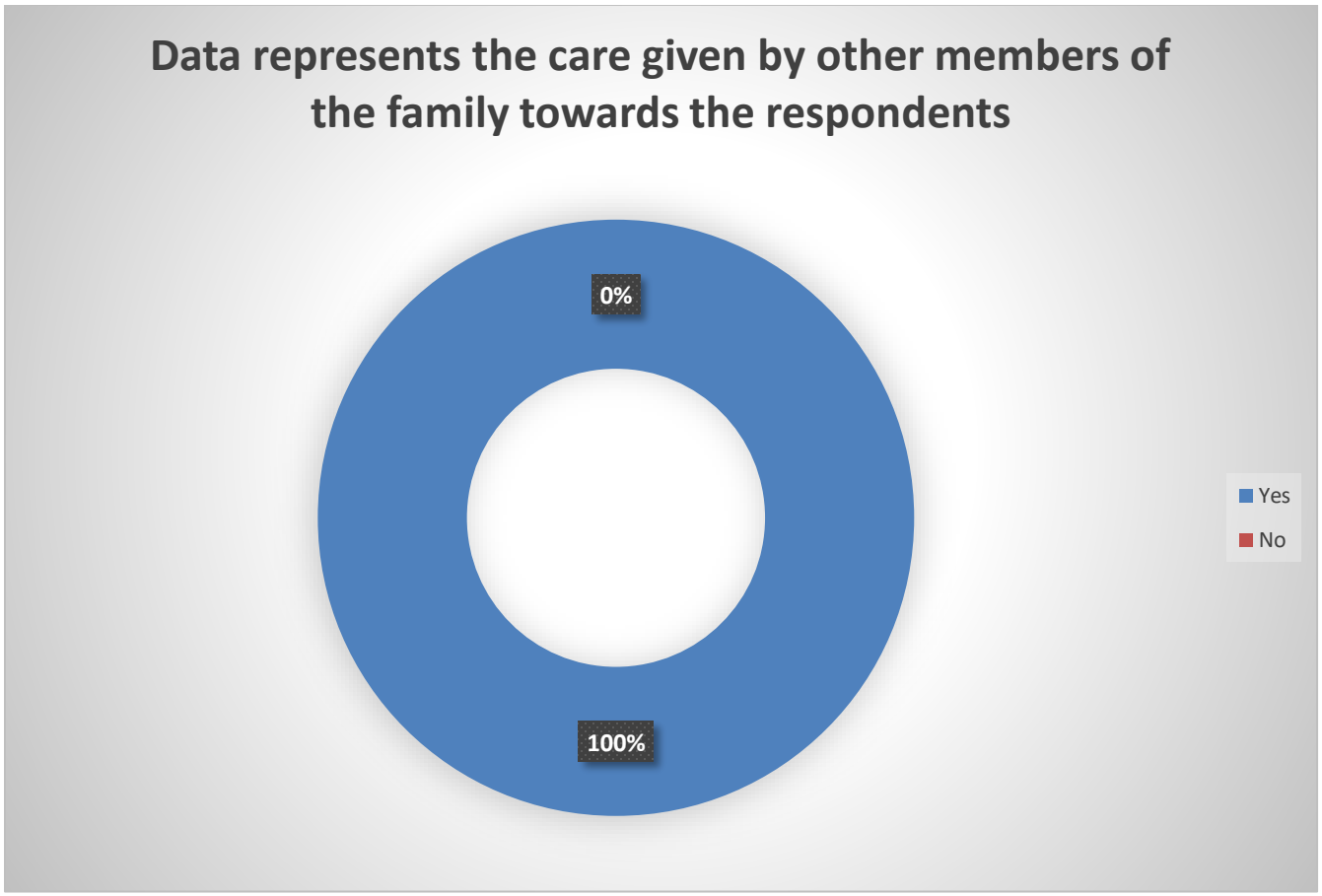
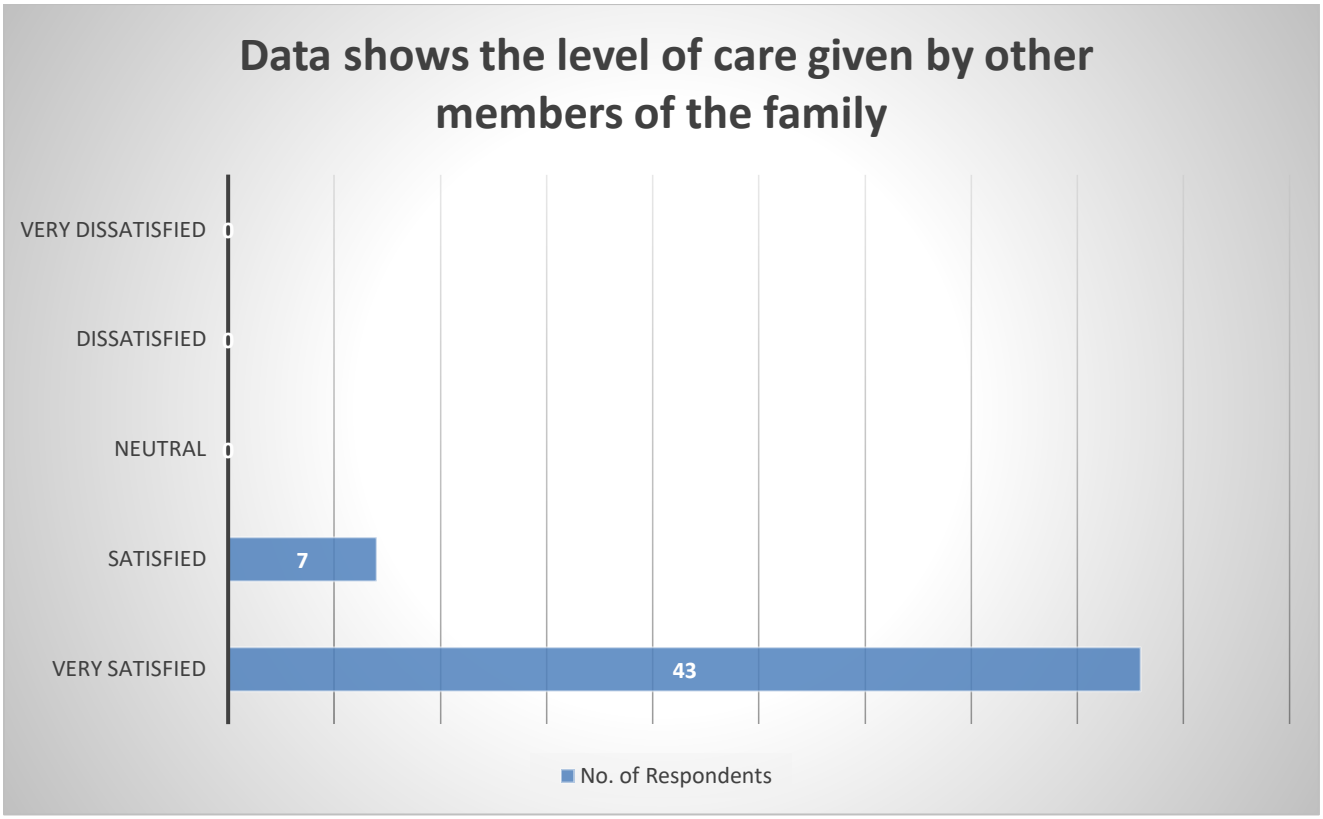


Figure 4.18 depicts the graphical representation of the care given by other members of the family towards the respondents. 100% of the respondents are take care by the other family members.

Figure 4.19

Data shows the level of care given by other members of the family



The figure 4.19 depicts the graphical representation of the level of care given by other members of the family. About 43 respondents are very satisfied with the level of care given by other members of the family. 7 respondents are satisfied with the level of care given by other members of the family.

Figure 4.20

Data shows whether the respondents get any free time

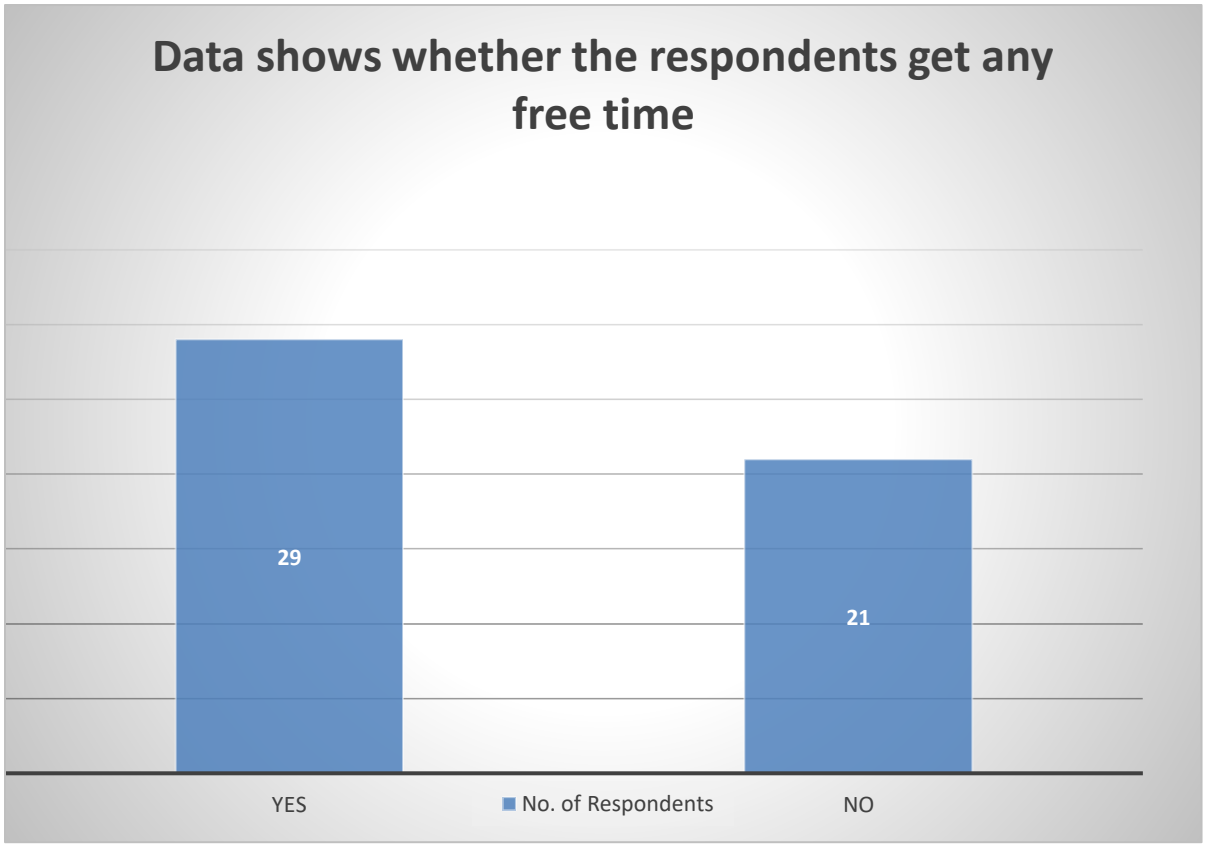


Figure 4.20 depicts the graphical representation of the respondents who get any free time. About 29 numbers of respondents get free time and 21 of the respondents didn't get any free time.

Figure 4.21

Data shows whether the grandparents do any household works in the family

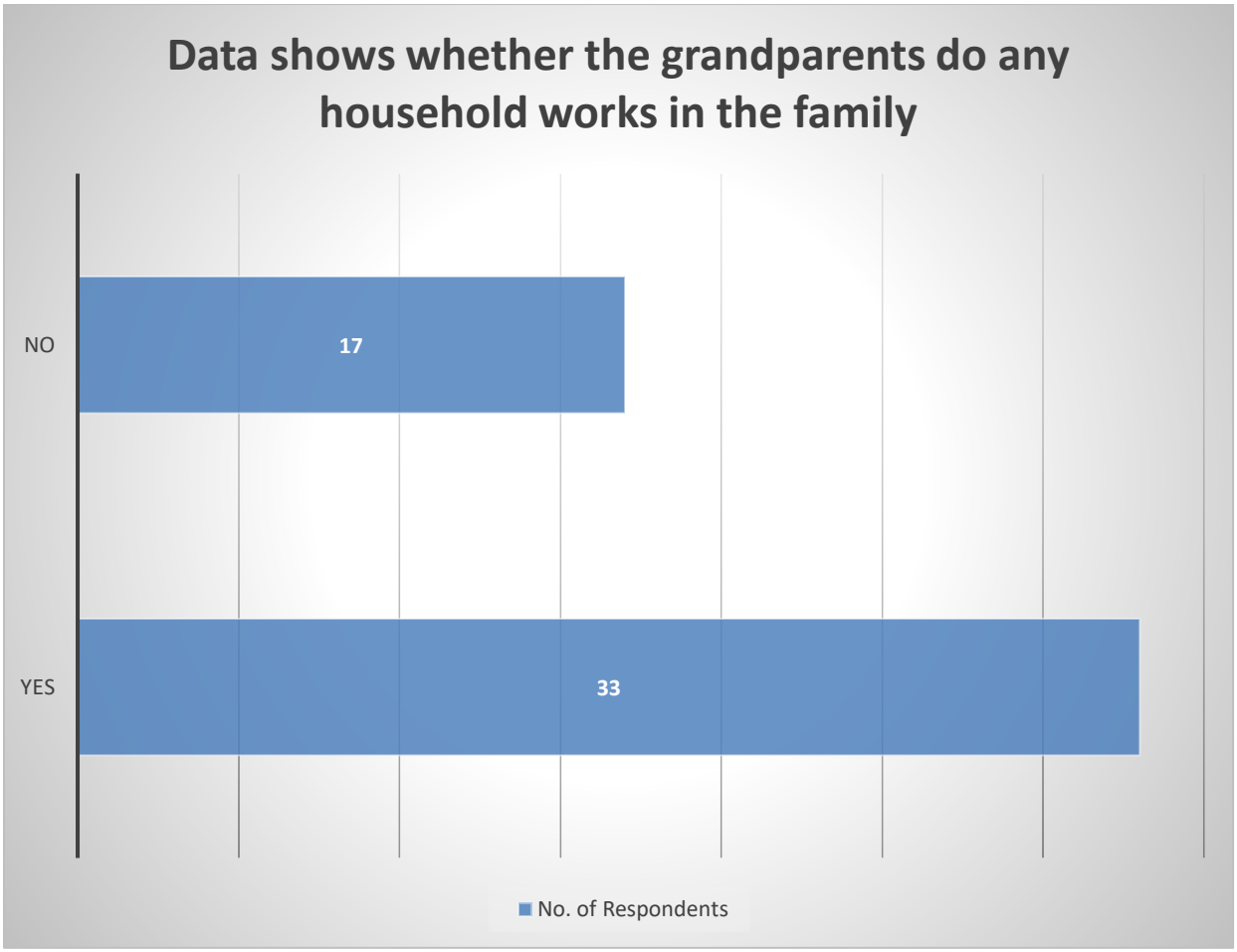


Figure 4.21 represents the graphical representation of the grandparents those who do any household works in the family. And about 33 respondents do the household works in the family and 17 numbers of respondents do not do any household works. Majority of the respondents does the household works in the family.

Figure 4.22

Data shows the works respondents do in the family

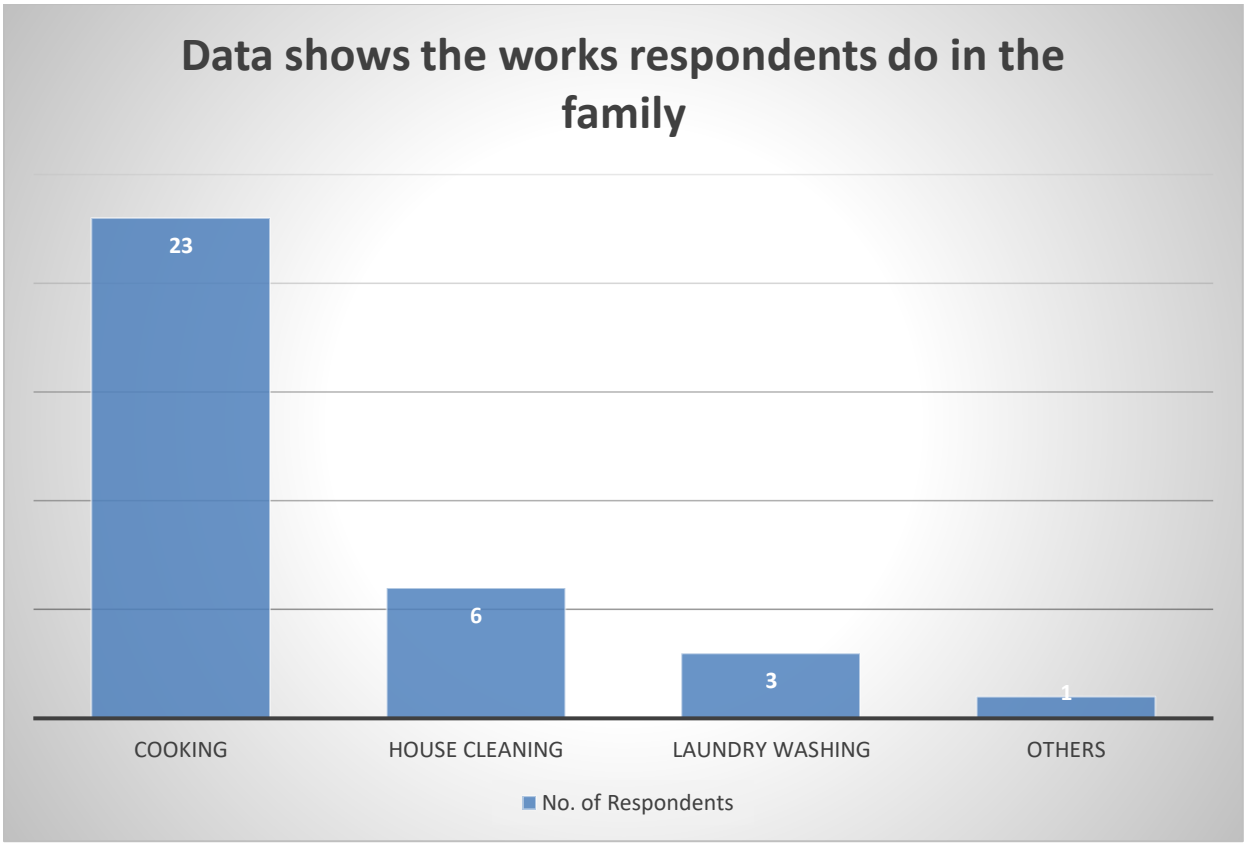


Figure 4.22 shows the graphical representation of the works the respondents does in the family. About 23 numbers of respondents do cooking, 6 of the respondents does the house cleaning, 3 respondents do laundry washing and one of the respondents does the terrace farming. Here, majority of the respondents does cook.

Figure 4.23

Data show the role of taking care of the grandchildren by the respondents

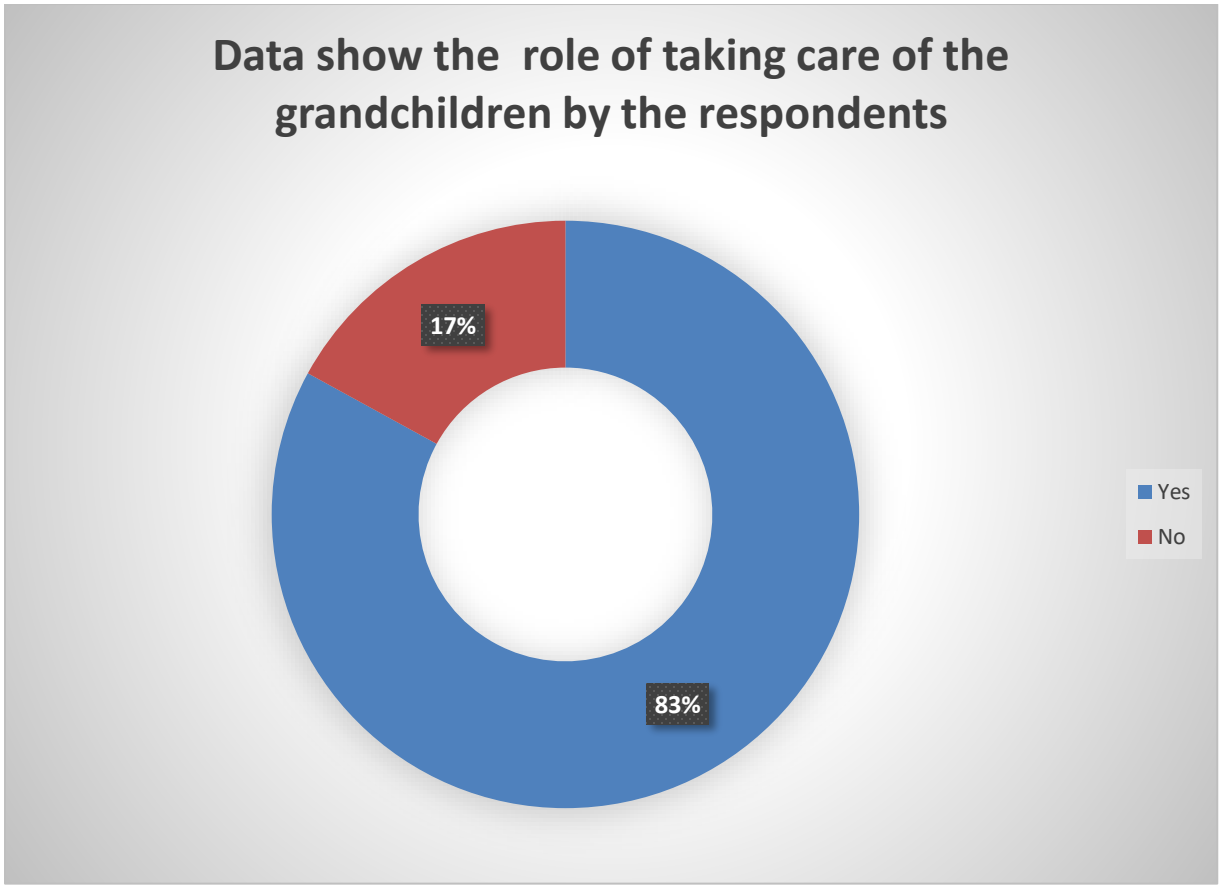


Figure 4.23 shows the graphical representation of the role of taking care of the grandchildren by the respondents. Here about 83% of the respondents play a major role in taking care of their grandchildren, and 17% of the respondents did not play the role of taking care of their grandchildren.

Figure 4.24

Data represents the respondent's role in helping family financially

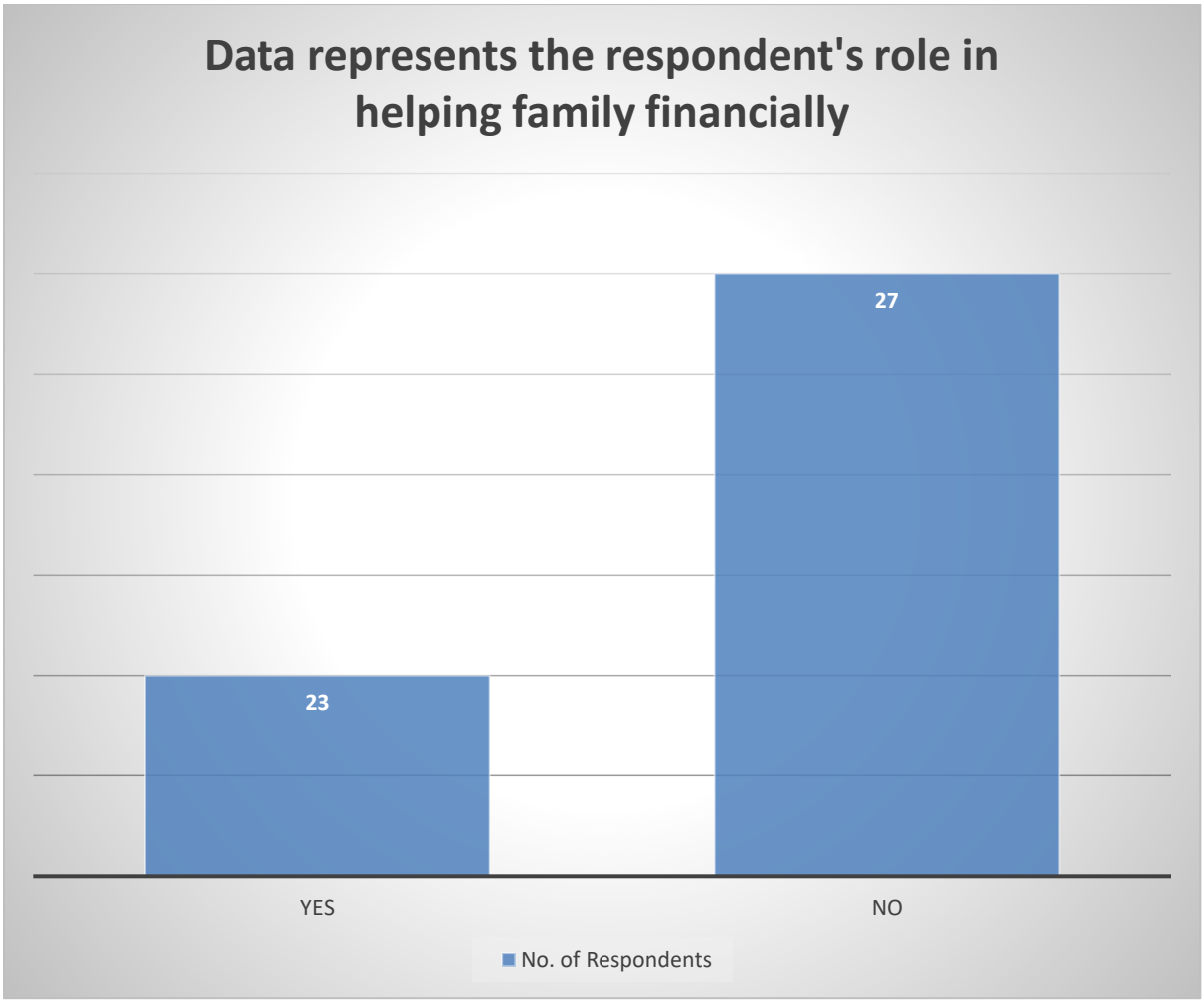


Figure 4.24 depicts the graphical representation of the respondent's role in helping the family financially. About 27 of the respondents do not help the family financially. Whereas 23 numbers of the respondents do help their family financially. Here, majority of the respondents does not help or involve in the financial aspects of the family.

Figure 4.25

Data shows whether the respondents hold the financial power in their family

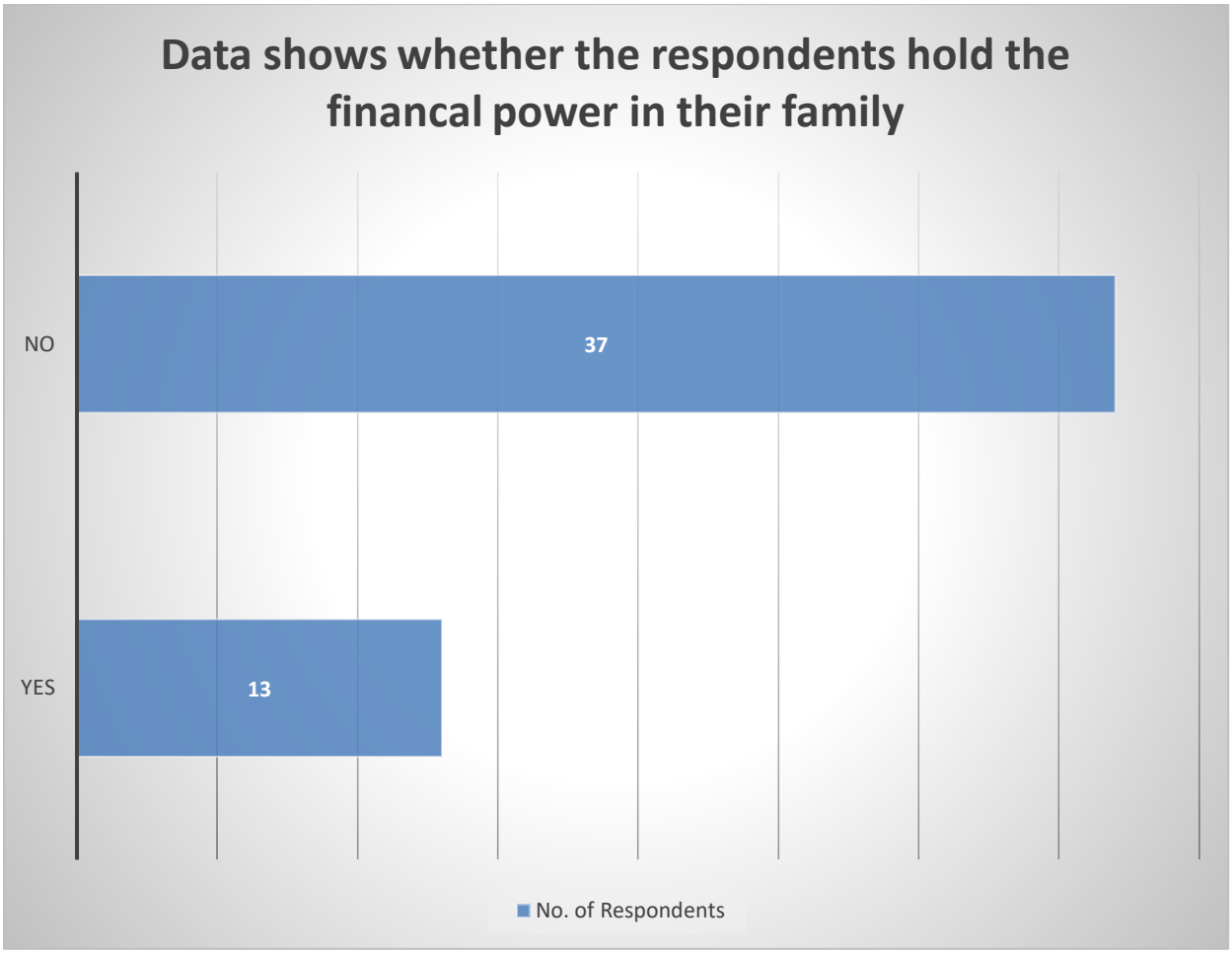


Figure 4.25 shows the graphical representation of the data were the respondents hold the financial power in their family. And, 37 respondents do not hold the financial power of the family. 13 of the respondents do handle the financial power of the family.

Figure 4.26

Data shows whether if the respondents have or have not affected with covid-19

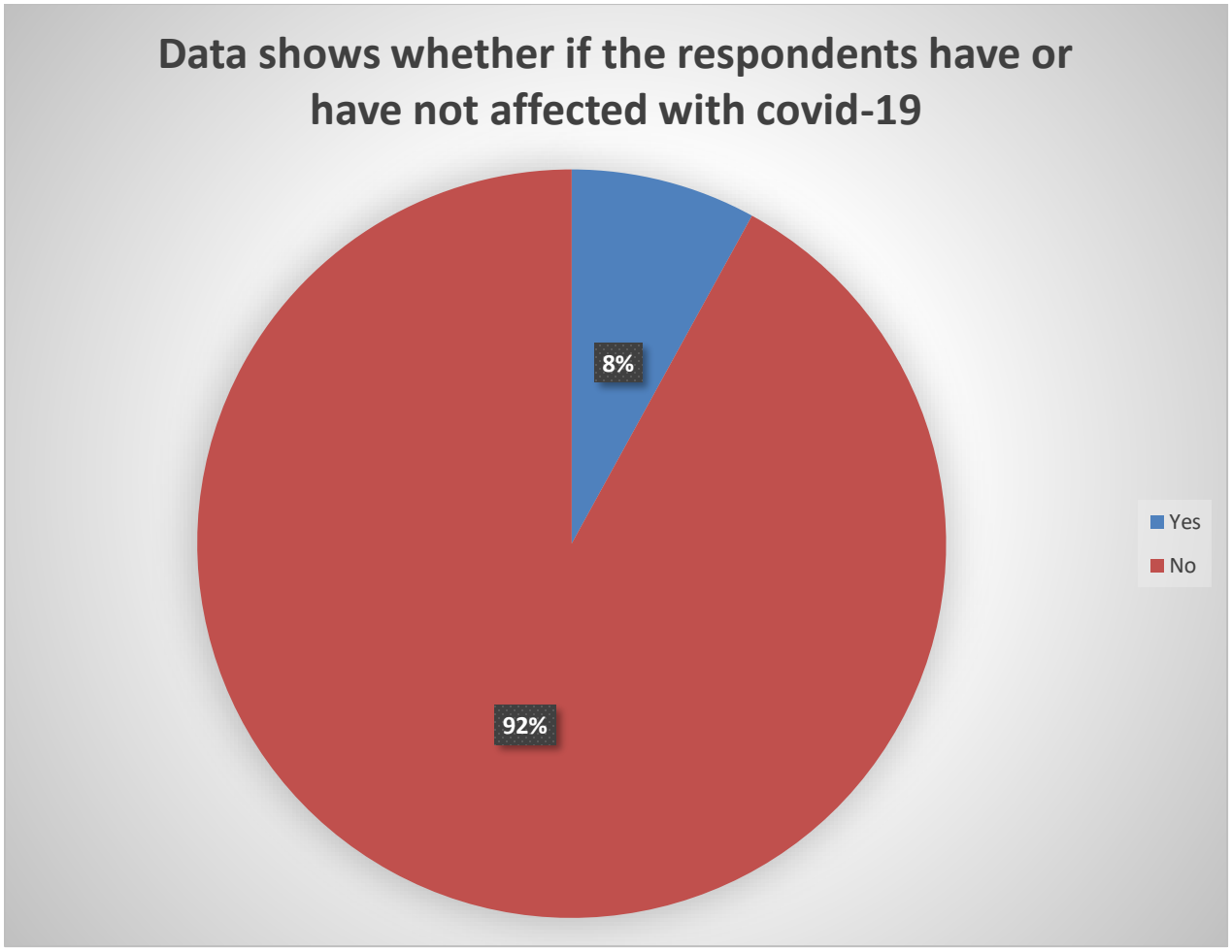


Figure 4.26 depicts the graphical representation of the respondents those who were affected with covid-19 or not. About 92% of the respondents have not been affected with covid-19 and 8% of the respondents have been affected with covid-19.

Figure 4.27

Data shows whether the respondent's family faces any problems during covid-19 pandemic

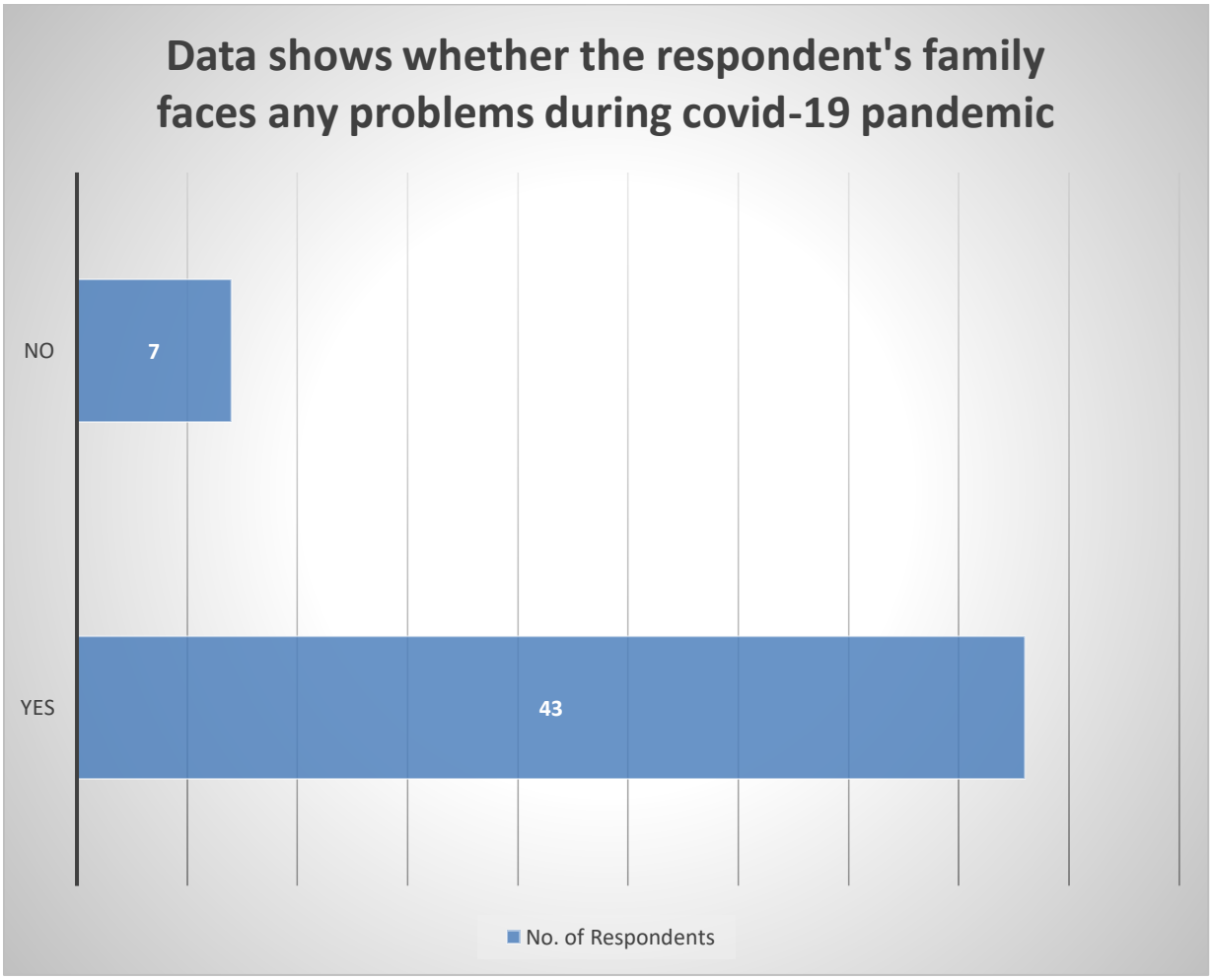


Figure 4.27 represents the graphical representation of the data which shows whether the respondent's family faces any problems during covid-19 pandemic. About 43 numbers of the respondent's family face problems during covid-19 pandemic and, 7 number of respondent's family did not face any problems.

Figure 4.28

Data shows the problems faced by the respondents during covid-19 pandemic

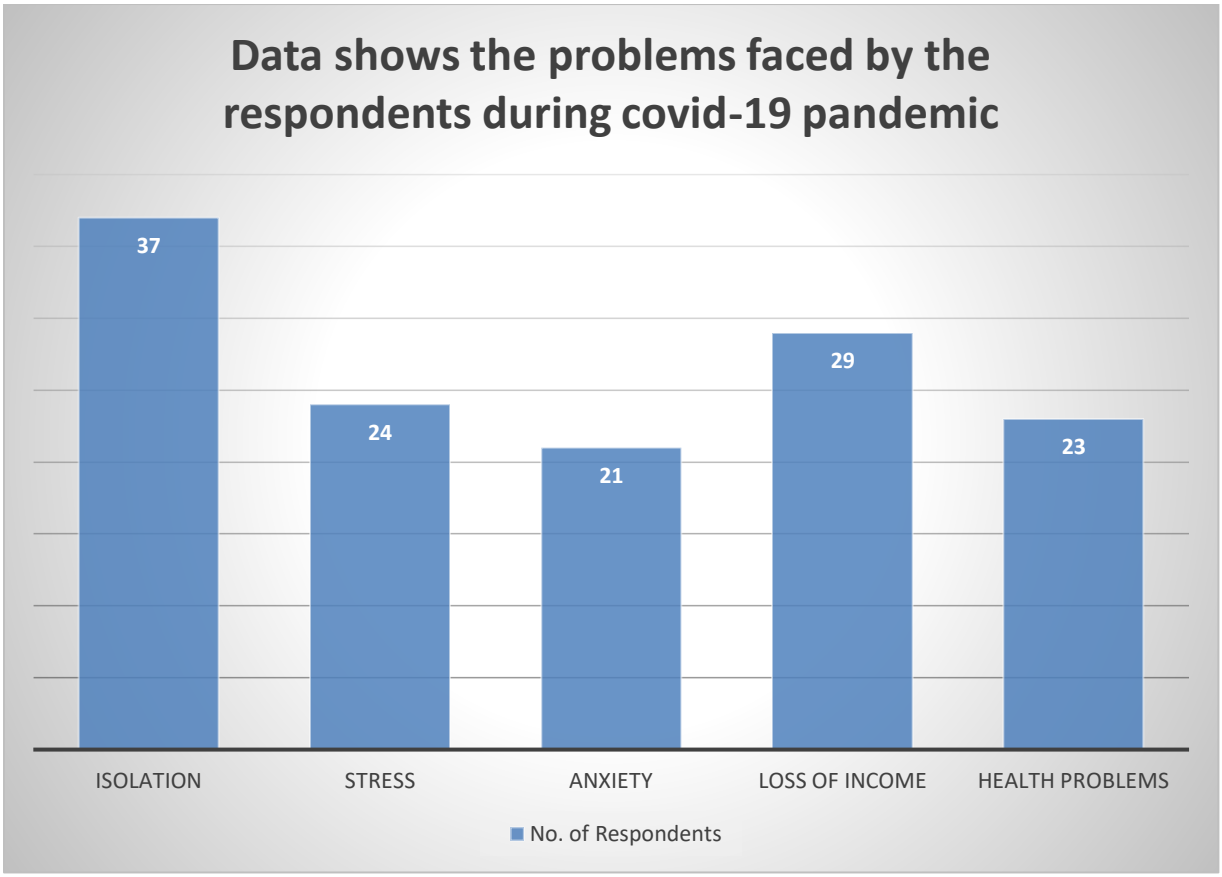
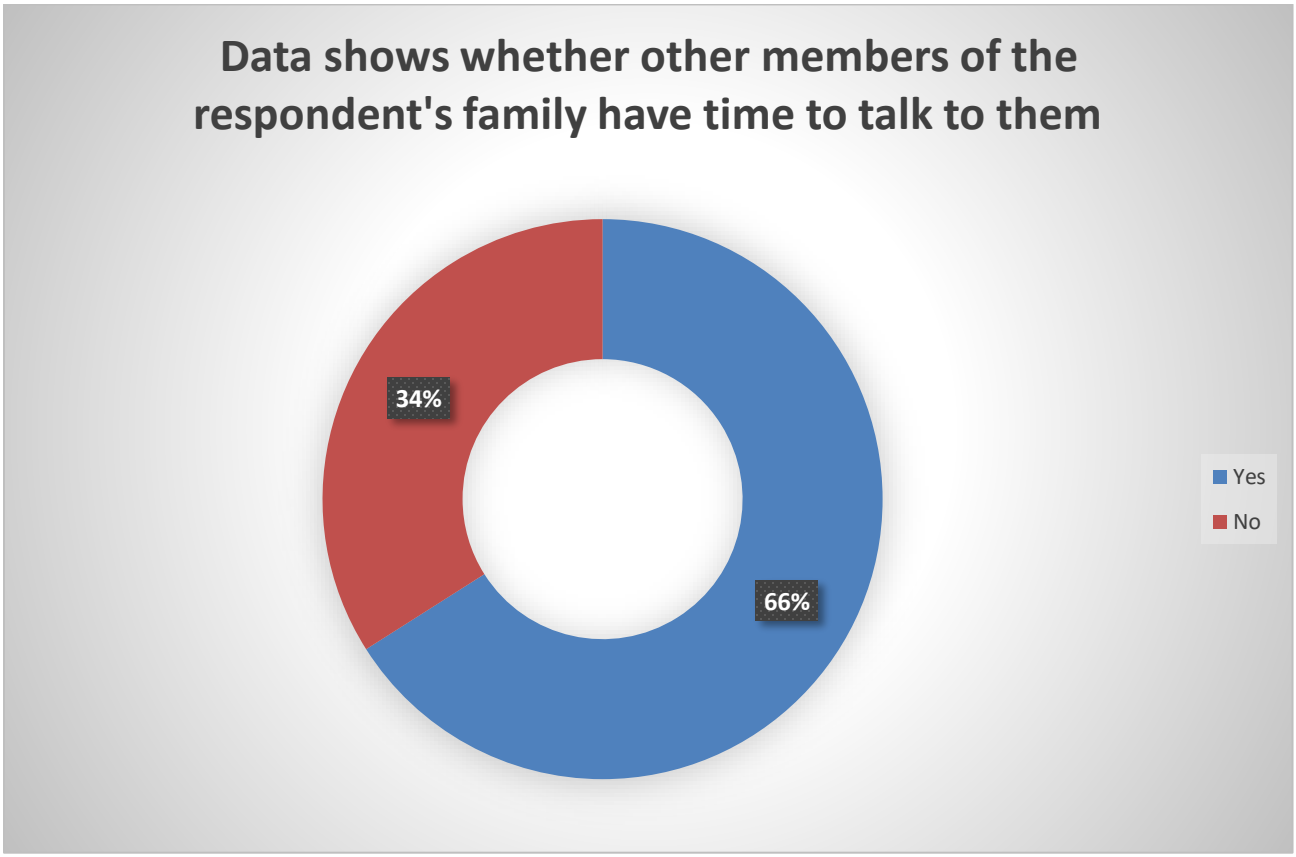


Figure 4.28 depicts the graphical representation of the problems faced by the respondents during covid-19 pandemic. 37 of the respondents are feeling isolated from the social network, which may create stress for them. About 29 respondents' loss their income. 24 of the respondents are feeling stress, 23 numbers of respondents have health related problems and 21 of the respondents are going through anxiety.

Figure 4.29

Data shows whether other members of the respondent's family have time to talk to them



In figure 4.29 shows the graphical representation of the data whether other members of the respondent's family have time to talk to them. About 66% of the respondent's family has time to talk for. But 34% of the respondent's family didn't get any free time to talk to the respondents.

Figure 4.30

Data shows whether the respondent's grandchildren annoy them

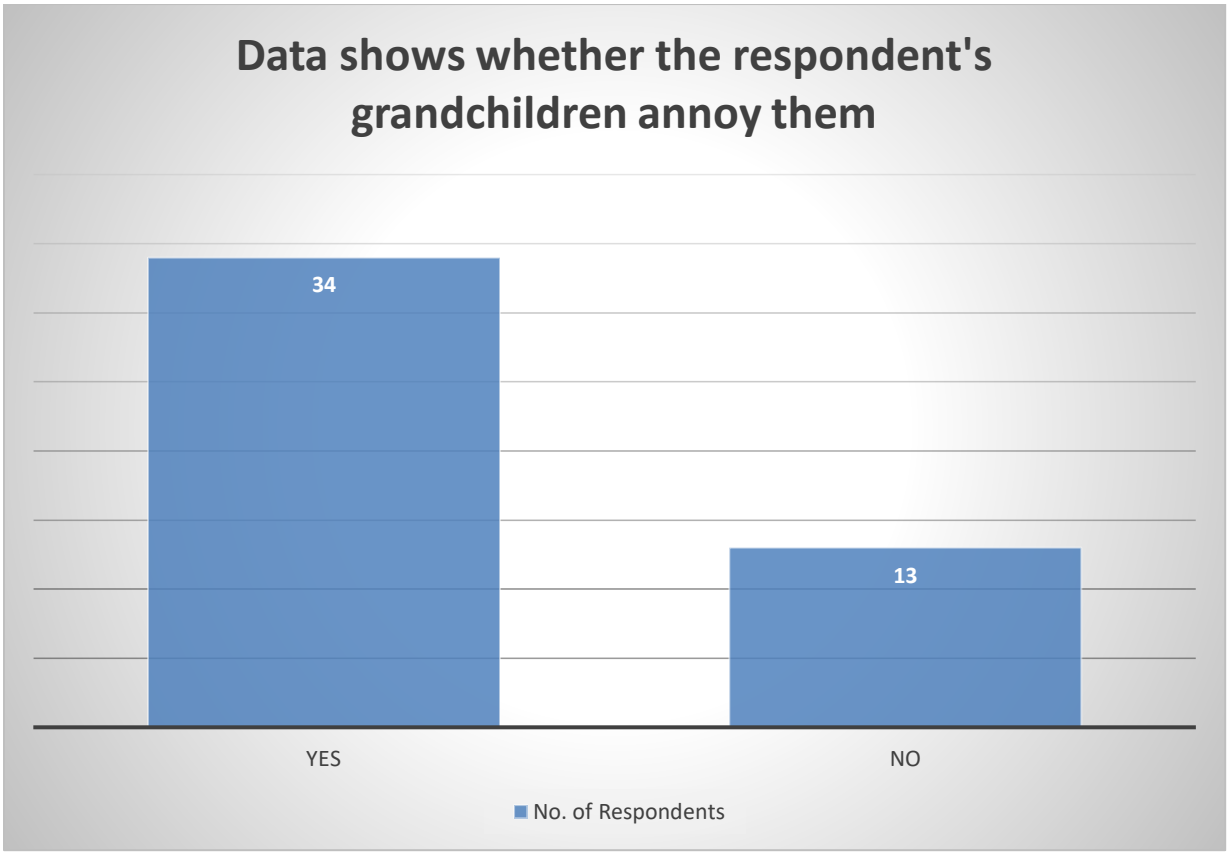


Figure 4.30 shows the graphical representation of the data whether the respondent's grandchildren annoy them. About 34 of the respondents say that their grandchildren annoy them. And, 13 respondents say their grandchildren did not annoy them.

CHAPTER 4

FINDINGS AND CONCLUSION

The first objective was to find out the socio economic profile of the grandparents. From the 50 sample, majority of the respondents belong to the age group of 60-70 (60%). And about 36% of the respondents belong to the age group of 70-80. Only 4% of the respondents are 80 above. Majority of the respondents are female (60%) while 40% of the respondents are male. Majority of the respondents (52%) are below SSLC, 26% of the respondents have education level up to pre degree, and 16% does up to SSLC and only 6% of the respondents have degree level qualification. About 66% of the respondents are from joint family while 34% of the respondents are from nuclear family. Majority of the respondents (64%) come from rural area, while 36% of the respondents are from urban area. Majority of the respondents (38%) are retired from the job while 36% of the respondents are unemployed and 26% of the respondents are employed. About 56% of the respondents have income level from 1 lakh to 3 lakh. And 38% of the respondents have income level below 1 lakh. While 6% of the respondents have income level from 3 lakh to 4 lakh.

The second objective was to analyze the relationship between grandparents and other members of the family. Majority of the respondents (52%) live with their son. 28% of the respondents said that they live with their daughter, while 6% of the respondents lives with their siblings. And about 14% of the respondents live alone. In this study 80% of the respondents' lives with their children and about 20% of the respondents did not live with their children. Majority of the respondents said that they have a close connection with their children (92%). While 8% of the respondents said that they do not have a close connection with their children. In this study, 38% of the respondents said that they are satisfied with the level of connection with their children. Whereas, 36% of the respondents said that they are very satisfied with the connection between the children and them. Majority of the respondents (78%) communicate through phone calls with their loved ones, while 22% of the respondents did not communicate often. And about 38% of the respondent's children call them sometimes and 38% of the respondent's children call them often. While 10% of the respondent's children always calls. In this study, about 94% of the respondents have grandchildren and 6% of the respondents do not have grandchildren. Majority of the respondents (44%) have 2 grandchildren, while 32% of the respondents have 1 grandchild. About 16% of the respondents have 3 grandchildren. And only 2% of the respondents have more than 3 grandchildren. In this study, majority of the respondents (94%) have a good relationship with their grandchildren. Whereas, 6% of the respondents did not have a good relation with their grandchildren. In this study, 62% of the respondents are very satisfied with the relationship with their grandchildren, and 26% of the respondents are satisfied with the relationship they have with their grandchildren. In this study 100% of the respondents said that, other members in the family take care of them. 86% of the respondents are very satisfied with the level of care given by other

family members and 14% of the respondents are satisfied with the level of care given by other members of the family.

The third objective is to study the nature of the role of grandparents in the families during covid-19 pandemic. Majority of the respondents (58%) get free time, whereas 42% of the respondents did not get any free time. In this study, about 66% of the respondents do the household works in the family and 34% of the respondents do not do any household work. In this study, it has also been found that majority of the respondents (46%) do cooking, whereas, 12% of the respondents do the house cleaning. About 6% of the respondents said that they do the laundry washing and 2% of the respondent does the terrace farming. In this study, about 83% of the respondents play a major role in the taking care of their grandchildren, whereas, 17% of the respondents did not play the role of taking care of their grandchildren. Majority of the respondents (54%) said that they do not help the family financially. Whereas, 46% of the respondents said that do help their family financially. And, 74% of the respondents said that they do not hold the financial power of the family. And 26% of the respondents do handle the financial power of the family.

The last and fourth objective was to find out the problems faced by the grandparents in the families during covid-19 pandemic. In this study, about 92% of the respondents have not been affected the covid-19, whereas, 8% of the respondents have been affected with covid-19. In this study, majority of the respondent's (86%) family faces problem during covid-19 pandemic and 14% of the respondent's family did not face any problems. In this study, 74% of the respondents are feeling isolated from the social network, which may create stress for them. 58% of the respondents said that they loss their income. About 48% of the respondents said that they are having heavy stress due to their pandemic situation. And about 46% of the respondents are facing health related problems. And 42% of the respondents are going through anxiety. In this study, about 66% of the respondents said that their family has time to talk to them, whereas, 34% of the respondent's family did not get any free time to talk to the respondents. In this study, about 68% of the respondents say that their grandchildren annoy them and about 26% of the respondent's says that their grandchildren did not annoy them.

Suggestions

- Awareness should be spread about the importance of mental health of elderly.
- Digital literacy of elderly should be encouraged more.
- Visit the elderly regularly.
- Include grandparents in outings.
- Keep them mentally busy.

CONCLUSION

After the detailed study about the role of grandparents in the family it is very well understood that, the grandparents have a major role in the family. 50 respondents from Kalavoor panchayath were selected. The pandemic and the lockdown have brought many challenges to the older adults. It had a direct impact on their lives and wellbeing. The support from the family helped them to cope with such a difficult situation. The children helped them in buying daily essentials and ensuring medical care. They gave financial support for their parents who lost their job during lockdown. Above all, the time spent with them and the mental support given to they are invaluable. This helped them to cope with the situation.

The activity theory of ageing proposed by Robert J. Havighurst says that successful aging occurs when older adults stay active and maintain social interactions. In a situation like lockdown, elderly loses their spaces for social interaction. The loneliness and anxiety developed in them resulted in loss of interest to engage in activities.

During situations like lockdown, they are connecting virtually to the outside world with the help of their children and grandchildren. Their mental health is as much important as their physical health. The relationship with family and friends always helps elderly in overcoming the difficulties and challenges of their life.

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APPENDIX

ELDERLY AS A SOCIAL CAPITAL IN FAMILIES: WITH SPECIAL REFERENCE TO COVID-19 PANDEMIC

1. Age
    - 60-70
    - 70-80
    - 80 above

2. Gender
    - Male
    - Female

3. Educational qualification
    - Below SSLC
    - Higher Secondary
    - Degree
    - Others

4. Type of family
    - Joint family
    - Nuclear family
    - Other

5. Locality
    - Rural
    - Urban

6. Occupational status
    - Employed
    - Unemployed
    - Retired

7. Income
    - Below 1 lakh

- 1 lakh - 3 lakh
- 3 lakh – 4 lakh

8. Whom do you live with?
    - Son
    - Daughter
    - Siblings
    - Others

9. Do you live with your children?
    - YES
    - NO

10. If yes, do you have a close connection with them?
    - YES
    - NO

11. If yes how far?

    - VERY SATISFIED
    - SATISFIED
    - NEUTRAL
    - DISSATISFIED
    - VERY DISSATISFIED

12. Do they call you often?
    - YES
    - NO

13. If yes, how often?
    - RARELY
    - SOMETIMES
    - ALWAYS
    - OFTEN

14. Do you have grandchildren?
    - YES
    - NO

15. If yes, how many?
    - 1
    - 2
    - 3
    - MORE

16. Do you have a friendly relationship with them?
    - YES
    - NO

17. If yes, how far?
    - VERY SATISFIED
    - SATISFIED
    - NEUTRAL
    - DISSATISFIED
    - VERY DISSATISFIED

18. Do other members of the family take care of you?
    - YES
    - NO

19. If yes, how far?
    - VERY SATISFIED
    - SATISFIED
    - NEUTRAL
    - DISSATISFIED
    - VERY DISSATISFIED

20. Do you get any free time?
    - YES
    - NO

21. Did you do any household works in the family?
    - YES
    - NO

22. If yes, what all are the works you do?
    - Cooking
    - House cleaning
    - Laundry washing
    - Others

23. Do you play the role of taking care of your grandchildren?
    - YES
    - NO

24. Did you help the family financially?
    - YES

- NO

25. Do you handle the financial power of the family?
    - YES
    - NO

26. Were you affected with covid 19?
    - YES
    - NO

27. Do you face any problem in the family during covid 19 pandemic?
    - YES
    - NO

28. If yes, what all are the problems do you face?

29. Do other members of the family have time to talk to you?
    - YES
    - NO

30. Do your grandchildren annoy you?
    - YES
    - NO