The Senior Citizens in COVID-19 – A Review through the Opinion of Indian Fixed Earning Working Professionals

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Abstract: The COVID-19 pandemic has been caused untold fear and suffering for older people across the world and this turmoil open up the scope of 'globology'[1] . The article is trying to explore the way of life of the older in the COVID-19 situations through the opinion of Indian fixed earning working professionals. During the COVID-19 turmoil, various institutional advice was circulated to keep the senior citizens active, natural in interaction and stress-free. This class of the senior citizens have a 'fixed earning source' in comparison to 'rest of the population' of India as well as they are also worried about varied effect of the COVID-19 to their loved one with whom they are socio-economic and psychologically linked.

The aim of the article is to gain a sense about the aged of 'rest of the population' of India through the opinion of 'fixed earning working professional of India'. The 'rest of the population' are featured with 21.92 percent are BPL; 28.7 percent of household's one member covered under health scheme; 85.26 percent demanded employment under MGNREGA; 78 percent males are regular wage employees; one in three women experience spousal violence; 49 percent internet subscribers and 88 percent with mobile connections.

Expecting, the result of the article will open the avenues of further research work to frame policies for the 'rest of the population' of India who are adversely affected in this COVID-19 turmoil and unable to reaching them due to 'socio-physical distance'.

Keywords: COVID-19; India; Lockdown; Population; Senior Citizens; Working Professionals

Introduction

Undoubtedly the COVID-19 outbreak has been affecting the world irrespective of wage, wealth and weapon. Due to the COVID-19 created global turmoil, the world development agencies like United Nations Development Programme (UNDP) is bound to rethink about their immediate responses, actions and directions to its member

states on ongoing development agenda. Because the world has been experiencing a socio-demographical promise as well as threat, which we are experienced through the simultaneous reports of United Development Programme (UNDP); one is entitled as *World Population Prospects 2019* (United Nations, 2019), where the report stated that, *'by 2050, 1 in 6 people in the world will be over the age of 65, up from 1 in 11 in 2019'* and another is entitled as *'Policy Brief: The Impact of Covid-19 on Older Persons'* (United Nations, 2020), this report stated as, *'the COVID-19 pandemic is causing untold fear and suffering for older people across the world'*. As a preventive measure to be infected as well as to restrict the speedy spread of COVID-19, the countries across the world was taken instant decision by restrict and controlled the physical movement of the people by announcing lockdown.

In this ongoing emergent situation several studies carried out between February and March, cited by the World Economic Forum and Forbes, the elderly were more at risk of the coronavirus, and if contracted, most likely to suffer from the severe ill-effects of the disease, too (Dhawan, 2020). *'They Just Dumped Him Like Trash': Nursing Homes Evict Vulnerable Residents.* Nursing homes across the country are kicking out old and disabled residents and sending them to homeless shelters and rundown motels (Jessica Silver-Greenberg, 2020). Given the vulnerability of the elderly people living alone, it isn't surprising that the demand for retirement homes and assisted living facilities is on the rise. Columbia Pacific Communities, which caters to 1,600 families across nine facilities in Bengaluru, Chennai, Kanchipuram, Coimbatore and Puducherry, has seen a four-time increase in applications. "Of the new quarries, 60 percent are for immediate occupation." Says CEO Mohit Nirula, adding that they receive nearly 30 calls a day now compared to the 10-15 quarries pre-COVID (Adlakha, 2020). Another shocking headline "Texas' lieutenant governor suggests grandparents are willing to die for US economy" (Rodriguez, 2020). For India to reduce Covid-19 toll, its senior citizens must be under strict quarantine. *"Covid-19: As far as possible, healthcare to the elderly should be provided at home. Evidence from other countries has shown there is a higher chance of getting the infection in a hospital setting where there is an influx of coronavirus patients"* (Nachiket Mor, 2020) .

The COVID-19 outbreak created debated, as posted by the post editorial board of the New York Post, *"Gov. Andrew Cuomo keeps trying to dodge the blame for Health Commissioner Howard Zucker's deadly nursing-home order by pretending that The Post has created a phony scandal for purely partisan reasons. It's a big, fat lie — and easily disproven.*

At least three times in the last month, he's pushed his "it's just all politics, and it's frankly The New York Post" line, claiming it's a vendetta by columnists Michael Goodwin and Bob McManus" (Post Editorial Board , 2020).

The Older People of India - A Short Review

The increasing trend of older population as well as the threat to older population due to COVID-19 outbreak is under the consideration of major policy makers of the world. As we experienced from the explored studies that, main three demographic determinants are accelerating the growing share of older populations in India; namely declining fertility rates due to improved access to contraceptives, increasing age at marriage, particularly among women, and declining infant mortality; increasing longevity because of advances in medicine, public health, nutrition, and sanitation; and large cohorts advancing to older ages (Bloom, 2014). India's total fertility rate has decreased from 5.9 in 1950 to 2.3 in 2013 and is projected to drop further to 1.88 by 2050, which is below the replacement level. Life expectancy at birth has improved vastly over the last few decades, increasing from 36.2 years in 1950 to 67.5 years in 2015 and projected to rise to 75.9 years by 2050 (United Nations, 2015). Even more significant in its implications for aged population, life expectancy at age 60 has also increased dramatically, rising from about 12 years in 1950 to 18 years in 2015 and projected to rise further to more than 21 years by 2050. Average Indian life expectancy at age 80 has likewise increased significantly, from about 5 years in 1950 to more than 7 years at the present time. By the middle of this century, it is predicted to rise to 8.5 years (United Nations, 2015).

In India, the population share of above 60 years grew from 5.4% in 1950 to 9% 2015; this represents an almost six-fold increase that is from 20.3 million in 1950 to more than 116 million (United Nations, 2015). Under a medium-fertility scenario, the United Nations Population Division projected that, aged 60 and over will comprise 19% of India's total population by 2050 - more than 324 million individuals. In terms of absolute numbers of above 60 years and older, India is currently second only to China, a standing that will likely remain constant over the next several decades. Meanwhile, the proportion of the 'oldest old' aged 80 and older has more than doubled over the past 65 years, from 0.4% of the total population in 1950 to 0.9% in 2015, and is projected to reach nearly 3% of the population -almost 48 million individuals - by 2050 (United Nations, 2015) and massive nature of these current and ongoing demographic shifts indicates that the population-aging challenges India faces are sure to occur on an enormous scale.

As India's population structure changes, so does its health profile, studies explored that the Non-communicable diseases (NCDs) for the people of above 60 years old demands a special concentration, which include cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and eyesight conditions. The prevalence of NCDs is increased along with the increase of age. While infectious, nutritional, maternal, and perinatal conditions have traditionally represented the greatest health threats in India, the country now faces a 'triple burden of disease' comprising both infectious

and chronic conditions and violence and injury - particularly violence against women and girls (Bloom, 2014). The chronic disease corner of this triangle has been growing increasingly substantial; in the past three decades, NCDs have surpassed infectious, nutritional, maternal, and perinatal conditions as a cause of death, both in absolute numbers and percentages. Non-communicable diseases, mainly cardiovascular illnesses, cancers, and chronic respiratory diseases, have likewise surpassed these other conditions in the number of annual 'disability-adjusted life years (IHME, 2018).

The explored evidences are indicated that the burden of mental illness in India is far-reaching and pervasive in nature. A study in India's southern states reports that the prevalence of mental illness among older may be as high as 27%, with depression, anxiety, bipolar disorder, dementia, and alcohol dependence predominating (Venkatashiva Reddy.B, 2013). Meanwhile, data from India's National Sample Survey (NSS) suggest a significant positive correlation between mental illness prevalence and age, especially in rural areas (Lakhan, 2015).

The recent trends of changes within the family structures in India explored another area of challenge for the older, namely, secured income and housing. This is due in part to a changing social and economic landscape in which the traditional family support system is breaking down in the households of many older. In India, as in many East and South Asian countries, family has traditionally served as the prime source of support for aged, with sons responsible for caring for their parents. However, evidence indicated that this support system has been declining due to factors such as increased urbanization and mobility; a 2011 United Nations Population Fund (UNFPA) survey carried out in selected states revealed that about a fifth of above 60 aged respondents are living alone or solely with a spouse. The main reasons cited for living without children were having no children, or children living in a different locality due to education, work, or marriage, rather than due to personal preference. Furthermore, only 14% of this single-generation older household received financial support from friends or relatives (Alam Moneer, 2012).

Workforce participation patterns and employment sectors among older in India are also significant in different way. First, employment and workforce attachment data give information about income and income security for India's aged people. Estimated in the last census of India, that 42% of 60 years and above aged and 22% of 80 years and above aged still participate in the workforce (Office of the Registrar General & Census Commissioner, 2011). The UNFPA survey of older Indians found that about 24% of that is nearly 10,000 respondents aged 60 years and above older remained in the workforce and that a large proportion of these respondents were working at a relatively high intensity level of at least six months out of the year or more than four hours a day. Rates of workforce participation among older were markedly higher in rural (47%) than

in urban areas (29%); were much higher for males than for and varied significantly across states. As many Indian individuals experience longer lifespans and better health, an increasing number may choose to continue to work, full time or part time, beyond traditional retirement ages for reasons of enjoyment and intellectual stimulation, or to share their knowledge and experience with younger workers. At the present time, however, more than 70% of older Indian workers surveyed cited economic necessity, rather than personal preference, as their main reason for remaining in the workforce, indicating a high level of income insecurity (Alam Moneer, 2012).

The second major reason that workforce participation is significant is because only individuals who have worked in the 'organized' labour market - that is, those who have had official employment with employers such as government organizations or private corporations - are eligible to receive pensions after their retirement. An estimated 83% of India's working population, however, is in the unorganized sector and therefore not entitled to receive any pension or retirement benefits in their old age. In total, less than 10% of the population currently receives a pension of any kind (Sharanjit Uppal, 2007). India faces an urgent need for social safety net measures that are available to all individuals, regardless of work history. The Indian Institute of Management Bangalore, in its 420th working paper on 'Universal Pension Scheme in India' stated from its finding that, 'India has an elaborate pensions system which finds its origin in the British period of rule. Since independence, many reforms have been initiated, some as late as 2003. The government does provide primary benefits to families below the poverty line, covering nearly 1.7 crore of population in 2010. But, nearly 80 percent of the working population is not entitled to any pension. An introduction of a universal pension scheme will bring relief to the working population. It will ensure that they live a good life after they retire with their health well taken care of. Nevertheless, if a citizen wants more at old age he/she can either opt for the national pension scheme or any other private schemes to do that' (Ayanendu Sanyal, 2013).

COVID-19 and Aged 60 Years and above

Now, the author trying to assume about the situation experienced by the people aged 60 and above during the COVID-19 through another report. The *HelpAge* India is an Indian organization focused on the concerns of elders. Established in 1978, its mission is *"to work for the cause and care of disadvantaged older persons and to improve their quality of life"*. Recently this organization, conducted a nationwide survey among the 60 and above aged people and it is summarized from the data of 5099 respondents of 21 States / Union Territories across the country on *'Elder Story: Ground Reality during COVID 19 Impact & Challenges'*, that the COVID 19 has impacted the lives of older persons in many fundamental ways, the most important being, income, health,

mobility and social isolation. The dip stick survey brings out the negative impact on the livelihoods of the elderly and their main supporter in about 65%, rural elderly being more impacted than urban elderly. In the likelihood of limited mobility due to higher risk, lack of digital literacy, the opportunities of earning a decent wage for the elderly is likely to shrink. Those elderly, whose family member has been infected, are likely to face double jeopardy. During disasters *HelpAge* has witnessed that older persons become the most vulnerable, leaving them to be the last in line to access any relief or aid. Fearing the worst, the respondents in the survey have put financial help in any form, including social pension, as the most important demand to live a life of dignity and independence.

In addition, most of those suffering from one or more chronic diseases require constant supervisions and management, articulated the demand for affordable and accessible healthcare services. When faced with financial difficulty elderly, particularly women give up on their regular monitoring and treatment of diseases, like hypertension and diabetes, just because they/ their family cannot afford it. Another most voiced demand was the increase in doorstep delivery of essential goods and services, particularly food and medicines. This is particularly relevant as there are many older people who live alone or with spouse only or may have mobility issues. Steps need to be taken for a special and coordinated action plan for elderly by the government, supported by the community and family (HelpAge India, 2020).

The National Institute of Mental Health and Neuro Sciences, an Institute of National Importance under the Ministry of Health and Family Welfare, Government of India issued a guideline entitled *'Taking Care of Mental health of elderly during COVID -19'* on 1st April 2020. *'During the COVID-19 outbreak, all of us should take some extra time and care for ourselves. Follow some simple strategies to improve your well-being'*. The guideline is composed by some specific advisory with descriptions. The first one is, 'spend time with family' – spending quality time with family and getting involved in family discussions, while staying at home during this period will help to reduce anxiety and distress. Try to connect with your family members through phone call or video call if they stay far from you. The second is, 'getting involved in daily activities' – keep doing small activities at home to reduce boredom. Keeping yourself busy in the daily activities like gardening, cleaning and cooking will help to reduce anxiety. If there is no other family member to help you, identify a support system to buy groceries, medicines and other essentials. The third one is, 'spend time on recreational activities' – during this stressful time, it is important that you make some time for things you like. Engage in recreational activities like solving puzzles, playing some board games like ca rom board or chess, listening to music, reading etc. these will help to reduce boredom. The fourth one is 'connecting to loved ones' – during this time, you might be worried about your children and grandchildren, who stay away from you. Connect with them once in a

while through phone calls or video call to keep the stress at bay and for any emergency. The fifth one is, 'make some time for exercise' – it is important to be physically active. Simple stretching exercise, simple yoga postures, walking indoors or meditation will be beneficial not only for your physical health but also mental health and finally, sixth is, 'cut down on listening to news' – with the news of the pandemic everywhere, it is difficult to filter out the reliable news. Do not watch news reports all the time as it may be upsetting and misleading. Seek information from credible sources like the website of Ministry of Health and Family Welfare (mohfw.gov.in). In case of doubt, ask your love ones. There is an advisory to the younger member of the elder's people family also, that is – *"take care of elderly persons of your family. Remind them to practice hand washing as often as possible. Make sure to tell them to cover their mouth and nose with bent elbow, when they cough or sneeze. Watch out of any symptoms COVID-19 and reach out for medical help, if necessary. Make sure they eat healthy food and get good sleep"*[2].

Indian Population in Figures

In addition to the above facts and figures, Indian population is composed of with the following feature as published by the NITI Aayog in December 2019. Out of total population 21.92 percent live below the poverty line; 28.7 percent of households in India have at least one member covered under health insurance or health scheme; 85.26 percent of people who demanded employment under MGNREGA were provided the employment in rural India; 62 percent of the population living below national poverty line; 160 cases of tuberculosis per 1, 00,000 population; HIV incidence is 0.07 for per 1000 uninfected population; total 38 physicians, nurses and midwives for per 10000 population; 78 percent of that of males (regular wage salaried employees; for every 1 lakh female population 58 women are victims of crime; one in three women experience spousal violence; 61.40 percent households in India use clean cooking fuel – LPG; 70 percent habitations are connected by all-weather roads; 49 percent internet subscribers; 88 percent with mobile connections; 12.13 percent of the labour force is employed in the manufacturing sector; Gini coefficient of household expenditure 0.283 for rural household and 0.363 for urban household; 90.99 percent wards have 100 percent door to door waste collection; 56 percent of the total waste generated gets processed; 37.58 percent Installed sewage treatment capacity as a proportion of sewage generated in urban areas (NITI Aayog, 2019).

From the above perspective about the aged 60 years and above population and general facts about the Indian population, the author developed the research question of this article, are the senior citizens active, natural and stress-free in the COVID-19 turmoil? The answer of this question is explored through the observation of Indian fixed earning working professionals to make a general assumption of 'rest of the population' of India.

Methods of the Study

The perspectives of the article are composed by hope and upset. It inspired to study and explored few challenging components in the COVID-19 lockdown. Firstly, the lockdown limits the conventional study on such an issue which are very much important to frame future plan of actions for the elderly as well as for the future aged 60 years and above population. Secondly, the lockdown limited as well as restricted the physical movement, so an in-depth field survey on the issue across the country is impossible. To overcome the emerged challenges, the author chose the option of 'online survey' to conduct a study on the issue mentioned. Then the author was framed a questionnaire by using 'google forms' composed by few 'close ended' and few 'open ended' questions on the issue to be explored. Initially the link of the 'google forms questionnaire' was started to circulate from 5th July among the colleagues and friends via 'WhatsApp'; there after the questionnaire was circulated to other districts of West Bengal. After receiving a good number of responses from them, then the questionnaire started to other States and Union Territories of India. Within 15th August 2020, the author received 575 responses across the country. Remarkably, the questionnaire of the study designed in a 'gender neutral approach' as the respondents of the study are 'Indian fixed earning working professionals'.

As the author mentioned above, due to 'lockdown', a conventional field research is too tough to conduct across the country and it is too expensive in terms of time and cost. In the other side, due to the advisory of following social as well as physical distance from others in this ongoing COVID-19 situation, it is too convenient to conduct a social survey in a 'online mode'. The urge to conduct and explored such an issues from the citizens of India, the study followed the *convenience sampling* method (Matthias Schonlau, 2002)*,* which is characterized by a non-systematic approach to recruiting respondents that often allows a potential respondent to self-select into the sample. This sampling approach was lower cost, less effort to administer, better response rates, greater accuracy and wide scope to maintain the COVID-19 guideline on social as well as physical distance. To get a wide as well as potential self-selected respondent into the sample, the author used the social media like 'WhatsApp', 'Email, and the 'Facebook'. The author directly sends the questionnaire 'link of google forms' to 648 'WhatsApp' users; 1974 Email IDs and on 5th July, 2020 and the questionnaire posted in the 'Facebook' on 29th July, 2020 and it is 'liked' by 13, the researcher is not a regular user of 'Facebook'. Now the total number of recipients of the questionnaire is 2635 and total number of potential self-selected respondent into the sample is 575 and the percentage of responses is 21.82.

Data Processing and Analysis

As the present author used 'google forms' to develop the questionnaire; it composed of open as well closed ended questions for collecting the data for this study and the data

come into view with variety in nature in the 'google drive'. Thereafter the entire data was 'imported' to the 'Microsoft Excel Worksheet' and then the entire data was again 'export to the 'IBM-SPSS'. Author here used few abbreviated terms in table-1 for entire variables and the responses of the respondents are codified shown in the table-2, table-3 and table-4 respectively and used to draw the statistical inferences in the 'IBM-SPSS'.

Limitations of the Study

Conducting a social survey to explore an issue on a current issue is differently limited and when the issue like COVID-19 related it's limitations as well as questioning is wider than the conventional social issues. The wave of COVID-19 affected irrespective of wage, wealth and weapon; all of the affected peoples are in some kind of needs like food, shelter, alternate source of earnings, medicines, treatment and ultimately an urge of 'safe' from its ill effects. Many of the recipients of the questionnaire were asked about the benefits of filling the questionnaire. Secondly, initiate a survey by using the internet, by nature it restricted to reach to a larger community and this kind of 'online survey' could only be responded by the people having computer, laptops, smart phones with good internet facility, which are still absent in many parts of India. All the queries of the respondents about the questionnaire were answered over the phone, email and WhatsApp personally. Lastly technology friendly was a prerequisite to answer the questions in this 'online survey'. Although, overcoming the above challenges as well as limitations, the survey abled to receive a total 575 number of potentially self-selected respondents into the sample and the percentage of responses is 21.82. Now following section of this article analysed the findings of the study to draw the generalization.

Findings of the Study

As the main objective of the study to explore about the senior citizens' activeness, natural interaction with family members and COVID-19 created stress through the observation of Indian fixed earning working professionals. Due to its limitations the study followed the *convenience sampling* method, the data of open ended questions are gathered in wide variety of nature in terms of age, number of students in the family, number of 60 and above aged members in the family, professions, professional sector, incomes, incomes affected due to COVID-19 or not, average hour spend for work from home, mode of work from home, average hour saved in lockdown from both way journeys to work place and the time spent at work place etc. along with the data on aged 60 years and above as - senior citizens are understand the COVID-19 situation or not; senior citizens are maintaining natural interaction with family members or not; senior citizens are gradually developing arrogant nature or not; senior citizens are unable to adjust with the socio-economic situations or not; senior citizens are keeping them isolated

or not; senior citizens are worried emerged economic situation or not; senior citizens are losing interest in taking medicines or not; senior citizens are keeping contact with neighbour and relatives or not; senior citizens are losing interest in audio-visual news or not; senior citizens are gradually losing temperament or not; senior citizens are abusing by others or not and senior citizens are living under pressure or not. Then the entire data were merged in terms of similarity and codified accordingly to draw inferences by using IBM-SPSS. Finally 575 respondents from 430 Pin Codes, 159 Districts and 29 States / Union Territories are included as the self-select into the sample of this study. In the following sections vividly analysed the findings of the study.

The Descriptive Statistics

The Descriptive Statistics table-5 provides the mean and standard deviation (SD) for each item. The Analysis N is important because it tells how many Indian fixed earning working professionals have scores on all twenty two of these variables; in this case there is no missing data so the N is 575.

The Correlation Matrix in table-6 shows how each of the twenty two items is related to the other twenty one items; remarkably explored that the scores of AG are very weakly correlated with the other seventeen variables (-.487 to .027); the scores of NSRF are very weakly correlated with the other six variables (-.198 to .044); the scores of NSAMRF are very weakly correlated with the other sixteen variables (-.134 to .040); the scores of RPD are very weakly correlated with the other eleven variables (-.389 to .036); the scores of RPS are very weakly correlated with the other eight variables (-.487 to .042); the scores of RMICL are very negatively correlated with the other fifteen variables (-.397 to -.063); the scores of AIRCS are very negatively correlated with the other three variables (-.192 to -.168) and very weakly correlated with the other six variables (.003 to .041); the scores of AHSWFHR are very negatively correlated with the other two variables (-.127 to -.083) and very weakly correlated with the other seven variables (-.029 to .039); the scores of RMWFH are very negatively correlated with the other ten variables (-.191 to -.067) and very weakly correlated with the other nine variables (-.042 to .022); ; the scores of AHSLR is very negatively correlated with the other four variables (-.191 to -.056) and very weakly correlated with the other fifteen variables (-.046 to .043); the scores of SCUCS are very weakly correlated with the other thirteen variables (-.086 to .044); the scores of SCMNIFM are very weakly correlated with the other ten variables (-.063 to .045); the scores of SCGDAN are very weakly correlated with the other five variables (-.200 to .036); the scores of SCUASES are very weakly correlated with the other six variables (-.117 to .039); the scores of SCKTI are very weakly correlated with the other six variables (-.080 to .040); the scores of SCWEES are very weakly correlated with the other five variables (-.197 to .020); the scores of SCLITM are very weakly

correlated with the other seven variables (-.227 to .045); the scores of SCKCNR are very weakly correlated with the other nine variables (-.085 to .042); the scores of SCLIAVN are very weakly correlated with the other six variables (-.219 to .037); the scores of SCGLT are very weakly correlated with the other eight variables (-.169 to .040); the scores of SCABO are very weakly correlated with the other five variables (-.210 to -.023) and the scores of SCLUP are very weakly correlated with the other five variables (-.195 to .010) respectively.

In terms of assumptions, the determinant is much larger than zero (.012) so that is good. The KMO in table-7 is .828, Kaiser recommended 0.5 (value for KMO) as minimum (barely accepted), values between 0.7-0.8 acceptable, values between 0.8-0.9 are great and values above 0.9 are superb (Kaiser, 1958). Looking at the table-7, the KMO measure is .828, which is between 0.8-0.9, therefore the correlation matrix is great and it can be accepted. The Bartlett test is significant (p < .001), which is good and indicates that the correlations are not near zero. For these data, the Bartlett's test is significant.

Conclusion

From the findings of the study, this article can be summarized as, to keep the "senior citizens active, natural and stress-free in the COVID-19 turmoil", the 'age' and "number of 60 and above aged member in respondent's family" or the earner's family. In addition of these the "number of students in respondent's family", "professional distribution of the respondents", "professional sectors of the respondents" and "monthly income before COVID-19 lockdown of the respondents" are also playing influential role to keep the "senior citizens active, natural and stress-free in the COVID-19 turmoil".

The main source of data of this study is Indian fixed earning working professionals; it is assume that, all the respondents are living a normal life style before the COVID-19 outbreak; they have a living place, they are not living the life below the poverty line, they and their family members are able to arrange the necessary medicinal as well nutritional needs.

As the author is trying to make a general assumption of 'rest of the population of India', which is figured as, out of total population 21.92 percent live below the poverty line; 28.7 percent of households in India have at least one member covered under health insurance or health scheme; 85.26 percent of people who demanded employment under MGNREGA were provided the employment in rural India; 62 percent of the population living below national poverty line; 160 cases of tuberculosis per 1, 00,000 population; HIV incidence is 0.07 for per 1000 uninfected population; 78 percent of that of males (regular wage salaried employees; for every 1 lakh female population 58 women are victims of crime; one in three women experience spousal violence; 61.40

percent households in India use clean cooking fuel – LPG; 70 percent habitations are connected by all-weather roads; 49 percent internet subscribers; 88 percent with mobile connections; 12.13 percent of the labour force is employed in the manufacturing sector; Gini coefficient of household expenditure 0.283 for rural household and 0.363 for urban household (NITI Aayog, 2019). For this composition of the population, there is a need a details study to keep up the demographic success trends *'by 2050, 1 in 6 people in the world will be over the age of 65, up from 1 in 11 in 2019'* and overcome the emergent challenges caused by *'the COVID-19 pandemic is causing untold fear and suffering for older people across the world'.* As because, the features of Indian fixed earning working professionals like "professional distribution of the family members", "professional sectors of the family members" and "monthly income before COVID-19 lockdown of the family members" are almost absent to keep the "senior citizens active, natural and stress-free in the COVID-19 turmoil" for this section of the population.

Notes

1. The International Social Science Journal "describes global socioeconomic trends from the viewpoint of globology, defined as the new science of global dynamics. Comparisons are made between globology, utilitarian economics, and the Marxian analysis of world problems. The implications of long-term global cycles in colonialism, interstate competition, war, single-state hegemony, and industrial mergers are discussed". (v34 n1 p23-36 1982); https://eric.ed.gov/?id=EJ265169

2. https://www.mohfw.gov.in/pdf/mentalhealthelderly.pdf

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Supporting Tables and Figure

Supporting Tables

Table 1: Variables, Component Sl. Used in Variance Matrix and Abbreviated Terms

Variables	Abbreviated Terms
Age in Group	AG
Number of Student in Respondent's Family	NSRF
Number of 60 and above Aged Member in Respondent's Family	NSAMRF
Respondent's Professional Distribution	RPD
Respondent's Professional Sectors	RPS
Respondent's Monthly Income before COVID-19 Lockdown	RMICL
Affected Income of the Respondents or Not due to COVID-19 Situation	AIRCS
Average Hour Spend for Work From Home by the Respondents	AHSWFHR
Respondent's Mode of 'Work From Home'	RMWFH
Average Hour Saved in Lockdown by the Respondents	AHSLR
Senior Citizens Understand the COVID-19 Situation	SCUCS
Senior Citizens Maintaining Natural Interaction with Family Members	SCMNIFM
Senior Citizens Gradually Developing Arrogant Nature	SCGDAN
Senior Citizens Unable to Adjust with the Socio-economic Situations	SCUASES
Senior Citizens Keeping them Isolated	SCKTI
Senior Citizens Worried Emerged Economic Situation	SCWEES
Senior Citizens Losing Interest in taking Medicines	SCLITM
Senior Citizens Keeping Contact with Neighbour and Relatives	SCKCNR
Senior Citizens Losing Interest in Audio-visual News	SCLIAVN
Senior Citizens Gradually Losing Temperament	SCGLT
Senior Citizens are Abusing by Others	SCABO
Senior Citizens Living under Pressure	SCLUP

Table 2: IBM-SPSS enable Codes and Independent Variables (Abbreviated)

IBM-SPSS enable Codes	Independent Variables (Abbreviated)						
	AG	NSRF	NSAMRF	RPD	RPS	RMICL	AIRCS
1	18 - 25	0	0	Academician	Business	< 5000/-	No
2	26 - 30	1	1	Accountant	Government Aided University	> 5000/- to < 15000/-	Yes
3	31 - 40	2	2	Advocate	Government Service	> 15000/- to < 30000/-	
4	41 - 50	3	3	Assistant Professor	Private Sector	> 30000/- to < 50000/-	
5	51 - 60	More Than 3	4	Associate Professor	Specialist Professional	> 50000/- to < 100000/-	

6	61 & above			Banker	State Aided College Teacher	> 100000/- to < 200000/-	
7				Business	Student/Private Tutor/Self Employed		
8				Coach / Trainer			
9				Guest/Part-time College Teacher			
10				10 = "Library Professional"			
11				Medical Service			
12				Officers			
13				Other Professionals			
14				Professor/ Principal			
15				Researcher			
16				School Teacher			
17				Service			
18				Student/Private Tutor/Self Employed			

Table 3: IBM-SPSS enable Codes and Independent Variables (Abbreviated)

IBM-SPSS enable Codes	Work and Time in Hour Independent Variables (Abbreviated)		
	AHSWFHR	RMWFH	AHSLR
1	< 1	Both, the Paper & Digital Work	< -3
2	> 1 to < 3	Digital work by using internet, laptop/computer/ smartphone and other electronic gadgets	< 0 to < -2
3	> 3 to < 5	No Response	< 1
4	> 3 to < 5	Paper Work	> 1 to < 2
5	> 8		> 2 to < 3
6	0		> 3 to < 4
7			> 4 to < 5
8			> 5 to <6
9			> 6 to <7
10			> 7 to < 9
11			> 9

Table 4: Dependent Variables, Abbreviations and IBM-SPSS enable Codes

Work and Time in Hour Dependent Variables (Abbreviated)	Abbreviations	IBM-SPSS enable Codes	
		No	Yes
Senior Citizens Understand the COVID-19 Situation	SCUCS	1	2
Senior Citizens Maintaining Natural Interaction with Family Members	SCMNIFM	1	2
Senior Citizens Gradually Developing Arrogant Nature	SCGDAN	1	2
Senior Citizens Unable to Adjust with the Socio-economic Situations	SCUASES	1	2
Senior Citizens Keeping them Isolated	SCKTI	1	2
Senior Citizens Worried Emerged Economic Situation	SCWEES	1	2
Senior Citizens Losing Interest in taking Medicines	SCLITM	1	2
Senior Citizens Keeping Contact with Neighbour and Relatives	SCKCNR	1	2
Senior Citizens Losing Interest in Audio-visual News	SCLIAVN	1	2
Senior Citizens Gradually Losing Temperament	SCGLT	1	2
Senior Citizens are Abusing by Others	SCABO	1	2
Senior Citizens Living under Pressure	SCLUP	1	2

Table 5: Descriptive Statistics

	Mean	Std. Deviation	Analysis N
Respondent's Age in Group	2.79	1.251	575
Number of Students in Respondent's Family	2.63	1.268	575
Number of 60 and above Aged Member in Respondent's Family	2.19	.979	575
Professional Distribution of the Respondents	12.45	5.701	575
Professional Sectors of the Respondents	4.09	1.713	575
Monthly Income before COVID-19 Lockdown of the Respondents	4.34	1.603	575
COVID-19 Situation Affected Income of the Respondents	1.56	.497	575
Respondent's Mode of Work From Home	2.28	.631	575
Average Hour Spend for Work From Home	2.89	1.355	575
Average Hour Saved in Lockdown	6.95	2.501	575
Senior Citizens are Understand the COVID-19 Situation	1.87	.341	575
Senior Citizens are Maintaining Natural Interaction with Family Members	1.89	.319	575
Senior Citizens are Gradually Developing Arrogant Nature	1.57	.495	575
Senior Citizens are Unable to Adjust with the Socio-economic Situations	1.57	.496	575
Senior Citizens are Keeping them Isolated	1.57	.495	575
Senior Citizens are Worried Emerged Economic Situation	1.79	.409	575
Senior Citizens are Losing Interest in taking Medicines	1.39	.489	575
Senior Citizens are Keeping Contact with Neighbour and Relatives	1.74	.438	575
Senior Citizens are Losing Interest in Audio-visual News	1.50	.500	575
Senior Citizens are Gradually Losing Temperament	1.60	.490	575
Senior Citizens are Abusing by Others	1.32	.468	575
Senior Citizens are Living under Pressure	1.47	.500	575

Table-6: Correlation Matrix

	AG	NSRF	NSAMRF	RPD	RPS	RMICL	AIRCS	AHSWFHR	RMWFH	AHSLR	SCUCS	SCMNIFM	SCGDAN	SCUASES	SCKTI	SCWEES	SCLITM	SCKCNR	SCLIAVN	SCGLT	SCABO	SCLUP
AG	1.000	-.198	.057	-.337	-.487	.376	-.192	-.083	.112	-.033	.027	.052	-.200	-.117	-.219	-.197	-.227	-.001	-.219	-.169	-.210	-.195
NSRF	-.198	1.000	.081	.093	.142	-.105	.218	.066	-.067	.007	.044	.038	.131	.093	.101	.052	.160	.075	.118	.094	.185	.101
NSAMRF	.057	.081	1.000	-.134	-.073	.089	.026	-.007	-.030	.060	-.003	-.037	.062	.006	.040	-.040	-.024	-.062	-.023	.033	-.026	-.026
RPD	-.337	.093	-.134	1.000	.400	-.389	.034	.137	-.002	-.008	-.016	-.063	.036	.072	.069	.071	.158	.026	.079	.027	.103	.064
RPS	-.487	.142	-.073	.400	1.000	-.397	.229	.156	.004	-.175	-.032	-.034	.164	.103	.146	.086	.174	.042	.159	.097	.168	.102
RMICL	.376	-.105	.089	-.389	-.397	1.000	-.168	-.127	.011	.007	.004	-.018	-.098	-.097	-.143	-.078	-.135	-.085	-.138	-.063	-.127	-.162
AIRCS	-.192	.218	.026	.034	.229	-.168	1.000	.128	.022	-.188	.003	.034	.136	.080	.118	.193	.154	.041	.182	.062	.139	.159
AHSWFHR	-.083	.066	-.007	.137	.156	-.127	.128	1.000	.107	.066	-.011	-.029	.080	.072	.039	.057	.085	.004	.037	-.008	.063	.072
RMWFH	.112	-.067	-.030	-.002	.004	.011	.022	.107	1.000	-.191	-.086	-.006	-.158	-.075	-.121	-.002	-.106	.007	-.102	-.042	-.124	-.103
AHSLR	-.033	.007	.060	-.008	-.175	.007	-.188	.066	-.191	1.000	.020	.043	.006	.007	-.056	.020	-.010	.029	-.046	.040	-.023	.010
SCUCS	.027	.044	-.003	-.016	-.032	.004	.003	-.011	-.086	.020	1.000	.419	.135	.039	.126	.083	.036	.177	.083	.024	.097	.077
SCMNIFM	.052	.038	-.037	-.063	-.034	-.018	.034	-.029	-.006	.043	.419	1.000	.064	.094	.098	.213	.045	.262	.128	.053	.051	.058
SCGDAN	-.200	.131	.062	.036	.164	-.098	.136	.080	-.158	.006	.135	.064	1.000	.390	.371	.239	.324	.158	.344	.453	.403	.379
SCUASES	-.117	.093	.006	.072	.103	-.097	.080	.072	-.075	.007	.039	.094	.390	1.000	.365	.347	.359	.162	.358	.418	.385	.378
SCKTI	-.219	.101	.040	.069	.146	-.143	.118	.039	-.121	-.056	.126	.098	.371	.365	1.000	.224	.322	.112	.320	.312	.280	.340
SCWEES	-.197	.052	-.040	.071	.086	-.078	.193	.057	-.002	.020	.083	.213	.239	.347	.224	1.000	.202	.181	.268	.325	.241	.246
SCLITM	-.227	.160	-.024	.158	.174	-.135	.154	.085	-.106	-.010	.036	.045	.324	.359	.322	.202	1.000	.093	.423	.381	.483	.443
SCKCNR	-.001	.075	-.062	.026	.042	-.085	.041	.004	.007	.029	.177	.262	.158	.162	.112	.181	.093	1.000	.170	.090	.203	.114
SCLIAVN	-.219	.118	-.023	.079	.159	-.138	.182	.037	-.102	-.046	.083	.128	.344	.358	.320	.268	.423	.170	1.000	.409	.341	.381
SCGLT	-.169	.094	.033	.027	.097	-.063	.062	-.008	-.042	.040	.024	.053	.453	.418	.312	.325	.381	.090	.409	1.000	.449	.496
SCABO	-.210	.185	-.026	.103	.168	-.127	.139	.063	-.124	-.023	.097	.051	.403	.385	.280	.241	.483	.203	.341	.449	1.000	.511
SCLUP	-.195	.101	-.026	.064	.102	-.162	.159	.072	-.103	.010	.077	.058	.379	.378	.340	.246	.443	.114	.381	.496	.511	1.000

a. Determinant = .012

Table 7: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.828
Bartlett's Test of Sphericity	Approx. Chi-Square	2503.986
	df	231
	Sig.	0.000