

INNOVATIONS

Content available on Google Scholar

Home Page: www.journal-innovations.com

Active Ageing in the Post Covid Era: An Analysis of the Lived Experience of Elderly in Kolkata

Sanchari Chandra¹ and Sree Sanyal²

¹ Ph.D. Research Scholar, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi, India.

² Ph.D. Research Scholar, Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, New Delhi, India.

Corresponding Author:

Sanchari Chandra

E-mail: sancharichandra@gmail.com

Abstract

The world is currently gripped by hitherto unprecedented pandemic situation which has had a profound impact on the lives of people across the countries. The impact on the elderly population is found to be higher. Active ageing framework is promoted globally through policy formulation to acknowledge the participation of elderly as an important contributor in the society. However, during the Covid pandemic, the elderly has to overcome several hurdles in continuing to function as active contributors to the society. This study has tried to bring forth the hurdles that elderly are facing in relation to being active. The study area is Kolkata, a metro city in India which houses the highest elderly population among all cities. This was a qualitative study based on in depth interview . The lived experiences of the elderly showed that, on one hand, they are facing restriction in participation in work and social work sector while on the other getting overworked with household chores particularly female elderly. The problem of isolation and helplessness coupled with a threat to health and economic security are a matter of concern for the elderly. Though even in this scenario the elderly are positive towards a concept like active ageing but the perception about the concept of activity seems to vary.

Keywords: 1. Active ageing 2. Covid-19 3. Pandemic 4. Kolkata 5. Experiences of elderly

Introduction:

Ageing of population or the increasing number of people above 60 or 65 years of age in the total population is a matter of concern in the current world. The rate however varies across various countries of the world. Among the developed countries, ageing of population was seen quite early in the 20th century with an increase from 15 percent in 1970 to 21.9 percent in 2010 and is projected to reach 32.8 percent in 2050. In the case of developing countries, the increase is seen mainly in the 21st century and the rate of growth is very fast. Within the time frame of 40 years, between 2020-2060, it is projected that the elderly cohort will increase from 11.9 percent to 21.8 percent (Kudo et al. 2015). A report by National Institute of Ageing (2007) states that in the history of population for the first time, due to fewer child births, the elderly population have crossed the percentage of the child population. They are of the opinion that in the coming years, some twenty countries worldwide will face decline in the population numbers. With the increase in the ageing population, and the anxiety associated with it due to the negative portrayal of increasing dependency, there were various debates at the global level in an attempt to mitigate it. Through these various world level summits and discussions, the notion of active ageing was conceived.

The concept of Active Ageing:

Old age has been conventionally perceived as being synonymous with dependency. Gee (2002) and Spiker and MacInnes (2013) are of the opinion that this 'Apocalyptic thinking' around the increasing of elderly population is mainly due to accepting the dependency ratio as an important indicator of the measurement of the proportion of elderly. It points out that this doesn't take into account the intergenerational solidarity but creates a dichotomy of one generation economically burdening another generation. The emergence of theories like disengagement theory added to this image. Disengagement theory, propounded by Cumming and Henry in 1960, considered that for the elderly the ideal old age is disengagement from all the roles and duties they performed before the age of sixty or old age. In response to this theory there were a number of other theories propounded which tried to negate this picture of the elderly as burden or dependent. With the turn of century in 2002, WHO came up with the concept of active ageing, defining it as 'The process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age' (WHO, 2002). Through this WHO tried to change the conventional negativity associated with the elderly by promoting their active participation in various activities and also guaranteeing their rights.

The initial studies and implementation of active ageing were mainly focused on the countries of Europe, but with time the same was taken up in other non-European countries. Ageing also became a character of most countries of the world. Active ageing was studied in countries like South Korea (Choi, 2015), Singapore (Mehta, 2015), Thailand (Chamsaran, 2012), Malaysia (Rashid, 2015), Indonesia (Arifin et al., 2012), Australia (Buys and Miller, 2006) etc. Thus, with the increase of the elderly population across the countries of the world the concept of the active ageing is becoming important and relevant to different societies. The Active ageing index is considered or calculated under four main domains: employment; participation in society;

independent healthy and secure living and capacity of ageing actively. The performance in these indicators shows the potential of active ageing of the elderly population in that particular country or region.

The Covid 19 Pandemic of 2020:

In the year 2020, the world witnessed a hitherto unprecedented situation-the advent of the corona virus or covid 19. The entire world had been forced into a state of stasis. According to WHO, about 235 countries in the world is affected by this Covid Pandemic. Till November 2020 the total cases reported across the world is 62,363,527 and the number of confirmed deaths across the world is 1,456,687 (<https://covid19.who.int>). After the outbreak of the virus the only way to contain its spread was complete stalling of movement and restricting social gathering. The international travel was completely banned. Lockdown was enforced, large gathering was prohibited and people were advised to stay indoors and to move outside only for the necessities. Even in public places the social distance of six feet was enforced along with wearing of masks. There has been phases of unlock and again lockdown, where in the unlock phase there was a surge of the number of cases in a day. The world is now living in the new normal way with the new restriction imposed on our everyday lives till the vaccine is invented. The elderly cohort have been found to be most susceptible and vulnerable to this covid 19 attacks. It was seen according to the WHO reports the mortality and fatality rate is highest among the elderly, though each age group are at equal risk of contracting the virus. Those elderly above 80 years of age are having mortality rate five times higher than the other age group. The elderly are also at the risk of facing discrimination in getting care at covid or general health requirement as the demand for caring for youth might arise. Being quarantined with the family members all the time have increased the probability of violence and abuse towards the elderly (UN Report, 2020).

Impact of Covid-19 Pandemic on Active Ageing:

Work Participation and economic Impact:

If we observe the global recession in the job market, we shall see how in America by April 2020, there is a huge cut in jobs to the count of almost twenty million and Britain also had a number of more than seven million jobs lost since March 2020 (Alderman, 2020). The ILO report of March 2020 states that older workers will also be at higher risk of unemployment and under employment. In this scenario as rightly pointed out by Howell, Galucia and Swinford (2020), it is difficult for the elderly to re-enter the job market and even if they do, the age discrimination or ageism will be very prominent. The argument of the elderly taking up the jobs of young age group will prevail. UN Report (2020) also points out that due to the pandemic the elderly will be at a disadvantage with few job opportunities. Similarly, the elderly particularly in the developing countries who are part of the unorganised sector have already been facing the brunt of the pandemic as they are out of work. Their daily lives are dependent on the daily earnings. A report by HelpAge India (2020) states the fact that in India, 65 percent

of the elderly's livelihood is impacted adversely. Recovering the loss will prove to be a huge burden in their lives. Also, it is particularly in the developing countries where the social security system in the informal sector is not well developed or largely absent that they are at higher risk (Grills and Goli, 2020).

Social and family participation

Walker (2002) are of the opinion that elderly are an important voluntary group and the non-economically active elderly have an untapped potential to contribute to society through voluntary activities, but due to the new normal and social distancing norm it is currently difficult for the elderly to participate. Even political participation might be hampered as many elderly may not go out to vote at all in fear of contracting the virus and the participation in other political activities will be hampered.

Literatures show, that in general the participation in housework has been majorly by the female elderly while the male participation is quite low. In the COVID-19 period the pressure of maintaining the household on the females has increased. It has been found that studies across 33 countries points to the fact that grandmothers work extra 5 hours on an average, though the grandmotherly duties have declined to some extent due to the lockdown and physical distance (Dugarova, 2020). UN (2020) report states that women elderly who are the main home-based caregivers will be most stressed under this lockdown situation. Though in the lockdown period men are seen to participate more in the household work, a report by The Hindu (2020) found it to be a myth to an extent as the men merely helped lightly or those who were active participants (which was a small percentage) were already contributing, even before the covid era. Thus, the lockdown phase is proving to be more stressful for the female elderly. Due to the social distance norm the house help might not be allowed which might even worsen the scenario. Also, as they are caregivers for the grandchild, they might be at a higher risk of getting attacked by the virus (Grills and Goli, 2020; Petretto and Pili, 2020).

Health and secured living:

Walker (2002) mentions that to fully utilise the potential of active ageing, it is essential to have a 'Broad public health approach'. Access to health care, mental health etc. are considered as important indicators of active ageing. However, since the beginning of the Pandemic, other than the Covid and extreme emergency cases, the general health care sector has faced a terrible setback. The general geriatric care which might be essential for the elderly were stalled as visiting hospitals might prove fatal for them as they might contract the virus and medical practitioners are mostly fighting the pandemic. The report by United Nations (2020) states that medical resources and persons in almost all countries are directed towards the care of the covid patients and the elderly who might have some morbidities are neglected. They also note that in the developing countries, where the health care is not adequate or out of pocket expenditure in health care are high, the elderly will be further disadvantaged as they are already facing the brunt of the economic downslide. Double burden of communicable and non-communicable diseases even prior to covid are factors contributing to a complex unmet need of the health care. So, their capacity to protect the elderly or providing health services of both

covid and non-covid cases might be limited. Even in these countries the female elderly are burdened with multi morbidity and are slightly more disabled than the male elderly (Sherlock et al. 2020; Corsi and Lodovici, 2013; Agrawal and Arokiaswamy, 2009). For example, in India, 42 percent of the elderly across the nation reported a deteriorating health condition (HelpAge India, 2020).

Exercise or participation in it is of immense importance in the framework of active ageing as it helps maintain the mental and physical health. But the lockdown and subsequent confinement within the house hinders the opportunity to go out to exercise. Therefore, the number of elderly leading sedentary lives may increase. After the unlock phase has started across countries of the world where in less crowded areas people can go for a walk but the elderly might be advised to stay indoors (Boyce et al., 2020)

As mentioned in the above section, the economic impact of the pandemic has also impacted the senior cohorts. The impact on both the elderly who belonged to an economically stable class and those who were dependent on their income for their routine requirements is visible. The Active ageing framework holds median income and risk to poverty as important factors for the potential of the elderly. In the pandemic and the post-pandemic scenario, the risk of the poverty for the elderly increases and in case of some developing countries, the elderly at risk of falling below poverty increases by eighty percent (UN, 2020).

One of the indicators of the capacity to actively age is the use Information and Communication Technology (ICT). Most of the elderly are technologically handicapped and the pandemic has created the push to move everything online. This might prove to be a cause of concern for the elderly (UN, 2020). Even the elderly who are economically stable might face difficulties with the ICT as studies across countries have shown that digital divide is highest among the young age and the elderly (Neves and Amaro, 2012). Even among the developed countries which are technologically advanced, the elderly are slightly behind the younger age group. As pointed out by Petretto and Pili (2020) due to this digital divide and inaccessibility of the elderly to the new media the alternative traditional media like television, newspaper etc. should be used to make them aware. For the elderly in lower income bracket of developing countries, for whom survival itself is a cause of concern in 2020, might increasingly feel helpless. As Sherlock et al. (2020) points to the fact that a major section of elderly in the low- and middle-income countries are illiterate so for them adapting to ICT in a pandemic situation is problematic.

Living arrangement and intergenerational connection are the other two factors which became important in this post covid era. Due to the restriction of the elderly going out or meeting with family, the elderly can face problems with procuring necessary products for their daily needs (Sherlock et al., 2020; Petretto and Pili, 2020). In India, according to HelpAge India Report (2020), 78 percent of the elderly, across the nation, are facing problem in getting the daily necessities. Also, as they are in seclusion, the problem of not meeting their children or relatives is having an influence on their mental health. Social isolation, physical distancing and the uncertainty of the immediate future can lead to the increase in anxiety and depression among the elderly (Howell, Galucia and Swinford, 2020; Boyce et al., 2020; Petretto and Pili, 2020). There is also the problem of elderly living together with the children as they might get infected

staying in the same household, in the lower income families there is not much space for maintaining the distance if someone in the household becomes the carrier of the virus (Grills and Goli, 2020).

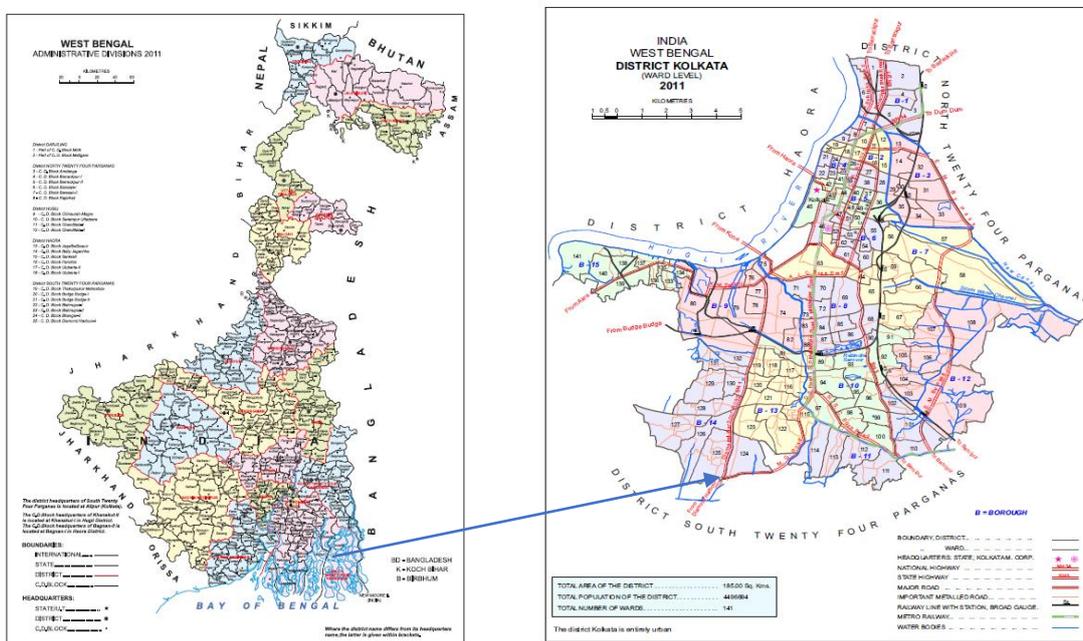
Objective:

The main objective of this study is how the pandemic have impacted the activities of the elderly and how the new normal might be a hurdle to active ageing in the immediate times to come. the main question lies, at the later stage of life with this pandemic shock, how these participants had faced the jolt of the situation in respect to active ageing.

Study Area:

The Study Area is city of Kolkata, in state of West Bengal, India. As per the demographic characteristic, West Bengal has around 24.5 percent of households with elderly population (BKPAI, 2011). The geographical location of Kolkata is between 22° 30' N to 22° 37'N in latitudinal extent and 88° 23' E to 88° 18'E longitude. The city is divided into 141 municipal ward. According to census 2011, the total population of Kolkata was 4496694. Kolkata houses about 11.8 percent of the population who are above the age of sixty years. The decadal growth rate for the elderly cohort has been 16.88 percent (census, 2011). Below the map shows the location of the city (Fig 1).

Figure 1. Showing the location and ward map of Kolkata



Source: Census of India. 2011

Materials and Methodology:

Sample Design, Survey and Participants response:

The sample size is selected based on Daniel Bertaux's concept of 'Theoretical saturation' which advocates that in a qualitative study, data saturation prevails by the time of 12 interviews are conducted and are enough to gather information (Bertaux, 1981; Guest et al., 2006). 16 senior citizens were surveyed. Data collection was stopped once it reached the data saturation point and similar responses were reported. The survey was conducted following snow-ball sampling technique through in-depth telephonic interviews of the elderly residing in Kolkata, within the time frame from November-December, 2020. Due to the restriction on physical visitation, as per covid guidelines, the above-mentioned sampling method was chosen. The in-depth telephonic interviews were conducted by using a semi-structured questionnaire with probing open-ended questions. The questions like 'How do you feel about this Covid pandemic as a Senior Citizen?', 'What are your thoughts regarding active ageing during lockdown?' 'If you were active previously in some way, how have the lockdown impacted your activities'. The definition of 'Active Ageing' were first introduced to the participants and then the interview was further conducted. The interviews were conducted in Bengali. The time span for each interview was 20 to 40. The data were collected by two female researchers which helped and favoured the female elderly respondents to disclose their outlook and aspect of the pandemic outbreak.

Data Analysis:

The in-depth interviews were audiotaped first and then the audio recordings were listened several times to check on the accuracy level of the data followed by transcribing the data. The translation was contextual rather than literal and have tried to portray the best meaning spoken by the elderly participants in their colloquial language. Then they were checked, and cross checked by both the authors and recorded in MS-Excel spreadsheet. The responses were kept in complete qualitative format and quantification was avoided. Among the 15 participants, 8 were female and 7 were male having varied cultural and religious heterogeneity. The age range was between 60 years to 78 years. By profession 6 females were homemaker, one was associated with a research centre and another was associated with active social work. For the male elderly 3 were in active workforce and the rest were retired or not working. The education level of respondents was graduation and above.

Results and Discussion:

Work and social Participation and Economic Impact:

Among the fifteen respondents interviewed, 3 male elderly were in active work participation. But the sudden outbreak of the pandemic proved to be a hindrance to this active work participation. COVID-19 has brought distress to elderly in form of economic crisis. Elderly who are economically active or are dependent on savings post retirement are equally facing the brunt as understood from the responses of the elderly. Even, in this Pandemic, the proper survival of the elderly is important. Economic scarcity has not only impacted household

expenses but has also caused stress, anxiety, and even depression. A 70-year-old businessman expressed his grievances:

“Since the pandemic started my business is closed and there is no income and the savings of our family is almost depleted. I am the sole supplier of money in our household. I am currently under treatment of depression because of this stress.”

These respondents have tried to be active in their later lives not only for physical fitness but also for their mental stability and being independent economically, still, this pandemic has shown them the utter vulnerability of their age. The plight of the businessman as understood from his response is a picture of many elderly across country who are the main bread winner and currently out of employment or earning as observed by HelpAge India (2020). Along with the increasing economic strain elderly are also facing ageist behaviour. A 65-year-old male person has conveyed the willingness of joining back his job, but is faced with employer not allowing him due to covid:

“I took voluntary extension after retirement. When the lockdown started all the bank employee were told to stay home for 2 weeks but then all the other employees were called back but I was told not to come because of my age Though I am fit and experienced and was in but now they don't want me back for my age.”

In the interview another 64 years old elderly reported facing ageist comments in the work place:

“I was offered half salary extension after retirement in 2017..... But one day, few young employee was indirectly commenting that in the covid situation youth are out of employment so seniors should not take extension. I have never faced such comments ever in my extension period.

The problem of ageism has been a major hindrance to the elderly's entry into job market even before Covid, as argued by Walker and Maltby (2012), in the context of European elderly. In post-Covid era the problems of ageist comment and behaviour, as observed by UN report (2020), have become common. The passing comments in workplace or sacking, in pretext of protecting their health, bears a proof to the argument by Howell, Galucia and Swinford (2020) that ageist behaviour in workplace and recruitment might increase in this scenario, hindering the work participation of elderly.

Social participation or volunteering is another aspect considered as important in the active ageing framework. The participation in the social work by the elderly are also facing restriction. Those elderly who were active participants in social work, are now restricted because of their age. A 78-year-old female mentioned the grievance in the interview

Since the lockdown I am stuck in home and have not visited my NGO, because of my age I am advised to stay at home. It is making me feel very useless. Though I give then instruction over phone and mail but sometimes there is communication gap.

Another 82-year-old female elderly involved in social work felt the same problem;

Since the lockdown I am stuck in home and have not visited my research centre even once, because of my age it is safer to stay at home.

So, in the immediate times it seems difficult for the elderly to be active social participants. Some elderly who might participate voluntarily in the labour market or with NGOs without pay may face reluctance of the employers to allow them back or recruit them in the first place as they are at greater health risk and work from home is indeed becoming the new normal.

Housework and health:

As found in literatures that female in pre-Covid world was contributing in higher percentage than male elderly (Duganova, 2020). The results show that female elderly feel overworked as they are not getting the help from the other family member either as they are busy in work from home or very little help from their husbands. The anguish is further increased due to restriction of domestic help due to lock down restriction. A sixty-three-year-old female housewife with rheumatoid arthritis and diabetes expressed:

“Since the pandemic have started in our apartment it was decided that no domestic help will be allowed since some residents were fearful that they might bring the virus Since April all household chores and cooking is on me My daughter is entirely involved in her service work from home and my husband brings the groceries and other things once in a week.”

Female respondent of 78 years of age with chronic obstructive pulmonary disease (COPD) conveyed:

“Due to this pandemic, my family refused to take any domestic help, and asked me to do everything by my own. Even, they stay overseas I stay alone and it is very difficult for me” As rightly pointed out by Grills and Goli (2020) lockdown, denial of domestic help, have aggravated the workload of the female elderly as understood from the responses.

Most of the respondent were suffering from one or more non communicable diseases. As seen through previous studies in the developing countries there exists an overburden of multi morbid condition among the elderly particularly the female elderly (Agrawal and Arokiaswamy, 2009). If we discuss the health security or the access to health care sector, the response shows that geriatric health care was unavailable to them. The arrangements of regular medical follow-up, check-ups, diagnosis and the general treatments were fully ceased. Along with that, the male elderly was facing mental health issues from being tensed about unable to provide for family, financial security, unable to go out or even exercise outside. They feel sedentary and useless and referred themselves as ‘weak’ or ‘handicapped’ due to their health conditions and not being physically active.

“The situation is so adverse that I feel if I go to the hospital, I will definitely get Corona virus for sure. It is better to stay indoors and continue my previous prescribed medication..” Reported a 72-year-old male respondent.

Another female elderly, 75 years, complained that she faced problem with health care services and the lack of exercise is affecting her health.

'I have diabetes for which this is required, I am gaining weight. Also, I was supposed to consult my doctor in may but could not and since then haven't got much chance'

In fact, health service constraints, lack of exercise, absence of social and emotional support, economic strains for a section, feeling helpless etc. have all cumulated in adding to the suffering of the elderly at least emotionally.

Isolation, Uncertainty of the Future and helplessness:

Along with health and financial security, the emotional and social security, is also impacted. Every participant in this study reported stress, fear and uncertainty of the future. Social engagement and social relationships have been the vital part in the lives of Indian elderly and is also important for their wellbeing. But the sudden unprecedented outbreak of the Corona Virus has completely stalled the social mingling. The aged population of Kolkata are fearful even within the boundaries of their own home. In the lockdown scenario they felt independent living or living alone as a negative factor as they were helpless with no one to help. They felt the absence of their kids, and it was far more aggravated with the lower use of ICT. Only 4 people reported, they know how to use a smart phone and internet.

"I try to use smart phone, but I cannot use the messaging or video calling application. In this situation I only call my children for their wellbeing as I'm worried about their health."

Due to lockdown, even if the medicines were available in the medical shops, many participants faced this trouble in fetching them on time often leading delayed regular medicine intake. An old couple aged 76 and 85 years complained:

"Though our government gave permission in opening the grocery shops and medical stores as these comes under essential items, still we had no one to get the regular medicines for us. We didn't have any cash at home, and we do not know how to use smart phones for online bookings. We had to depend on others"

As Petretto and Pili (2020) and Sherlock et al. (2020) have rightly pointed out the fact that the presence of digital divide is isolating the elderly from social media so the other media platforms should be used. And for few others, who were digitally literate, it proved of no help because till a certain time even delivery boys were not allowed in the societies. As one 78 years old female reported

Till August then even getting groceries were difficult as delivery guys were not allowed.

Thoughts about active ageing:

The thoughts on active ageing showed that the elderly majorly favoured the existence of the concept like active ageing and feel if such a policy is existence in the India, they would have had the security of pursuing their work and activities as their rights would have been protected. This view was mostly found to be dominant among those who are active outside their homes for both the gender.

If someone wants to active in which ever form, they should be allowed as elderly are much fitter now. if we maintain distance and safety protocol then we will be safe because staying inside is even making us depressed particularly those of us who stay alone' responds a 65-year female elderly

While for female elderly who are bound to their homes find its right, but in the covid scenario where proper health care is not available, they should focus on the work and activities inside

It's necessary but be active in home there is no need to go out frequently. One of our neighbour started going to office in public bus and contracted the virus and passed away so it is actually a pretty scary situation. Active ageing for elderly is fine if related to home.

While some were of the opinion that if elderly particularly the male elderly feels themselves to be sedentary participate in household chores.

I am working throughout the day; my husband sits idle the entire day and does nothing other than complaining that he is dying of boredom If he feels so useless, he should help me out which would be of help but he refuses because of his male ego. Thus, the argument of Bowling (2008, pp 300), the meaning of active ageing being dependent on the individual's perspective suits in this argument. The analysis also shows that the perspective might be impacted in temporal and situational context.

Conclusion:

It is evident that with the data and the literatures, active ageing has become an important factor. However, in the present pandemic situation and the immediate future, there rises the question of how active ageing can be promoted when we are adopting the new normal and elderly are more vulnerable. Due to restrictions imposed on the activities of the elderly, some of them are at risk of becoming sedentary while some female elderly are overburdened with household chores. A gender related gap in active participation in the household sector is visible. Along with care of grandchildren and sick, the participation in household chores might be an important indicator of active ageing potential. It is therefore essential to think how in the new normal, another set of new normal measures can be adapted which would help the elderly be actively aged and safe from the virus and ageism at the same time. In work participation and social participation, the elderly is facing a hurdle in this new normal and might continue in few immediate years. So, at the international, national and local level some policies or steps are needed, which would allow safe participation of the elderly. Health and other security measures should be taken so the rights of the elderly can be preserved. The elderly cohort should be given their required attention and their right to participate in the society.

Limitations:

The major limitation arose due to lockdown condition and restriction which compelled the authors to depend on snowball sampling method. The adoption of this method lead to a slight biasness in the heterogeneity of the sample as only the middle-class elderly were the only ones included.

References:

1. Alderman, L. (2020). *Europe tried to limit mass layoffs, but the cuts are coming anyway*, *New York Times*, August.
2. Agrawal, Gopal; Arokiasamy, P. (2009). *Morbidity prevalence and health care utilization among older adults in India*, *Journal of applied gerontology*, 20(10), 155-179,
3. Arifin, Evi. Nurvidya.; Braun, Kathryn. L.; Hogervorst, Eef. (2012). *Three pillars of active ageing in Indonesia*. *Asian Population Studies*, 8(2), 207–230.
4. Bertaux, Daniel. (1981). *From the life-history approach to the transformation of sociological practice*, in Bertaux, Daniel (ed.), *Biography and Society*, London and Beverly Hills, Sage Publications, 30–45.
5. Hartmann-Boyce, J. et al. (March, 2020) *Maximising mobility in older people when isolated in Covid 19*, *Centre for Evidence Based Medicine*, Oxford.
6. Bowling, A. (2008). *Enhancing later life: how older people perceive active ageing?* *Aging and Mental Health*, 12 (3), 293-301.
7. Buys, Laurie.; Miller, Evonne. (2006). *The meaning of active ageing to older Australians: exploring the relative importance of health, participation and security*, 39th Australian association of gerontology conference, Sydney.
8. Chansaran, Supachet. (2012) *Active ageing in elderly people and its determinants*, *Asia pacific social science review*, 12(1), 1-18
9. Choi, Sung-Jae. (2015) *Active Ageing in South Korea*, in Alan Walker and Christian Aspalter eds. *Active Ageing in Asia*, Routledge, Oxon and New York.
10. Corsi, Marcella; Lodovici, Manuela Samel. (2013). *Active ageing and gender equality*, *CEB working paper*, 13/004, Centre Emile Bernheim.
11. Dugarova, Esuna. (2020). *Unpaid care work in times of the Covid 19 crisis: gendered impact, emerging evidence and promising policy responses*, *Paper prepared for the UN Expert Group Meeting: "Families in development: Assessing progress, challenges and emerging issues. Focus on modalities for IYF+30"*.
12. Gee, Ellen. M. (2002). *Misconception and misapprehension about population ageing*, *International Journal of Epidemiology*, 31, 750-753
13. HelpAge India. (Report June 2020). *The Elder Story: ground reality during covid 19, impact and challenges*, *Nationwide survey*. New Delhi.
14. Grills, Nathan; Goli, Srinivas. (2020). *Caring for India's elderly during Covid-19*, *Health and wellbeing*.
15. Guest, Greg; Bunce, Arwen; Johnson, Laura. (2006). *How many interviews are enough? An experiment with data saturation and variability*. *Field methods*, 18(1) 59-82.

16. Heran, F. (2013). *The population ageing process in global perspective*, in Sussana Macdaniels and Zachery Zimmer (eds) *Global Ageing in the 21st century: Challenges, Opportunities and implication*, Ashgate publication, United Kingdom.
17. Howell, Nancy. Morrow. et al. (2020). *Recovering from the Covid 19 Pandemic: a focus on older adults*, *Journal of Aging and Social Policy*, 32(4-5), 526-535.
18. International Labour Organisation. (2020). *Covid-19 and the world of work: Impact and policy responses*, ILO Monitor 1st Edition.
19. Kudo, Shogo. et al. (2015). *Population Ageing: an emerging research agenda for sustainable development*, *Social Sciences*, 4, 940-966.
20. Mehta, Kalyani. K. (2015). *Active Ageing in Singapore*, in Alan Walker and Christian Aspalter eds. *Active Ageing in Asia*, Routledge, Oxon and New York.
21. Neves, Barbara. Barbosa. & Amaro, F. (2012). *Too old for technology? How the elderly of Lisbon use and perceive ICT*, *The Journal of Community Informatics*, 8(1), 1-12
22. National Institute on Ageing. (2007). *Why population ageing matters: a global perspective*, US Department of State, Publication No. 07-6134
23. Petretto, Donatella. Rita & Pili, Roberto. (2020). *Ageing and Covid-19: What is the role for elderly people?* *Geriatrics*, 5(25)
24. Rashid, Sharifah Norazizan Syed Abdul. *Active ageing in Malaysia*, in Alan Walker and Christian Aspalter eds. *Active Ageing in Asia*, Routledge, Oxon and New York, 2015
25. Sherlock, Peter. Llyod. et al. (2020). *Bearing the brunt of Covid-19: older people in low and middle income countries*, *BMJ*, 368(no. m1052),
26. Spiker, Jereon. & Macinnes, John. (2013). *Population Ageing: The time bomb that isn't?*, *British Medical Journal*, 347
27. Stenner, Paul. et al. (2011). *Older people and active ageing: subjective aspects of ageing actively*, *Journal of Health Psychology*, 16(3), 467-477.
28. Walker, Alan. (2002). *A strategy for active ageing*, *International social security review*, 55(1), 128-139
29. Walker, Alan.; Maltby, Tony. (2012). *Active ageing: a strategic policy solution to demographic ageing in European Union*, *International Journal of social welfare*, 21, 117-130.
30. World Health Organisation. (2002). *"Active ageing: A policy framework"*, Geneva, Switzerland.