

# LAWFUL REQUIREMENTS VS. UNCERTAINTIES IN PANDEMIC TIMES: NEW CHALLENGES FOR OLD PEOPLE

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## Abstract

Hit by the Covid-19 virus Romania imposed self-isolation to the elderly population, for longer periods of time, aiming to protect them as well as to prevent and reduce the spreading of this acute respiratory syndrome known as SARS-Cov-2. Trapped between a constant worry of the unknown and the necessity to acquire the household essentials the elder population was faced with a dilemma in identifying the boundaries between influence, coercion and limitation of civil rights. We have analysed the way old people have succeeded to tackle the crisis, the coping methods used to surpass the hardships and the techniques employed to withstand the everyday routine in pandemic times. The qualitative study of the present paper focuses on the responses of the old people to these new circumstances. The strategies adopted by our state when dealing with the third age group should be specifically targeted in order to improve and alleviate the reactions to future disastrous occurrences.

**Keywords:** Covid-19, pandemic, old people, hardship, home confinement, crisis.

## 1. SHORT-HISTORY OF PANDEMICS

Epidemics are not new to people and from ancient times the world was faced with some virulent diseases, with tragic consequences. Athens was devastated by an awful plague in 430 BC which put an end to the Athenian domination for many years. Between 541-750 a bubonic plague arrived from Egypt, shattered the Byzantine Empire and even the emperor Justinian was infected, but fortunately he survived. The records mentioned that approximately 30% of the population was killed and in Constantinople – the capital, the losses were double, around 60%.

From the 14<sup>th</sup> until the 17<sup>th</sup> century an epidemic known as the "Black death", a type of bubonic plague, devastated almost a third of Europe's population.

A contagious disease known as the sweating sickness "conquered" England in September 1485, overwhelming the capital with death.

A typhus epidemic emerged in Serbia in the summer of 1914 with a 20% mortality rate that critically weakened the country's population in times of war.

Between 1918-1920 a highly infective virus with airborne transmission, the Spanish flu pandemic, caused over 50 million deaths all over the world. It was caused by the H1N1 virus which ninety years later induced a new influenza type A.

In 2002-2003 an epidemic of severe acute respiratory syndrome (SARS-CoV) affected 26 countries and led to over 8,000 cases, according to the World Health Organization (WHO, 2004).

In 2009 a novel influenza type A (H1N1) virus emerged in the United States, rapidly extended globally and lasted for over one year until 2010. According to CDC (Centres for Disease Control and Prevention, 2019), from 2009 until 2018, influenza A H1N1pdm09 virus caused approximately 100,5 million cases and 75,000 deaths.

Closer to our times, from 2014 to 2015, an Ebola epidemic (EVD), formerly known as Ebola haemorrhagic fever, had taken first Central Africa and then rapidly spread in West Africa. A number of 28,616 cases and 11,310 deaths were reported (WHO, 2020a; CDC, 2019).

During the last month of 2019 the first cases of Coronavirus were recorded in China and in just a few weeks it spread all over the globe (WHO, 2020b). According to the Situation Report – 29 issued on August 16, 2020, the total number of cases amounted to 21 million confirmed cases, almost 800,000 deaths and 216 countries with confirmed cases (WHO, 2020c).

All lessons of history, both from way back or much near in time, are precious and must be well understood. We should be prepared for worst case scenarios and this means that new

approaches towards different adversities, calamities or novel pandemics have to be identified by all nations, especially for the segment of population represented by old people. More individual-centred information can be shared in order to restrain, as much possible, future outbreaks, and educated, disciplined older people may make the difference from survival to demise (UNITED NATIONS, 2020).

## 2. INTRODUCTION TO THE ANALYSED TOPIC

The existence of a new virus named COVID-19 was reported by World Health Organization on the last day of December 2019 and declared global pandemic only three months later, in March 2020 (WHO, 2020d).

Steadily increasing in complexity and severity, the crises caused by the Covid-19 virus from the beginning of 2020 affected especially the most vulnerable category of people, respectively old people. The household practices of old people, especially of those alone, led to experiencing heightened feelings of fear intertwined with the need to provide the basics for their existence: food, water, cleaning supplies. This "struggle" manifested, initially, by negative coping strategies, due to the reduction of time spend outside, a lack of direct communication, a drastic decrease of human connectivity and a lot of vague information and/or disinformation. (WHO 2008).

The duration of this crisis triggered by the Covid-19 virus was unknown, unexplained, or too much described, and the abundance of false information was, as well, a source of uncertainty. Being continuously exposed to a stressful experience, combined with their chronic stressors (HAWKLEY & CACIOPPO, 2007), the old people felt overwhelmed. The decision-makers were not very well informed and proved unprepared and ill-equipped for these extraordinary circumstances. The vulnerability of the old people was heightened during this period as they had to face multiple health risks due to their comorbidities. But the most important aspect which is worth underlining is

the lack of community interaction because of the drastic limitation of the social network (TEJADA, 2008). This "deprivation" of social connectivity may very easily lead to anxiety, depression or chronic stress, taking a serious toll on a person's mental health. Hesitant at the beginning, angry, exasperated and offended later on, the old people were challenges with a series of crises, besides the third age identity crisis (BÓDI, 2012), determined by something far from their comprehension.

The change of the normal routine as well as the lack of social activities distorted their perceptions and feelings. Therefore catastrophizing, magnifying, minimizing and overgeneralization were, in most of the cases, their first perspectives. The main support, in most of the cases, was the empowered community (WHO, 2020b) who ensured a series of services for most of the old people questioned.

Some of the most important aspects we tried to identify in the present article were restoration of hope, wellbeing and security (VRASTI, 2012) following the intense period of disappointment, discouragement, and forced confinement.

The analysis identified a series of novel life experiences of the old people, as well as a series of coping strategies used to deal with a very stressful and shocking situation (FOLKMAN & LAZARUS, 1984; DEMERS *et al*, 2009; LEVASSEUR & COUTURE, 2015; DAOUST, 2020), derived from the obligation to remain confined indoors, due to outbreak of the Covid-19 virus.

## 3. DATA COLLECTION METHOD

We chose this exploratory type of study in order to observe the series of effects of a novel virus upon the questioned old people, as well as to identify the impact of Military Ordinance no.3 from March 24, 2020 upon the daily lives of the old people analysed in a qualitative research, using the questionnaire technique. The questionnaire was structured on seven areas of interest: opening questions, questions regarding the above mentioned Government Decision targeting the older people, personal considerations, reflections and concerns, views about the Covid-19 virus and

its possible recurrence, present and future needs, fears, coping methods related to the house confinement and the pandemic and closing questions (LEGISLATIE, 2020; MAI.GOV, 2020). We had a number of twenty-five items and the types of questions were closed, open with multi-choice answers, as well as individual, personal considerations on some of the subjects mentioned above. The qualitative data is helpful in identifying the specific needs of the old people during pandemic times, the coping methods used to overcome the confinement period, as well as the effects of this novel epidemic on their existence (HELP AGE INTERNATIONAL, 2016; HELPAGE, 2020).

#### 4. RESULTS AND INTERPRETATIONS

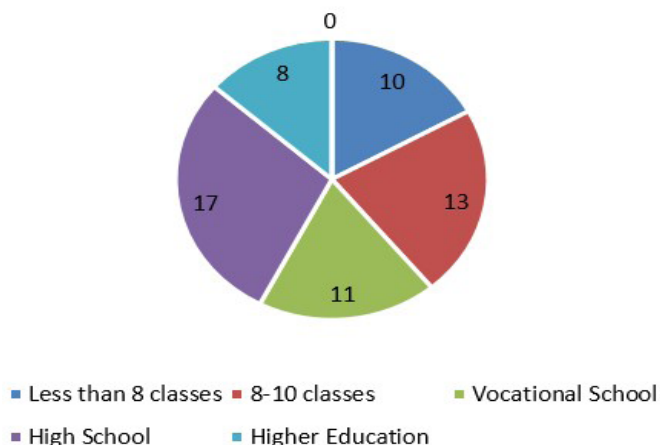
The micro-research was conducted on a sample of 59 old people from both the urban area, respectively the city of Iasi, and the rural area surrounding Iasi County. The percentage of the male group was 30.5% and of the female group was 69.5%. The area distribution was 66.10% people from the urban area and 33.89% of the questioned people originated from the rural area surrounding Iasi County.

The age distribution ranged from 66 to 89 and, as the respondents were old and very old people, specific attention was given to the answers as well as to their personal additions to the questionnaire.

The study was conducted over a period of two and a half months, respectively from late March, immediately after the release of the Military Ordinance no.3 from March 24, 2020, which imposed a restriction of circulation to the people over 65 years old to a maximum of 2 hours daily, until May 2020, and consisted in self-completed questionnaires.

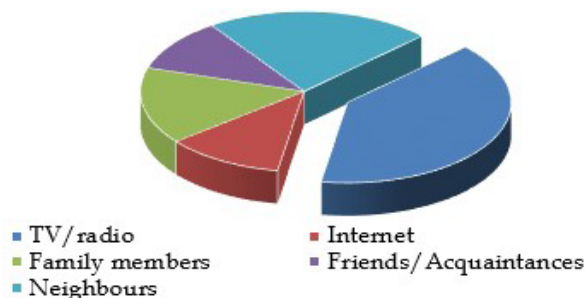
The degree of education of the old people involved in this study was as shown in the chart below. According to the graphic, we obtained a quite balanced distribution of the sample with a majority of old people being high school graduates. As we have registered, most of the elderly people with low levels of education were rural residents.

**Degree of Education**



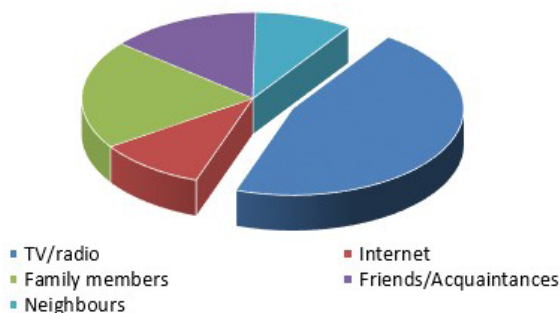
Asked about the most important sources of information regarding the appearance of the Covid-19 virus most of our respondents answered that their primary source were TV and radio broadcasts, as shown in the chart below. We can therefore observe that there is a high degree of credibility granted by the viewers/old people to the mass-media sources of information.

**Finding out about the virus Covid-19**



With regards to the sources of information regarding the Military Ordinance no.3 from March 24, 2020 that imposed a limit of circulation of 2 hours per day for all the old people aged 65 and over, most of them relied on TV and radio as well. As we can observe from these graphics, the information obtained from the family members and the neighbours was more reliable than that collected from the Internet. One of the reasons is that some of the old people questioned do not have access to Internet. As well, one of the strongest opinions of the elderly was that the direct information obtained via an individual connection was considered to be a more valid source.

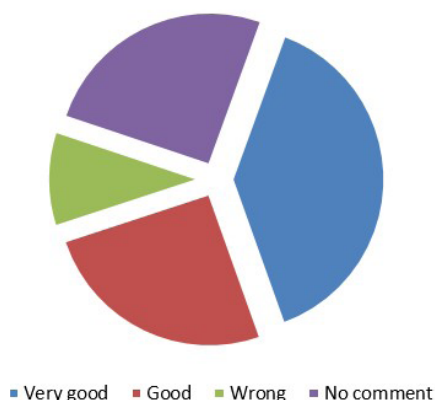
**Finding out about the Military Ordinance**  
n.3/24.03.2020



In relation to the Romanian authorities' decision on house confinement, almost half of the old people questioned answered that it was a very good decision, respectively 47.45%. A percentage of 20.33 favoured the reply "good decision," while 6.77% answered that it was a wrong outcome. However, a quarter of the respondents (25.42% made) no comments regarding that decision.

We can thus identify the manner in which mass-media communication influenced the perceptions of the old people and implicitly their whole behaviour (BUZDUCEA, 2010). The restricted actions of the elderly were in fact strong unusual reactions to the messages received, especially those from TV/radio and Internet. We consider that the great percentage of answers type "No comment" or "I don't know" demonstrates a disturbed status of the old people questioned, who were unable to take a clear stand.

**What do you think about the house confinement?**

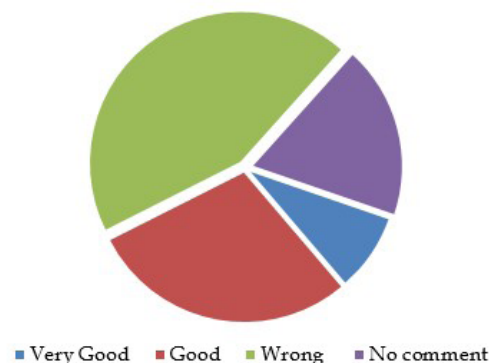


Another aspect we tried to elucidate in our research was the opinion of old people concerning to fines given to those who didn't respect the above-mentioned Ordinance. Taking

into account that the initial maximum of the fine was 5,000 lei, raised in just five days to 20,000 lei, most of the people, 44.06%, answered that it was a wrong decision. Only 8.47 % of the respondents responded that it was a very good decision, while over a quarter of the people, 28.81% replied that the decision to fine people who does not comply with the law was a good choice. The undecided segment of population was of 18.64%.

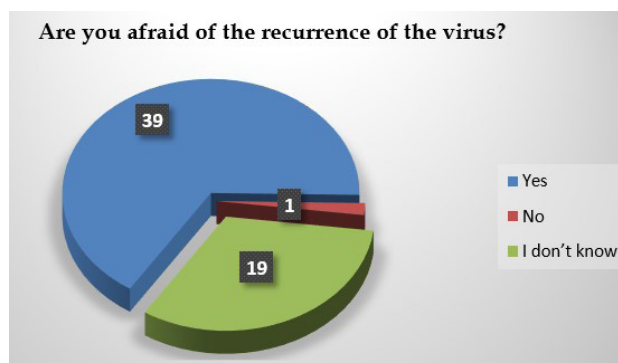
When dealing with financial aspects almost all old people are getting very prudent, as the levels of pensions are not very high. Therefore, the issue of a fine immediately exposes an age-associated financial vulnerability (ȘOITU, 2015), a type of vulnerability that uncovers extreme financial hardships, especially for those living in the rural areas of our country.

**What do you think about the fine given to the people?**

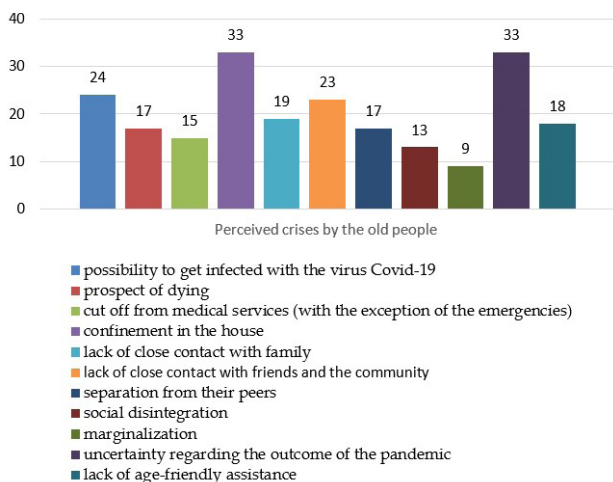


With reference to the reappearance of the virus, we discovered that almost the majority of the people surveyed, 66.10%, answered that they are afraid of a recurrence, while more than a quarter, 28.81% gave a negative answer. A significant proportion of old people were undecided, respectively 18.64%.

**Are you afraid of the recurrence of the virus?**



The analysis also intended to identify a series of crises, as they were perceived by the old people during these extraordinary times. We discovered that houseconfinement and the uncertainty regarding the outcome of the pandemic are seen as major crises by almost all the old people questioned. The possibility of getting infected with the Covid-19 virus and the lack of close contact with friends and the community are the next most severe crisis identified. The next ranked four crises were the lack of close contact with family, a lack of age-friendly assistance, followed by the prospect of dying and the separation from their peers. Being cut off from the medical services, social disintegration and the marginalization were also taken into consideration when discussing about the crisis. We were able to identify some new forms of crisis regarding the old age segment, induced by the restrictions due the Covid-19 virus. Among these we can underline those identified by the old people themselves as being the most significant, respectively houseconfinement and the uncertainty regarding the outcome of the pandemic. We can also say, in agreement with our findings, that the imposed social isolations, whether of close relatives, peers, friends or community, were perceived as grim social dilemmas with indefinite effects.

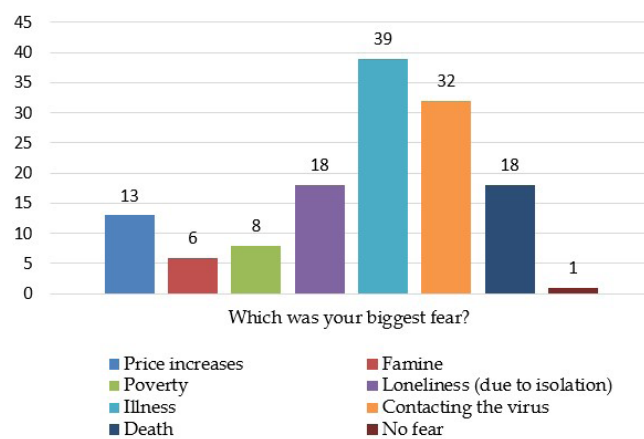


The major fear of the old people from our analysis was the prospect of getting ill, especially for those who were living alone. Illness was seen as one of the most serious threats during the pandemic times, immediately followed by the fear of getting infected with this virus. As the old people represent the population segment most impacted by this pandemic, they are also facing a very significant risk of severe illnesses in case

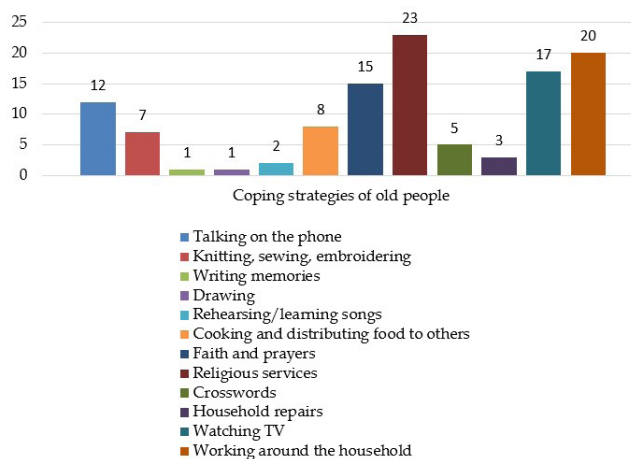
of an infection with a novel virus like Covid-19. As at this moment there are no effective treatments for those infected. Therefore, the apprehension of the elderly when talking about the prospect of getting infected is very bleak (PICCOLI *et al*, 2020).

The next answers referred to loneliness, due to home isolation and death. The potential increase of prices, poverty and famine were also identified as constant worries.

An interesting observation was that most of the people questioned were more preoccupied by the health status of their relatives (children, grandchildren) than of their own, therefore proving a serene approach and a specific resilience.



The last graphic depicts the coping strategies identified by the old people during pandemic times, especially during their home confinement. The coping strategies are very important for a better understanding of how elderly people address the increased difficulty due to the Covid-19 virus in their daily activities, as well as the conduct of their social roles (DEMERS *et al*, 2009).



As we can see from the graphic above, the most important coping technique adopted by almost half of the old people surveyed was religion, especially the religious services anticipating the Easter. Referring to this aspect, we could notice that this valuable resource, influenced by family beliefs and cultural features (IRIMESCU, 2016), increased the ability of old people to recover from the stressful event determined by the emergence of the Covid-19virus. With regards to gender, we noticed that women were more inclined to address religion as key coping strategy of their existence (DEMERS *et al*, 2008) in comparison to men.

The next most used coping strategy was especially adopted by the old people living in the rural areas: the need to work around the households, as well as their daily chores made them more detached from the incoming adverse and bad news. The old people from the countryside also mentioned that they did not have the time to watch television and had to keep on working, as all their peers from the rural community who do exactly the same, even in difficult circumstance.

For the elderly living in the urban area, watching television represented a source of entertainment, especially because they were confined in their houses.

Talking on the phone with their relatives, neighbours and friends was another way of escaping the stress induced by the presence of the virus.

Among the other coping strategies identified by the old people from our analysis we can mention that 13% of them have chosen to cook and help some of their peers, especially lonely disabled neighbours with hot meals, knitting sewing and embroidery were adopted by 7% of the elderly women, while 8,47% of the men were favouring the small household repairs. Writing memories, drawing, rehearsing old songs or learning new ones as well as solving crosswords were other techniques adopted in order to alleviate the strain induced by the epidemic.

The results obtained following data analysis allowed us to identify a wide range of consequences that the newly identified virus had upon the normal, daily routine of old people. The pandemic proved to be a real social issue

(COJOCARU, 2002) with global proliferation. Being a very complex problem, the pandemic generated a wide range of consequences recognized at the level of society, community, groups and individuals (ILUȚ, 2015).

The present analysis revealed the implications of the decisions taken by the Romanian government to prevent the spread of the pandemic upon the elder population, as well as a series of new questions that have to be further investigated.

## 5. CONCLUSIONS

The Covid-19 pandemic, which, unfortunately, is not over yet, imposes a radical reconsideration of our priorities in connection with the old people. The social perception in relation to the third age is changing as we speak, and more and more people, of all ages, realize that unusual situations may occur at any time in the near future.

A series of goals should be achieved when approaching the upturn of a disastrous situation like the one determined by the Covid-19 virus in connection to old people: first of all a vital need to implement strategic plans for the old people in such situations. Next in line would be strengthening the state capacity, respectively the health care systems, in order to meet the needs of old people during epidemics. On the third place would be the identification of a specific mechanism to sustain this category of people in urgent, critical conditions. All these goals should be adjusted to the scale of the crisis we face.

Therefore, the need for robust interventions and accurate policies, specifically targeting the older people in times of epidemics represents a must. However, a deeper understanding of the behaviours and awareness of old people in times of adversity is yet to be determined.

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