

Impact of restrictive policies on lives of the elderly: lessons of the COVID-19 pandemic

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Abstract

The article analyzes situation with senior citizens as a special socio-demographic group of population during the first and second waves of the COVID-19 pandemic. The purpose is to analyze the state of this group during the period under review, attitude of the elderly to restrictive policies, impact of social isolation on their physical and mental health, and overall social well-being.

The theoretical and methodological basis of the study is the concept of active longevity and phenomenological approach in sociology.

The empirical base of the study included 42 non-formalized interviews with elderly citizens aged 65 to 94 years, conducted in May–November 2020. To process the interviews, the authors used the phenomenological method of Colaizzi, which has significant potential for qualitative research, especially in cases when result are much dependable upon the respondent's personal experience, his or her perception of events.

The data obtained through the interview were structured in line with the following five main blocks, namely: attitude to policy measures that have directly affected the elderly; changes in usual way of life; limited access to medical services; perception of age as a negative factor; and organization of services to older citizens during the pandemic.

The study participants have demonstrated a fairly wide range of opinions, including assessment of structural problems, direct reflection on state policy measures to curb the pandemic, description of difficulties related to adaptation to the new routine mode of life, information and communication deficiencies.

The authors have identified the “pain points” in the state of the elderly during the COVID-19 pandemic: the health and social systems turned out to be unprepared to work in the crisis conditions of the new reality. Analysis of daily life of the elderly during the COVID-19 pandemic changes perception of active longevity and puts on the agenda the need for more comprehensive consideration of the needs of older citizens at the planning and implementation stage of state policy and management in social welfare and public health.

Keywords

restrictive policies, COVID 19 pandemic, senior citizens, social sphere, social isolation, social distancing, social policy, medical and social services

JEL codes: I12; I18; I31; I38; J14

Studies on consequences of the pandemic for individuals and society are on the rise with the focus increasingly shifting from medical to political and socio-economic aspects. Relevant papers go public both in Russia and abroad (Cudjoe, Kotwal 2020; Glogowsky et al. 2021; Spiliopoulos 2022). Researchers are especially interested in assessing effectiveness of the state policy measures (Chubarova, Sharova 2020; Dobrokhleb 2020; Evseeva 2021; Nemeč et al. 2021) both in terms of containing the pandemic and influencing lifestyle of the citizens. In the new pandemic-induced conditions, issues related to the relationship between a citizen and society, on the one hand, and the state, on the other, have intensified discussions on correlation between the collective and individual, solidarity and exclusion, citizens' trust in the state (Grigorieva 2021).

Elderly citizens represent a special socio-demographic group that attracts attention of a wide variety of researchers, which is mediated by the fact that in most developed countries of the world there is a pronounced demographic trend towards aging and increased share of the elderly in the population structure. According to Rosstat, in 2021, every seventh Russian, i.e. 15.8% (at the beginning of 2020 – 15.5%) of the country's residents, were aged 65 and older, and every fourth resident of Russia (36.9 million people as of January 1, 2021) was of the retirement age (Rosstat 2021). Elderly people are a socio-demographic category of population, and delivery of social services to them is one of the most important directions of the state's social policy (Grigorieva 2005).

Technology of building relationships between older people and society, common and special features of this process is the focus of attention of both researchers and practitioners. This topic has become much popular during the pandemic under quarantine restrictions for citizens of this group, when problems of relationship have become particularly visible (Parfenova 2020; Anikeeva et al. 2021). The issue of the state of senior citizens and what support measures should be developed in the future with due regard to the new experience, has become more than urgent.

However, it is obvious that development of the restrictive agenda during the pandemic should ensure social inclusion rather than physical distancing alone, in other words – provide for tools to help the elderly maintain social ties even under self-isolation.

The objective to diminish negative consequences of self-isolation for the elderly as much as possible, including mental health and inequality, which are likely to increase during the pandemic, seems urgent. Such a policy, as well as ways of its implementation should be developed with due regard to the opinion of senior citizens, so that their voices are heard and counted. Therefore, qualitative research is needed – «everyone's opinion matters» – at the same time, a national context is needed, related, among other things, to peculiar features of the national social policy.

It can be assumed that self-isolation and other compulsory measures may continue to provide a negative impact on lives of older people, exacerbating the already existing and creating additional problems. Social consequences of the pandemic for senior citizens should be considered from the standpoint of a phenomenological approach to the study of everyday life, making it possible to explore personal experience, which is the life world of this group of

people. In this regard, it is important to study those coping strategies that help the elderly to cope with psychologically difficult situations of everyday life, adapt to stress and overcome it.

The purpose of this study is to highlight problems faced by the elderly in Russia under the restrictive state policy, through interviews with representatives of the older generation, as well as to analyze how the changed daily life of older people during the COVID-19 pandemic have affected their views on organization of life and activity in new conditions, when measures on isolations have come into conflict with the concept of active longevity, which is the basis of the Russian social policy for the elderly. Results of the conducted study can serve basis for adjusting measures of the state social policy, both in case of new epidemiological risks and possible transformation of medical and social services, and other organizations whose activities are targeted on older citizens.

Senior citizens in modern society and the pandemic: on research problem

Population aging has a significant impact on socio-economic development of society and determines trends in social policy. Of course, the level of morbidity and disability among the elderly is higher compared to other age groups. However, studies show that they experience many socio-economic and psychological problems, such as loneliness, low mobility, sense of uselessness, low participation in public activities (Grigorieva 2005; Kuchmaeva 2018). Moreover, in times of crisis, self-perception of older citizens has worsened (Popova, Zorina 2020; Fokina 2021). Position of workers of retirement age in the Russian market is accounted for by the fact that they are the carriers of human capital of a certain quality, especially in the field of intellectual labor, which allows them to occupy highly qualified jobs (Kapeliushnikov 2017).

Recently, the world has paid much attention to the policy on engaging older people in various programs to strengthen their health and improve social inclusion, including in the context of the digital economy. This policy is based on the concept of active longevity, which involves “the process of optimizing opportunities to ensure maintenance of health, participation in society and safety and protection in order to improve quality of life into old age” (WHO 2004). World Health Organization (WHO) has identified the main determinants of active longevity: behavioral patterns; individual biological and psychological characteristics; medical and social services; physical environment; social and economic factors.

The basic principles of active longevity were included in the final document of the Second World Assembly on Ageing — the Madrid International Plan of Action on Ageing 2002, which has been the main international guideline for states for twenty years already. The concept turned out to be attractive and, as a result, programs and strategies for active longevity have been developed. Russia has actively joined the number of countries that follow the concept of active aging, although with certain shifts in focus (Grigorieva, Bogdanova 2020), which implies implementation of a special social policy. To implement such objectives in 2016, Russia adopted the «Strategy on actions to the benefit of citizens of the older generation in the Russian Federation until 2025» and federal project based on this strategy “Older Generation” within the “Demography” national project and much has already been done in this direction (Kuchmaeva 2018).

It was the background at the time of the pandemic onset, when the first data showed increased mortality rate among older citizens out of those infected with coronavirus (Akimkin

et al. 2020). They turned out to be the most vulnerable socio-demographic group in terms of severity of the disease course and risk of death (McMichael et al. 2020; Centers for Disease... 2021). Therefore, the question about how to minimize the threat of their infection has become urgent. Paradoxically, discussion of such possibilities by experts from different countries showed insufficiency of the proposed measures, mainly restrictive ones (Koeberle et al. 2020; Castex et al. 2020), which have been introduced both in Russia and in many other countries. Moreover, even when measures for other categories of population were relaxed, they remained mandatory for the elderly.

This approach to the elderly makes it possible to talk about ageism, i.e. discrimination of people by age (Kolpina, Gorodova 2015). An empirical study on potential manifestations of ageism in society during the coronavirus pandemic was conducted by Israeli scientists (Ayalon et al. 2021), the study shows that politicians should be aware that the discourse about COVID-19 should not contribute to the spread of ageist ideas.

During the pandemic there were a lot of studies conducted on various aspects of life of older people in new conditions; the authors have identified the first social consequences of the pandemic, defining some trends, such as:

- increased social isolation of the elderly because of the measures taken and increased loneliness among them, which can potentially have a negative effect on their mental and physical health;
- digital inequality and, accordingly, unequal access to information (including about the coronavirus infection), various web-based resources and online communication (Carr 2021).

Studies have recognized that social isolation had already been a problem for older people before the pandemic (Cudjoe, Kotwal, 2020), but the latter aggravated and visualized them. Social well-being of this group of people is closely related to their involvement in life of society. In a situation when public institutions, including social support facilities, were closed, and medical organizations were repurposed, and visits were universally limited, lonely elderly people found themselves excluded from society. The state did not have a plan of action in case of such circumstances. A strong association between social isolation and depression, anxiety and suicidal ideation should be taken into consideration (Santini et al. 2020). All this contributes to higher social vulnerability of older people, especially those who need or may need public care due to age and inability to take care of themselves or protect themselves (Fokina 2021).

Published in recent years research papers are devoted to both general issues of exclusion of elderly people from society, impaired interaction with various social environments, and changes in strategic trends in the national policy on the elderly (Kuchmaeva 2018; Grigorieva, Bogdanova 2020), including in relation to working pensioners, as well as various forms of active life after retirement (Shakhmatova 2021). Some papers were written during the pandemic, when it became possible to conduct first assessments of the existing public policy measures (Chubarova, Sharova 2020; Dobrokhleb 2020; Grigorieva 2021).

The authors have highlighted the fact that the problems exposed by the new coronavirus pandemic are not so much medical or biological (Akimkin et al. 2020), they are more of political and social nature related to decision—making and implementation (Dobrokhleb 2020). In this regard, the articles analyze discourses of authorities and society about senior citizens in modern Russia and implement their comparative analysis (Parfenova 2020).

Worth noting are studies (Akimkin et al. 2020; Anikeeva et al. 2021, Galkin 2021) on problems of accessibility of social space for the elderly, depending on the territory of resi-

dence; according to the authors, it becomes a reproduction factor of inequality and social vulnerability (Fokina 2021). Respondents demonstrated a different understanding of limited spaces depending on the size of the city (village), availability or absence of services, opportunities for involvement in social life, which would minimize the negative effects of the older people “being cooped up inside”. Such papers are developed on the basis of qualitative studies on small groups in large cities, such as St. Petersburg (Parfenova 2020), and in rural areas of the Republic of Karelia (Galkin 2021).

The most extensive review of foreign studies carried out in different countries is presented in the workarticle of Y.V. Evseeva and allows us to consider the most significant issues characterizing experience of the elderly, their interaction with each other and society in this period: comprehension of the new reality by the elderly and ways they have “invented” to cope with it; perception of reality through the prism of the coronavirus crisis; prospects for self-organization of life after the pandemic and the future of services for the elderly (Evseeva 2021). It is emphasized that restrictive policy measures were taken against this group as a single homogeneous one, without taking into account individual characteristics, living conditions, health status (Harper 2020; Cohn-Schwartz, Ayalon 2021).

Studies on self-isolation of elderly citizens carried out in certain regions of Russia have shown that the ongoing strict measures during this period “do not correspond to the concept of responsible care of the state for its citizens” (Parfenova 2020).

Considering various aspects of life of older citizens during the pandemic, researchers identify survival strategies that the elderly use in order to cope with measures to combat the pandemic and maintain their physical and spiritual condition, for example, regular walks and social contacts. (Finlay et al. 2021). Although it is noted that despite widespread claims in the press, confirmed by statistics, that the elderly is the most vulnerable group, they do not necessarily demonstrate eagerness to stick to self-isolation and strictly comply with the introduced measures (Daoust 2020).

Results of these and other studies show the need to critically comprehend transformations of the everyday life of older people and, through the prism of their personal assessment, demonstrate how they affect their perception of restrictive policies and experience of self-isolation and how social policy for this group should be modified in the context of the pandemic consequences.

Research methods

In order to find out opinion of older people about measures to prevent the spread of COVID-19, their attitude to the current situation and its assessment, the method of semi-structured interviews was used, which as a method of qualitative research provides for freedom to both the interviewer and the interviewee and allows to collect descriptive data on opinion through answers to questions posed in the study. This makes it possible to reveal complex interrelations of social phenomena that can't be identified by other methods, for example, quantitative ones: how the interviewees perceive restrictive measures, to what extent they consider them justified and adequate in terms of the current situation; how they assess support from society and the state, including access to medical and social services, what problems that they have encountered when changing the usual way of life, they consider the most significant.

The study was conducted in spring and autumn 2020, that is, two waves of the pandemic were covered and the interviewees have already gained experience of living in new condi-

tions. The interviews were individual - a interview with one respondent; focused, aimed at discussing only one topic and not standardized, since it was conducted in the form of a free confidential conversation. In May – November 2020, 42 interviews were conducted with older citizens aged 65 to 94 years.

Among the respondents, 26 people were aged over 80, the rest were under the age of 80. Most of the respondents - 22 people – are residents of Moscow (Moscow region), 20 – live in other cities of Russia. Of these, 12 were residents of the Caucasian Mineral Waters region and 8 people from other regions, but at the time of the study they were temporarily visiting their relatives. All participants agreed on personified interviews with indication of their first and middle names without the last name.

The snowball method was used to select the eligible informants meeting the initial criterion — old age and living at home, which resulted in such a mixed group of interviewees. An interview guide was developed, the total conversation time varied from 1.5 to 2 hours (depending on the condition of the interlocutor (fatigue), it was divided into shorter time intervals from 30 to 45 minutes).

Three respondents continue to work and are legally employed in state institutions, four respondents are employed in the informal sector; 31 are actively engaged in public work (10 are in the organization «Children of War»); 22 people live with their children, one married couple, and the rest are single.

To process transcripts, Colaizzi phenomenological method (Colaizzi 1978) was used, which is widely used in health sciences (Morrow et al. 2015). It has a significant potential for qualitative descriptive research when results are strongly dependable upon the respondent's personal experience, his or her perception of events. The phenomenological method, which is based on description, rather than construction or imagination, makes it possible to describe the events as they are reflected in the opinions of a certain group of people. The description of events unfolds along the «before» and «after» axis demonstrating the tension experienced, which literally permeates stories of all participants. Each transcript was read several times; then fragments related to the phenomenon under study were identified and grouped into thematic blocks; at the same time, the topics necessary for the analysis were identified; then the blocks were combined and the results described.

Results of the study

The data obtained during the interview were formalized into the following five thematic blocks.

1. Attitude to policy measures that directly affect the elderly

It is important to emphasize that most of the interview participants did not analyze social policy measures, they rather talked about their personal perception of these measures and experience associated with the need to follow them, and how their lives changed as a result of implementation of these measures.¹

¹ We are quoting many fragments from the interviews here and tried our best to preserve the parlance as much as possible so that it is the opinion that is heard, rather than its interpretation.

“... I understand and even accept the need for restrictive measures... but my life has become not mine... the space is limited by the apartment, rare phone calls (I’m not a very talkative person)..., the children have grown up and they are far away... it feels like I was disconnected from everything at once... from life.”

Ivan Alekseevich, 84 years old

Moreover, opinion of one and the same survey participants could change depending on the time of year (other circumstances), the first or second wave of the pandemic.

“It was easy to survive the spring lockdown. Maybe because I left for my country second home (dacha) with the beginning of the warm weather. But... at the end of September I had to return to Moscow. And then I felt this isolation to the fullest. You can’t make an appointment with the doctor; the social card is blocked. I was just confused”.

Nina Vasilyevna, 79 years old

Many drew attention to the fact that they understand the need for the taken measures and support them, but believe that their implementation was initially impossible due to living conditions, need for medical care, and employment of many people.

“What kind of isolation can be out here if you have a large family? Or those who have decided that it is better for the elderly, think that we have separate mansions or, in extreme cases, apartments. There are only a few of us with such living conditions! ...we live together with families of our children – well, what kind of isolation it can be when a daughter and son-in-law go to work, and a grandson goes to school? It’s all fiction.”

Marina Petrovna, 78 years old

Almost all informants living together with their adult children and grandchildren spoke about unfeasibility of self-isolation, when it is almost impossible to avoid contacts. This was seen as the reason for many to “violate” the regime. Some were very categorical in their assessments.

“I am surprised how ill-conceived such decisions were, although I understand why they were made – it is easier to order a quarantine, as they did in my city, than build a logical protection system. And report back –we are doing well! From my balcony I look at the park, which is opposite to my house – everyone is walking, talking, all sports gear is open for use, nothing has changed. Control?... never heard of. Then why?”

Ivan Alekseevich, 84 years old

The informants did not evaluate the proposed measures from the point of view of restriction of rights or discrimination - no one ever used these words. But they were outraged that the measures mainly affected the elderly. Specific characteristics of this social group were completely ignored, first of all its heterogeneity in composition, there are so-called “young” and “old” elderly”, “employed” and “housewives”, relatively “healthy” and frankly “sick”, and their needs are completely different.

“The decision may be right, I am not a virologist, but control over execution is no good! Maybe that’s why decisions are not executed, because people: a – do not understand them, b - do not see reliable control over their execution, c - self-organization is low. This is our trouble!”

Yuri Borisovich, 82 years old

The greatest discontent was caused by freezing of social cards (only Muscovites have such cards, this privilege is not provided to residents of other cities), since elderly people still have to go to the polyclinic, make the necessary purchases, even in one-stop away from home.

“When the decision was made to freeze social cards (Moscow), it was necessary to think that shops are not the only objective of life of the retired. I have to go to the polyclinic by transport.

And in fact, I have spent all my benefits (increments) on transport. So, I think that I did not receive any financial support.”

Nina Nikolaevna. 82 years old

In almost all interviews, the question was raised about the size of the pension, the size that makes people (especially single people) to lead a very modest life, control their expenses, paying attention to the fact that “I have to go shopping also because I’m looking for cheaper products, and “not a single grocery store would deliver goods weighing 200-300 grams”.

“...free travel is a vital need for me. I wish they paid a pension of at least 60% of the previous salary – then I could afford paying for a bus ticket myself, or even taking a taxi. And so — this is just another reminder of our dependence and misery”

Irina Nikolaevna, 81 years old

Muscovites said that if the cards were blocked, it was necessary to pay monetary compensation for the train or expand the functions of a social taxi.

The question was also raised about different pension benefits in regions of Russia and how, taking into account all the accompanying factors, to achieve the maximum possible equality among different territories. At the same time, the informants understood that the cost of living, transport systems, etc. differ significantly, but noted that “transportation allowance can be calculated on the basis of coefficients.”

Citizens also drew attention to the fact that adjacent to the apartment blocks territory are not much recreation- friendly for the elderly, and therefore they were skeptical about the proposed “working near the house”.

“...the nearest public garden where you can walk and sit on a bench is two tram stops from the house. You can’t walk in the yard (building adjacent territory) ... it’s not adapted for the elderly, there is a children’s slide, but I can’t slide of it at my age. There is also a special dog park... I also go to the polyclinic – the same 2 stops, but by bus. Now it’s a branch of the main facility, as a result - I can’t always get to the doctor ... I have to take the subway..”

Irina Nikolaevna, 81 years old

Only two informants received a call from social services and were offered assistance, “but the conversation was heavy going”, another two respondents took goods from a special table with free goods in the grocery store, but at the same time complained of moral discomfort and said that it was “*the work of the devil and will never do that again.*”

The interviewees drew attention to the fact that they, although “old, are very reasonable people”, so if things are clearly and correctly explained, then it is possible to achieve a better understanding, and, consequently, interaction.

“We are obedient people. I am sure that the elderly will be the most numerous group in the list of those who want to be vaccinated, those who grew up in the USSR ... have a different attitude to vaccination, we are not afraid of it. For example, I and all my friends make sure to get vaccinated against seasonal flu every autumn, but our children – the next but one at least or none are ready to get vaccinated”.

Nina Nikolaevna. 82 years old

2. Change in usual lifestyle, physical and other activity

Most of the respondents mentioned that, following the requirements of self-isolation, they were forced to “all of a sudden and abruptly” change their lifestyle so that the “*life became miserable and the house turned out to be a trap*”. The informants drew attention to the fact

that they had long developed a certain life schedule “got up, dressed, went to the bath room, had breakfast, went outside, went shopping (sometimes in several shops), in no hurry”, which was broken in the new conditions.

“Now I feel I can’t trust my legs, sports on TV is not for me, I don’t have the Internet. I barely move from the room to the kitchen. To bring me (and people like me) back to normal, they need to send everyone to rehabilitation”.

Sergey Valentinovich, 79 years old

It was the change in the usual life for the elderly that turned out to be the most challenging in psychological terms with a wide range of value judgments: from “I only now realized how lonely I am” to “life has lost all its meaning.”

“The only thing that is difficult is that my usual lifestyle has changed, I don’t meet with friends, I don’t go to exhibitions, concerts. And it’s really difficult for me. I feel internal aggression inside of me with all the understanding of the situation and the fear of getting sick”.

Olga Semyonovna, 80 years old.

Among the interview participants were working pensioners and their profession (mainly educators) allowed them to continue working remotely, they talked about increased workload due to the fact that the number of written papers and descriptions has increased. In addition, working pensioners drew attention to the fact that their active work and employment negatively affected their families: “my husband is tired of my classes, they annoy him, because everything happens in one room.” The house became a workplace and not all family members liked it.

Most of the informants said that they were “not accustomed to doing nothing” and “stupidly wandering around the house,” and such a leisure “drives you crazy.”

“...despite my age, I had both professional employment and active social work, i.e. a good life at my age with age being only a number in my passport... everything has collapsed... I can’t live like this and I don’t want to”

Nina Nikolaevna, 81 years old

Among the respondents there was only one married couple, both over 90 years old (she is 94, he is 93), but both believe that they survive only due to the fact that “... they have been together for almost 70 years” and together they “have never been lonely.”

“...our regime has not changed in any way – we get up, have breakfast, discuss news, talk to our children over the phone ... after lunch I have a rest, and my husband does something around the house, after five o’clock we walk sitting on a bench near the house ... in masks, of course”

Valentina Lukyanovna, 94 years old

Due to the fact that the majority of the respondents at the time of the interview had already been limited in communication for some time, they willingly made contact with the interviewers claiming they enjoyed such communication, which “brought some variety to their “routine life”, making them feel “needed” and “important”.

3. Limited access to medical services

All the informants noted problems due to changes in the rules of medical care delivery – “they simply stopped providing services to us, and even with indications for hospitalization, they left us at home.” Everyone told their own story, but the result was the same – dissatisfaction generated rumors and fears that they would be left without any help. Among the interviewees there were no people with serious diseases requiring constant care (bedridden patients), but almost all had diseases of the cardiovascular system, gastrointestinal tract, diabetes mellitus (about a third) requiring constant monitoring.

...the polyclinic announced discontinuation of home-based services, nurses won't come to make injections... My neighbor made injections to her mother, although she is a seller in a store, but I have persuaded her to do so...

Nikolay Evgenievich, 86 years old

Many noted that they found support and understanding from housemates, friends and even parents of former students rather than representatives of official services.

"I've worked as a primary school teacher all my life. Now I'm alone, but luckily for me, my former students and their parents are in constant contact with me over the phone. When I had a sharp increase in blood pressure, I couldn't get a doctor myself. And if it weren't for my former students, it's unlikely that we would be talking to you now".

Tamara Ivanovna, 84 years old

Among the informants, several people permanently live in rural areas, but were forced to move to the city, because *"it's more than an hour drive to the nearest doctor"* – they were used to coping with sickness on their own and even *"at first did not realize that they had COVID until it got really bad."*

"I was admitted to the hospital when lung damage was over 40%... if it wasn't for the neighbor who called my daughter, I'm afraid to even think what would have happened... Not all medical institutions are ready to work, and not all doctors are "heroes". Now I moved to my daughter in the city for a while, I'm afraid of staying at home in the village."

Irina Vladimirovna, 76 years old

Citizens attributed deaths of the loved ones to the fact that they did not receive timely health care.

"During this time, I have lost four of my former colleagues – they did not have COVID, they had completely different diseases and complained they could not make a doctor's appointment or call him at home... This is my inner circle – and how many others... who ever counted? Isn't the price of isolation too high? And these "silent deaths" accompanying COVID – who will be responsible for them?"

Tamara Ivanovna, 84 years old

Without exception, all of the informants have emphasized the importance of access to the necessary services. Citizens drew attention to the fact that not all elderly people were able to receive quality medical care during this period and not always due to objective reasons, and social services were available only to older people living alone and those with low-income, while almost all elderly citizens needed them *"on the "as required basis"*.

4. Age as a negative factor

Almost all the respondents believed that *"measures against the elderly turned out to be the most draconian ones,"* that *"we were really isolated... from life ... and we suddenly realized overnight that our time had passed away."*

"I have lived many years already, but I've never felt "old", and then I suddenly realized – it's true...I am old.... And immediately I became too lazy to get up early, to put myself in order (I don't go anywhere and no one comes to me), ... It seems to me that there is a complete degradation of personality, life has become uninteresting. I even felt guilty that I was no longer young and became a kind of a burden to society".

Valentina Pavlovna, 80 years old

Working pensioners are afraid that the management will continue to reduce the number of employed pensioners in order *"not to create additional problems for themselves."* For many,

it will be a disaster: some love and want to work, others are lonely and work is a way of socialization and material support for them – *“I won’t manage on my pension, but, unfortunately, there is no one to help.”*

“... I remind myself of a bug from my granddaughter’s sharpener – it’s as if I’m pinned to the wall twitching unconsciously – but there’s no sense ... I finally realized that old age is a disaster”

Valentin Borisovich, 74 years old

Some were even more categorical – “it’s better not to live at all rather than live like this!”. As a result, we will quote the statement of one of the leaders of the public organization “Children of War” (Pyatigorsk), who believes that isolation has become a great challenge for most of its members.

“...these are very active people who have been deprived of their usual environment. Working almost daily in the organization, they felt themselves needed, but now they did not know what to do with themselves.

...for the lonely, being alone in the apartment with their problems face-to-face resulted in aggravation of diseases almost in everyone that they used to disregard before ... it seems that diseases have become the only topic of conversation and engaged all their thoughts.”

...not everyone has the opportunity to be at home. The majority have difficult living conditions or difficult relations with relatives. Being constantly with relatives who also were forced to stay at home was difficult. Scandals began, sometimes with serious consequences (and sometimes it even came to a fight).

...many were just scared. We have organized delivery of food– so some people even didn’t allow the carriers to come to the door and leave the package. One of our people under care was just lowering a basket from the balcony of the 2nd floor for us to put food in it. By the beginning of the summer, this woman has discontinued any communication with us at all... Most likely, after the quarantine, she will need psychological assistance.

... somewhere by October, everyone was overtired, even those who were alive and kicking the day before - they have decreased communication over the phone, talked reluctantly, the number of incoming calls to my phone has significantly decreased.”

Igor Alexandrovich, 65 years old.

Although the word “violence (ageism)” was not mentioned in any of the interviews, the participants said that they had to face a negative attitude towards themselves. Most often it was a mild form of complaining that young people (including children and grandchildren) do not understand them and do not realize their problems. It should be noted here that researchers pay a special attention to the increased gerontophobia and ageism towards citizens of the “third age” (Parfenova, 2020).

5. Dissatisfaction with care organization for the elderly during the pandemic

Informants who grew up during the Soviet period have appealed to the state (local authorities) for help and attention to their problems and demanded that the welfare state should fulfill its obligations.

“...the state must help us – I was born on the eve of the war, in my youth I raised the country from the ruins ... I worked where I was directed and did my work well, but “I did not accumulate any wealth” – therefore, all my hopes and hopes of people like me are on the state only...”.

Nina Nikolaevna, 81 years old

Many believe that after the first wave, in the summer of 2020, there was time to find new forms of care organization for the elderly.

“Before locking us down at home, it was necessary to build a support system. Ok, they couldn’t do in the spring, but they could and should get prepared for autumn. Spring and summer are like a gift, like a bell singing “get ready, guys”. We switch to another communication mode — so everyone should have it!”

Andrey Nikolaevich, 82 years old

The interviewees drew attention to the fact that social services limited their home care, reducing it in fact to instrumental support, in conditions when relatives and acquaintances could not do it under the same restrictive rules, or were simply missing.

“What’s the point of bringing food and medications and leaving a bag at the door if a person can’t get up and open that door? What’s the meaning in food when there is no one to cook it for this person? What’s the meaning in taking medications if a person can’t remember when to take pills? – this is the reality for many people”.

Elena Vladimirovna, 80 years old

Some of the informants actively offered simple solutions to provide the elderly with computers, for example, or establish rules of food delivery, etc.

“...my computer was donated by the daughter of a friend, as soon as she found out that I didn’t have one, and even called friends who had old yet working computers. It never came to her mind before. I have called my friends, made a list... and 5 more people were provided with computers. I think many people have both old tablets and decommissioned computers. Therefore, it was necessary to set a task – to provide everyone with computers...”

Andrey Nikolaevich, 82 years old

There were a lot of proposals to improve organization of work with the elderly, and all very reasonable. For example, suggestions included the following ones:

- to distribute postcards with important phone numbers and names of responsible persons to mailboxes;
- to base the work of social services on provision of those services that are “in great demand” rather than “the established list of services”;
- to organize daily morning calls to lonely elderly citizens;
- to organize “teams on duty” of medical students from universities and medical schools for medical control, similar to student construction teams that could quickly respond to various requests, and consider work in such teams as internship for students.
- to organize “voluntary dispatchers of service delivery” out of pensioners.

Many has emphasized a long-overdue need to “rationalize social obligations to the elderly,” that the pandemic has exposed and even aggravated the problems that older people had faced before, but the “restrictive ban on almost everything has actually deprived the elderly of the mere opportunity to live.”

In the conditions of the pandemic, assistance of medical and social workers by phone turned out to be highly demanded, but it was available neither in the required volume nor of proper quality. This was especially true for a group of people with dementia, whose life situation was extremely destabilized, and due to specifics of the disease, it was difficult for them to understand why they had to change their usual lifestyle.

Discussion and conclusions

The data obtained through the interview were structured according the following main blocks, namely:

- attitude to policy measures that directly affect the elderly;
- changes in the usual lifestyle;
- limited access to medical services;
- perception of age as a negative factor;
- organization of service delivery during the pandemic.

The results were mixed. Citizens do recognize the need to introduce restrictive measures and generally agree with them, but believe that the socio-economic situation of people, living conditions, objective needs have not been taken into consideration and heterogeneity of this social group has been disregarded. The interviewees understood that restrictions would automatically result in changes in their usual lifestyle, but they were not prepared for consequences of this sudden transformation. In general, older people did not accept restrictions on access to medical services and considered such decisions redundant resulting in deaths “not associated with COVID”. Psychologically, it was difficult for everyone to recognize themselves as old people, they perceived their condition as “isolation from life.” The greatest complaints were about organization of service delivery during self-isolation, the informants pointed out that the social service system was unable to expand the range of the necessary services, while provision of medical care was inconsistent and sporadic. However, the criticism was constructive – the informants have offered various options for optimizing the work of social services, both public and provided by volunteers rather than stating what was wrong and not working. Meanwhile, ensuring social inclusion in conditions of physical distancing requires a professional rather than a voluntary approach.

In general, the study results confirm data of other authors that the COVID-19 pandemic has significantly affected the elderly in many ways, primarily: decreased social activity; inaccessible medical care for other (including chronic) diseases; insufficient work of social services, technological problems. As a result, the restrictive measures have changed the previous social order in which the elderly had a certain place, and in accordance with which they built their daily lives.

This study (as well as those carried out earlier) shows that a significant share of senior citizens lack skills to work with latest technologies because they have received their education a long time. As a result, senior citizens had limited access to the necessary information, as well as a number of necessary services. The social effect of the pandemic, its prolonged and unpredictable nature, has created a situation for the elderly with age begins clearly singulated and felt by people.

The study helps better understand the real problems of elderly citizens on self-isolation; provides for preliminary description of the studied population in the changed environment; shows how coping strategies contributed to survival in a difficult period, with personal experience acquiring more features of the public one; calls into question adequacy of the taken measures, in particular insufficient lessons learnt from the first (spring 2020) experience in order to mitigate the negative social impact of the second and subsequent waves. The study has confirmed that restrictive measures had a negative impact on both psychological and physical status of the elderly, it was really hard for many older people to cope with significant interference in their personal choice and lifestyle. Almost half of the interview participants are single people, and loneliness is a factor that negatively affects mental health and well-

being. In such a situation, disturbing information, deterioration of health or death of close people (relatives, neighbors, friends) can dramatically change the circle of communication, hinder maintenance of habitual communication.

The study has demonstrated that it seems relevant to explore adaptation practices of the elderly (including the results of this study as well), which they have intuitively or consciously developed during the pandemic and thanks to which some were able to remain in profession, while others were able to self-preserve and find new forms of social activity.

It is important to study these practices in order to use them in the work of specialized services for elderly citizens. The interview contains a lot of suggestions for organizing clear and very simple mechanisms of assistance.

The study participants emphasize that politicians should base their decision-making on people's needs rather than people's age. In this regard, the sphere of medical and social services provided to different groups of population with different needs is to be reformed the first. Discussions about quality of cooperation between medical and social services has been on for a long time, this study just re-confirms relevance and necessity of reforming.

It should be noted here that the study authors have faced a number of limitations. In particular, they are related to the fact that the interviews were conducted during the period of limited direct contacts with citizens (rules of self-isolation), making it possible to use a more representative sample and, accordingly, to conduct internal gradations of the interviewee group. It is also necessary to note ethical limitations associated with interviewing older citizens.

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