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Lived experiences of older adults living in the community during the COVID-19 lockdown – The case of Mauritius

Sambaladevi Chemen a,*, Youven Naiken Gopalla b

a University of Mauritius, Department of Health Sciences, Faculty of Medicine and Health Sciences, Reduit, Mauritius

b Terasson Ltd, 33, Dr Eugene Laurent Street, Port-Louis, Mauritius

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ABSTRACT

Adoption of strict social distancing and sanitary measures were inevitable in the attempt to thwart the spread of the Covid-19 virus. These measures, however, came at a cost for older adults who faced major mental health issues because of social isolation. The impact of social isolation remains well documented in the wake of the pandemic. This paper explored the lived experiences of older adults living in the community during the Covid-19 sanitary lockdown in the small-island state of Mauritius. As a small-island state with family structures that still skewed towards extended or modified extended families, it was interesting to explore whether older adults would be reporting feelings of social isolation as was being reported elsewhere. This study utilized a qualitative approach using a lifeworld hermeneutical approach with 15 older adult participants, recruited through convenience and snowball sampling, in the community. Data were collected using a narrative approach supplemented by an interview guide. Thematic analysis was used to identify themes from transcribed and translated data. Six themes were discovered: Fears of the virus and fear of deprivation; Reliving and recreating bonds; Active contribution to family life; Being and feeling valued within the family; Rediscovering family time and family moments; and Fear of going back to ‘normal’. The study revealed positive experiences of the lockdown period characterised by an increase bonding in the family, deepening of familial bond, and increased value despite an initial apprehension of the lockdown. A renewed sense of purpose as well as deepening of bonds was reported by older adults. Some limitations in relation to data trustworthiness and respondents bias, however, could not be avoided since the study was carried out during sanitary lockdown period. The feelings of social isolation and depression reported by older adults who lived alone were not seen in this study, suggesting that the family structure may have a role to play in mitigating these effects. There would also be a need to explore similar small-island states or similar cultures where the effects of sanitary lockdowns may be different from current literature.

Introduction

The Covid-19 death toll continues to rise in countries like the United States while, on 31st May 2020 after almost three months of lockdown, the small island state of Mauritius opened the economy with all of its Covid-19 patients having recovered, and zero local cases on the island (Government of Mauritius, 2020). A small island state to the west of Madagascar, 11.5% of Mauritian population (around 145,956) currently consists of people above 65 years (Statistics Mauritius, 2019). As at 10th March 2021, Mauritius went into a second lockdown as Covid-19 cases were again detected locally (Government of Mauritius, 2021). According to the latest statistics from the local news, Mauritius currently houses 218 active cases of Covid-19, all in quarantine or in self-isolation (L’Express, 2021). The lockdowns allowed thousands of lives to be saved, especially those from the vulnerable older adult population. Nevertheless, it is vital to focus on the mental health of persons being ‘imprisoned’ in their homes, even if the danger to their lives/health is reduced by lockdown/quarantine measures.

As discussed further, several studies and discourses have emerged as a result of the Covid-19 pandemic, focusing on the effects of social

* Corresponding author.
E-mail addresses: s.chemen@uom.ac.mu (S. Chemen), drgopalla@gmail.com (Y.N. Gopalla).

1 Sanitary lockdown ended on 30th May 2020 at midnight. Source: Government of Mauritius News

2 As of May 29th 2020, Mauritius had not registered a local case of covid for over a month. Source: Government of Mauritius News

3 As of 25th March 2021, Mauritius has 218 active cases of Covid-19. Source: L’Express

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isolation and disconnectedness on older adults as well as the association between old age and social isolation. Valtorta and Hanratty (2012, pg 518) present social isolation as “the lack of contact or physical separation from family and other social networks as well as the lack of involvement in social activities”; this is typically precipitated by the death of the spouse, living alone, or a decline in health (Grenade & Boldy, 2008). Social isolation often occurs as a result of environmental restrictions rather than an individual’s capacity to form or sustain social relationships (Tanskanen & Anttila, 2016). In the wake of the Covid-19 pandemic, several countries have imposed lockdowns/quarantines on the population creating a situation where older adults especially have been left physically isolated from their social support networks and unable to participate in their usual social activities. The sudden social disconnectedness may well have lasting influences on older adults. Douglas, Katikireddi, Taulbut, McKee, and McCartney (2020) highlight the exacerbation of family tensions and increase in domestic violence that is a valid and important concern during lockdowns. The impact and stress on families as homeschooling is implemented across countries has also been emphasised (Burgess and Steverson, 2020). In these particular circumstances, many researchers have also been raising concerns concerning the mental health impact of such isolation on older adults and the need for further research on these impacts (Armitage & Nellums, 2020; Douglas, Katikireddi, Taulbut, McKee, & McCartney, 2020; Holmes et al., 2020).

Psychological distress may have increased in older adults during the lockdown periods because of their inherent vulnerability to the Covid-19 virus (Qiu et al., 2020). Being disconnected from loved ones rendered the older adults bereft of support that could potentially mitigate the effects of such distress. Social disconnectedness could contribute to the development of perceived isolation, in turn harmfully effecting health and wellbeing (Santini, Jose, & Cornwell, 2020). The loneliness that is exacerbated by this perceived social isolation could lead to depression, cognitive dysfunction, disability, cardiovascular disease, and increased mortality (Morley & Vellas, 2020). Social isolation has been associated with an increase in depression and early mortality among the older adults (Choi, Irwin, & Cho, 2015; Ng & Northcott, 2015). It is therefore clear older adults are a high-risk population not only in terms of the transmission of the virus but also in terms of the collateral damage brought by systemic decisions like lockdowns.

To the best of the authors’ knowledge, the focus of evidence concerning effects of lockdown in the literature appears to be from western countries where there are a larger number of nuclear families and/or older adults living alone. It was important, therefore, to attempt to study the impact of the lockdown in countries where the norm skewed towards extended or modified extended families. While there has been an increase in the numbers of nuclear families and people living in residential care in Mauritius, the majority of young people still live with parents even after marriage and having children. The family structure in Mauritius is one that is centred on the close bonds between family members even when they are not living together.

It is also noted that Mauritius is a small state of merely 1864 Km2 (Government of Mauritius, 2020a) so even when married children do move out, they usually choose to live within close proximity of their parents, thus allowing bonds to be nurtured. In addition, the role of grandparents in Mauritius is very well defined. Working parents often choose to engage grandparents for babysitting purposes or to help in taking care of children after school. Even when older adults living in the community are not involved in such familial obligations, they may have diverse and close social interactions with other older people in Senior Citizens’ Associations or communities.

With such social characteristics, it is interesting to explore whether the mental influence of lockdown in Mauritian older adults living in the community would be similar to those reported in other studies. The aim of this study was, therefore, to explore lived experiences of older adults living in the community during a lockdown. The objectives were as follows: To explore whether Mauritian older adults living in the community were prone to feelings of loneliness during the lockdown; To probe into the feelings associated with being forced to stay at home; To enquire into loss of social networks and feelings of isolation and loneliness, if any, and the means used to mitigate such losses.

Methodology

The authors used a lifeworld hermeneutical approach (Dahlberg, Dahlberg, & Nyström, 2008) in the study to explore the lockdown phenomenon and lived experiences thereof. Using a lifeworld approach allowed the authors to adopt a sensitive attitude towards the phenomenon, that is, the lived experience of the lockdown. The authors attempted to understand the nature and meaning of these experiences from the older adults’ perspective.

Participants

A combination of convenience and snowball sampling was used to recruit participants in the community where the authors lived. Participants were recruited on the basis of the following criteria: They were retired and above 60 years old; they did not suffer from any diagnosed physical or psychiatric impairment; They were not taking any psychotropic medication at the time of the study; They were part of an extended family.

Potential respondents were contacted via telephone to invite participation in the study. They were provided with a verbal explanation of the nature of the study, and the means through which data would be collected, following which verbal consent was derived. After obtaining verbal consent, the participants were probed about other older adults who could be interested in participating in the study. They were then requested to facilitate contact with the authors by phoning the potential participants, requesting preliminary consent, and subsequently sharing contact details with authors. The authors consequently called these older adults and obtained formal verbal consent after detailing the procedures of the study. Given that the authors were also confined in their homes during the time that they conducted the study, these methods for sampling were found to be most suitable. The authors stopped sampling when snowball sampling failed to indicate any more

| Characteristic                     | N   | %   |
|------------------------------------|-----|-----|
| Age                                |     |     |
| Mean                               | 69.6|     |
| SD                                 | 6.88|     |
| Gender                             |     |     |
| Male                               | 3   | 20  |
| Female                             | 12  | 80  |
| Marital status                     |     |     |
| Divorced                           | 0   | 0   |
| Single                             | 0   | 0   |
| Married                            | 9   | 60  |
| Widow                              | 6   | 40  |
| Children                           |     |     |
| Yes                                | 15  | 100 |
| No                                 | 0   | 0   |
| Grandchildren                      |     |     |
| Yes                                | 13  | 89.7|
| No                                 | 2   | 13.3|
| Education                          |     |     |
| No Education                       | 0   | 0   |
| Primary Education                  | 6   | 40  |
| Secondary Education                | 7   | 46.7|
| Tertiary Education                 | 2   | 13.3|
| Vocational Level                   |     |     |
| Low skills job                     | 4   | 26.7|
| Medium skills job                  | 5   | 13.3|
| High skills job                    | 3   | 20  |
| Never had a paid job               | 3   | 20  |
potential participants. Fifteen participants (Table 1) were thus recruited.

In addition to verbal consent, a consent form, together with an information sheet, was emailed to all participants either on their email or the email of a family member. The consent form could be signed and emailed back to the authors at the discretion of the participant. While the authors encouraged return of the signed consent form, verbal consent was considered acceptable given the circumstances prevailing at the time of study. Subsequently 10 participants returned the signed consent forms via email. Following approval and confirmation of participation in the study, a convenient time (as proposed by the participant) was chosen for data collection to ensure that all participants were comfortable. The interviews were conducted by one author to reduce bias in data collection.

Data gathering

Multiple methods were used to collect data from the participants. The interviewing author (IA) favoured a narrative approach that would allow participants to tell their lockdown stories in as much detail as they wished without interruptions. The participants were thus simply asked to describe their lockdown story and how they lived through it. A semi-structured interview augmented this method and was only used to delve deeper into the stories relayed and the meanings that the older adults were associating to their experiences. For instance, as the participants described their story, the interviewing author would probe into the experience of being with family members during the lockdown. All interview questions were open-ended.

To ensure that data collection would not be impacted by technology, the interviewing author discussed with family members (sons/daughters/grandchildren) to set up the correct software and/or send links via email. It is to be noted that all participants had access to at least one of the proposed methods for data collection. Most interviews were completed using Skype, Google meet and Zoom platforms. The IA considered that face-to-face interviews even virtual would aid in establishing a more trusting environment where respondents would feel comfortable sharing their experiences and feelings. All interviews were audio-recorded with the consent of participants. The IA also took notes during the interview, which were used to seek clarification about ambiguous information at the end of the interviews. The interviews lasted between an hour to an hour and a half.

Data analysis

All interviews were conducted in the Creole language as this was the mother-tongue of participants. All audio data was first transcribed verbatim. The transcription process started with both authors listening to all interviews separately several times. Subsequently, each interview was listened to, transcribed, and analysed separately. After verbatim transcription, all transcripts were translated to English. The authors transcribed and translated all data, which were discussed and debated at length to reach consensus. To further ensure that meaning was not lost, a blinded translator who was not involved in the study vetted the English transcripts. The blind translator was emailed the final Creole and English language scripts and was requested to verify the matched translations. Gadamer (1976 cited Laverty, 2003) proposed that questioning was an essential aspect of the interpretative process and was critical to the process of understanding. Every modification suggested by the blind translator was therefore thoroughly discussed, the rationale behind the suggestion questioned and confirmed by listening to the audio recordings in private. Suggested amendments were subsequently approved by consensus to ensure that meaning was not lost.

After finalising the transcripts, the authors conducted a first reading to obtain a general sense of the experiences. This step was repeated a number of times. The next step consisted of searching for recurring patterns of thoughts or similar experiences between the different transcripts. Subsequent readings allowed the authors to condense the transcripts and structure them into themes. These themes were recurring and common between all participants. After identifying the similarities in these transcripts, the authors focused on the differences; the transcripts were read again and analysed for any major or important difference. An important difference was identified on the basis of the meaning and value attributed from the perspective of the participant. Such differences allowed a more in-depth understanding of the experiences during the lockdown.

Ethics and trustworthiness

At the time of conducting this study, the country was in sanitary lockdown and no ethics committee was in session. As previously explained, the authors took a number of steps to ensure ethics: An information sheet was emailed to all participants. Methods of the study were clearly detailed on the information sheet and consent was obtained for audio-recording. IA ensured that all queries emanating from participants and/or members of the family were duly addressed before taking consent/conducting the interview. All participants had the right to stop interview at any point where they felt uncomfortable and withdraw from the study. The same was clearly indicated when consent was taken and at the start of each interview. Pseudonyms were used in reporting results to protect identify of respondents.

Trustworthiness of data was essentially verified through investigator triangulation. Both authors analysed the data separately in addition to a blind rater who was involved in verification of creole scripts and resultant translations. Differences in meanings and themes were recorded accordingly and discussed. There were no major differences in identification of themes and meaning derived by both investigators.

Results

A total of 15 participants consented to participate in the study. Specifications of the participants are shown in Table 1. No participants withdrew from the study.

Six themes emerged from analysis of the data:

1. Fears of the virus and fear of deprivation,
2. Reliving and recreating bonds,
3. Active contribution to family life,
4. Being and feeling valued within the family,
5. Rediscovering family time and family moments, and,
6. Fear of going back to ‘normal’.

Fears of virus and fear of deprivation

This theme represented the fears that came through with the lockdown, the factors that led to those fears and coping strategies to tackle these fears. Almost all participants emphasised the fear of the virus once lockdown was announced. The vulnerability of the older adults to the virus was highlighted. Daily press conferences and information sessions held by the government were diligently being followed, and information from these sources seemed to generate some fear. For instance:

They in reference to press conferences said it was particularly dangerous for older adults and that we needed to be protected. I didn’t want to die alone in the hospital. Even young people are dying… (Deepa aged 69, female).

All participants reported ceasing all social activities immediately. Even when food outlets were open, they would not venture out and preferred to stay indoors as they were afraid of infection. Many participants reported the establishment of strict hygiene protocols at home, particularly for those who had children working in essential services.
When he (son) comes home, he bakes immediately. We clean everything with alcohol every day. This corona spreads quickly, we don’t take chances. (Suzy aged 67, female).

Fears of starvation and shortage of food were also highlighted, particularly during the two week total lockdown period where no food outlets were open. These fears, however, were more directed towards a shortage of food for grandchildren and children. All older adults gave accounts of how they always had a shortage of food while growing up, yet their children/grandchildren had never faced such situations:

I grew up eating tapioca and chutney and plain rice, we didn’t have money, we lived with what we had and what we were given; we never complained though. These kids… they don’t know what it’s like… It was scary to think that the kids wouldn’t get food… luckily we managed… (Alia aged 75, female).

Fears were strongly felt at the beginning of the lockdown; however, as food outlets reopened and infection rates started to stabilise, these feelings started to dissipate.

Reliving and recreating bonds

Ties within the family strengthened; almost everyone felt at least one vital bonding moment with family members. All agreed that the lockdown brought family members together in ways that would not have been possible otherwise. For instance, John (aged 68, male) indicated that despite the fact that they usually had family outings and parties, the daily presence of family members at home felt wonderful.

The fear of the virus and vulnerability of older adults seemed to bring the families together. Children and grandchildren were reported as being particularly protective of the older adults; such protectiveness was appreciated. As the families got together, feelings of loneliness dissipated. The same was highlighted by Rani (aged 70, female) who emphasised that she no longer felt as lonely as she did when her children/grandchildren were at work/school.

Bonding experiences, as reported by women, seemed to centre mostly on the kitchen and/or cleaning with almost everyone sharing experiences of cooking with their children or grandchildren. Many women told stories of learning new dishes from daughter-in-laws or of teaching them traditional dishes. There was a clear deepening of the relationships that was attributed to new feelings of respect and/or fondness and the fact that “they were in this together”, as stated by one participant.

I learned how to cook pizza, can you imagine? I made pizza at 80 years old. My daughter-in-law taught me. We prepared it together, my daughter-in-law, my grandchild and me. It was great fun… (Julie, aged 80, female).

The male counterparts reported bonding experiences mostly of playing with grandchildren. Grandfathers considered it essential to relieve the parents from their usual roles since they were working from home. They thus became playmates of their grandchildren.

Active contribution to family life – Meaning and purpose

Retirement is often synonymous with role loss and a definite impact on how older adults contribute to family life. The lockdown provided participants with an opportunity to re-evaluate their roles within the family and take on new ones, particularly with respect to their grandchildren. Most participants who had secondary or tertiary education participated actively in home-schooling of grandchildren, particularly those aged below 12 years.

His parents have their work to do. I feel good about helping out. And it’s not that difficult also. His teacher sends in the work and I help him to do it… (Marie, aged 67, female).

The overall sentiment echoed by participants was that of increased self-worth as well as an element of structure to their lives. Where previously they had moments of loneliness during the day, punctuated by the absence of family members, they were now active contributors in their lives. This feeling was stronger among participants who were widowed.

For most participants, their children lived in the same house but had separate kitchens and cooked meals separately. During lockdown, however, family dinners became a norm, and the elders in the family were generally preparing meals. There were no rules as to who needed to do the cooking; it seemed that the older adults took on the role entirely voluntarily. As one of the participants stated:

It happened right after lockdown, I asked my son to have dinner with his father and I. It’s not much, they have to work so I can cook for them. I enjoy it; before I’d cook just for my husband and myself. Now we have family dinners, it is much better… (Margo, aged 69, female).

Occupational balance was reinstated in the lives of the older adults who reported having full active days as opposed to long periods of inactivity prior to the lockdown. Days were better structured with the additional roles taken up by the participants, thereby not only giving organisation and routine but also meaning and purpose. This appeared to be contributing to a feeling of fullness in living but also of value.

Being and feeling valued by the family

There were strong feelings of increased self-esteem and value that were derived from the active contribution to family life. All participants felt their value had increased within the family structure.

Maybe it is because I am helping my kids more now. Last night, my daughter-in-law thanked me for helping with my granddaughter. It’s my duty to help them but I did feel good about it… (Ava, aged 68, female).

All participants linked their new roles to their perceived value in the household. When probed further, one of the participants said:

Before lockdown, my children would speak to me only occasionally, we met every day before they went to work, we live in same yard but no time to sit and talk. I sometimes felt invisible, I can’t blame them, they are married, they have to live their lives; I have lived mine but now, it is different. We have dinner as a real family. I help out with the kids when they do their work on computer. They need me now… (Salma, aged 74, female).

Value was also linked to their status as the oldest person in the family. This sentiment was especially salient for widowed participants. The fact that they were the only parent alive somehow made children more protective and concerned about their wellbeing. This stance was appreciated by participants:

I like how he (son) is concerned about my health. Usually I get my own groceries, now he has been buying for me. He told me I didn’t have to go out till lockdown isn’t over; he doesn’t want me falling sick. It feels good to know he cares about his mother… (Cara, aged 69, female).

Rediscovering family times and family moments

As the lockdown forced families to stay inside, it also created opportunities to develop pursuits and hobbies that could be done in a group. Different ways of structuring increased free time were adopted. Family time thus became essential and included the older adults. Participants reported at least one hour spent together as a family every day.
We play board games. Yesterday I made fruit salad like I used to when my son was still a kid. We ate it under the mango tree like old days. It made me really happy hearing my son tell his children about those days... (John, aged 68, male).

Family times were spent playing board games or doing craft work, but also engaging in hobbies. One father spoke about rekindling his music hobby with his son:

I taught him how to play guitar when he was young. Since he got his job and married, we played together very rarely. Now we are having more opportunities to do so and it’s great because my grandchildren also want to learn now... (George, aged 67, male).

Participants agreed that these family moments were contributing to strengthening the bonds between family members. They also constituted an escape from the reality of the virus and allowed respite in an otherwise tense atmosphere.

I play snakes and ladders every day with them (family members). We talk, laugh during that time. It takes our mind off everything else. It would be glum if we didn’t have time like that... (Deepta, aged 69, female).

Fear of going back to ‘normal’

A somewhat surprising theme that came forth was the fear of post-lockdown. This was not linked to the virus but rather to the fear of losing the positives that the participants had acquired during the lockdown. There was an inherent fear of losing their value again and being lonely, which emerged strongly for female participants. One 65-year-old woman did not want the lockdown to end:

I don’t want it to end. I know once they go back to their old lifestyle, I will not have these times again. (Sona, aged 65, female).

Another participant described the lockdown as a happy time:

It was really a blessing for me. I missed being with my children terribly. Because of the lockdown, I could do so even if I was scared about their health and mine... it was still a happy time for me... (Rani, aged 70, female).

Several participants reflected on the certainty of the norm, which was described as a situation where their children went to work, their grandchildren went to school, and they stayed home. Mental preparation in view of the end of lockdown was highlighted; participants felt they needed to prepare themselves to go back to their everyday lives. The typical life, however, was described as being bleak for some.

I know everything will go back to normal. Well it’s ok, I am getting ready for that. It’s going to be tough after spending so much time together. Thinking of myself alone during the day, in the house; I don’t really want but I can’t help it ... (Ava, aged 68, female).

Social isolation

The interviewing author probed further about social isolation to gain a better understanding of the experience. Participants all reported some level of social isolation and loneliness in their daily lives. Much of it was linked to being at home or not having leisure pursuits. Many reported dealing with social isolation through engagement in senior citizen’s associations. However, it did not seem as if being part of a seniors’ association completely removed feelings of loneliness as feelings of loneliness and isolation prior to lockdown were reported, irrespective of membership.

We meet once in a while at the association. Yes, it is very nice to go camping with them or have ball dances like we used to in the past. But there are always days where you feel alone. You know, once you grow old, you are alone... (Margo, aged 69, female).

It was interesting to note that none of the participants reported feeling isolated during the lockdown. There was a general feeling of being cared for and well surrounded. Combined with the structure and the presence of family members, participants felt content.

Why would I feel lonely or isolated? My entire family was around me. Sure there were times when tensions increased, there were tiffs but I enjoyed playing with my grandchildren, talking with my son and even helping to clean the house... (Suzy, aged 67, female).

When probed deeper about losing social networks due to the lockdown, participants simply pointed out that these networks would be reinstated as soon as lockdown ended. Some mentioned being in touch with friends via social networks or telephone. While acknowledging the importance of these networks, the participants valued their family above all else. The importance of these secondary social networks would reportedly increase after lockdown.

They (in reference to members of senior citizens’ associations) are just friends; when everything goes back to normal, they will be there. The most important thing is that I made memories with my family and I know they care for me... (George, aged 67, male).

The value of such social networks were stressed in a typical (that is, no lockdown, no virus) context. The bonding experience of the lockdown, however, added more meaning to the participants’ lives.

Discussion

The Covid-19 pandemic keeps evolving and situations keep changing. The authors did not expect at the time this study is being published that Mauritius would experience its second wave of infection and its second lockdown. Nonetheless, the results of this study warrant consideration in that this is perhaps one of the very few studies which found different results from the plethora of literature available on older adults in a Covid-struck world.

This study explored the lived experiences of older adults living in Mauritius in an attempt to investigate whether they experienced social isolation and loneliness as a result of the Covid-19 lockdown. Results from this study seemed to contradict what has been reported in previous research. Participants in this study recounted strong positive social and familial experiences as a result of the lockdown. As mentioned, the relationship between the older adults and their children became closer and grandparents especially took their roles very seriously. As Bhowan and Ramsarah (2013) report, it does not matter in the Mauritian society whether grandparents lived together with the family or not; they still had active participation in raising grandchildren. The same was highlighted in this study, where the lockdown provided an opportunity for the older adults to take on additional roles and add value to family life.

Concerns about older adults’ care and health are very strong in literature, particularly in low and middle-income countries where older adults are considered to be at a disadvantage as regards access to healthcare and also support (Lloyd-Sherlock, Elbrehm, Geffen, & McKee, 2020). There were not many studies on countries like Mauritius with strong filial bonds between family members. Hao et al. (2020) reported the negative psychological impact of the lockdown on Chinese psychiatric patients. Concerns were particularly strong concerning mental health of older adults and many authors stressed the effect of the pandemic on the mental state of older adults (Armitage & Nellums, 2020; Fiorillo & Gorwood, 2020; Qiu et al., 2020; Yang et al., 2020). This study, in contrast, reports heightened positive feelings, including the feelings of being valued and of making a meaningful contribution to active family life, which were attributed to the increased time spent...
together, and the inherent perception of fulfillment of duty felt by the older generation.

Limited studies were found that focus on the duty of care towards children as expressed by participants of this study. Burman (1996) showed with her study that South African women often cared for grandchildren or great-grandchildren. This is echoed in the feelings of duty of care demonstrated by grandparents readily taking up the role of ‘educators’ or ‘playmates’ for their grandchildren to reduce the burden of care in dual-earner parents. A study by Kanti and Falconier (2017) examining the experiences of Asian Americans providing housing support to their parents, showed that there were frequently associated benefits in terms of free child-care. Other studies focused mostly on filial responsibilities towards ageing or chronically-ill dependent older adults (Aires et al., 2019; Stuifbergen & Van Delden, 2011). Surprisingly, in Brazilian communities the filial obligation was central to the provision of care for older adults (Aires et al., 2019); the opposite was true with participants of this study.

The older adults in the study shared strong bonding and meaningful experiences during lockdown. For most participants, their lives became richer and more colourful as opposed to the pre-lockdown routines. There were better structured days reported by participants as they engaged in their new roles and revisited old ones. Eklund et al. (2017) propose a model that links patterns of daily occupation and occupational balance. Occupational balance is presented as a subjective construct that is influenced by a mix of daily occupations but also the resources to manage those occupations. The participants all experienced a change in their daily living as family members, and particularly grandchildren, stayed home. The activities they engaged in were meaningful and purposeful, allowing them to be active contributors to joint family life as opposed to silent spectators. This increased participation in household tasks could have influenced the subjective feeling of balance in their life, particularly for those who were reasonably active before retirement.

Feeling valued was directly linked to their childcare contributions. While all of the participants were involved in childcare prior to lockdown, they reported heightened feelings of being valued after lockdown. This could be attributed to the fact that parents were overwhelmed with home-schooling requirements as well as their own jobs. Most participants came from households where their children and spouses were dual-earners required to either work from home or as essential workers during the lockdown. In such situations, the help from grandparents could have given parents much-needed respite from additional tasks like home-schooling requirements as well as their own jobs. Most participants of this study.

The value of the participants in the household thus increased considerably.

The only negative themes that came to the forefront within the study were the fears associated with the virus and the concerns of going back to normal. It was not surprising to hear participants talk about the fears of infection, quarantine, and/or death. Information that was being relayed through the Mauritian national television, particularly during and after the two weeks total lockdown, were in-depth and cautioned the population about protecting the older adults and immune-compromised individuals who were most vulnerable. Heightened risks for older adults have been reported since the outbreak of the disease (Jordan, Adab, & Cheng, 2020; Yang et al., 2020); Le Couteur, Anderson, and Newman (2020) went to the extent of calling Covid-19 “an old persons’ disease.” With the amount of information being relayed about the vulnerability of older adults, it was expected that participants would mention such fears. With increasing number of active cases of Covid-19 on the island, such fears seem even more valid. As Mauritius lives its second lockdown and the Government strives to achieve herd immunity with its vaccination campaign, we may now be looking at a very different situation with different fears and concerns (perhaps with respect to the vaccines).

The authors, however, did not anticipate apprehensions of loneliness and loss of value concerning re-opening of the economy. Fears of going back to normal shine a light on the latent loneliness of the participants. While studies show that older adults living in close contact with their children are less lonely (Dahberg & McKee, 2014; Pinquart & Sorensen, 2001), it is noteworthy that even within extended households, the time spent alone in the house could be a predictor of loneliness and isolation (Ng & Northcott, 2015), and being a widow could enhance feelings of loneliness (Nzabona, Ntozi, & Rutaremwa, 2016; Victor, Scambler, Bowling, & Bond, 2005). This was in line with what participants reported about their daily schedules prior to lockdown. It was clear from the findings that participants had moments of listlessness and loneliness, particularly during the days when their children/grandchildren were at work/school. It is to be noted that even those who were registered with a senior citizens’ association reported similar moments of loneliness.

Conclusions and limitations

During the lockdown period, the authors were limited in how to conduct the study. The sampling methods based on convenience and snowballing were imperfect. Some participants knew the authors personally, which might have influenced participants’ responses. Even though interviews were carried out in private, one can also not rule out the possibility that participants might not have felt free to answer while being in their home together with the family members. Finally, respondent validation was not done and findings were interpreted only by the authors. This could have allowed some bias into the findings. However, the study brought to light interesting results.

Where the authors set out to look for signs and stories of social isolation, they found wonderful tales of bonding and positivity. These findings shed light on a different side to the pandemic where familial bonds were nurtured and strengthened. The study also brings to the fore the latent loneliness that might be going unnoticed in extended families. The importance of structure and routine, of full lives, is also emphasised in this study. The value of the older adults in the household was linked to active contribution to the family. From a small-island state, such cultural and/or structural differences arising from geographical area is important. This study affirms the need for research across cultural contexts and countries on social isolation and loneliness in the older adult population. Rather than universalise older citizens’ experiences of the pandemic, this study shows that factors such as culture, living arrangements, and country influence how older adults experience the lockdown/quarantine and at least some Mauritian elders reported strengthened social and familial bonds. Perhaps these factors merit attention when exploring the experiences of older people in the constantly evolving Covid-19 pandemic.

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Declaration of Competing Interest

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S. Chemen and Y.N. Gopalla

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