



Assert the Support or Alert the Depart: A Critical Review on Challenging Encounters of Senior Citizens during Covid-19 Pandemic

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Abstract

COVID-19 was spreading in the Sri Lankan context unprecedentedly fast. The elders were identified as a group at risk of this pandemic since the first wave. Thus, psycho-social encounters with elders are significant in understanding the efficiency of COVID-19 management. The objectives of this study are to identify the psycho-social encounters of elders during COVID-19 and examine their perceptions towards professional interventions in managing COVID-19 at the community level in the Sri Lankan context. The study was exploratory in nature. 20 elders above 60 years of age were selected using a purposive sampling method. Data was collected through in-depth interviews and analyzed through the narrative analysis method. As revealed in the data, the elders experience an extreme psycho-social fear of the pandemic. Key sources of such fear lie in the insensitive media use of spreading disinformation and the stigmatization of infected individuals. These two factors alone have widened anxiety and frustration among the elders. Further, the constant presence of armed officials to control the activities of communities has deeply affected the elderly. Medical recommendations such as quarantine, social distancing have become alien to the community life that the elders were used to. This study recommended that the media be sensitive to the domains of community life, thereby asserting support rather than alerting depart of them. It is important to use a blend of professional and indigenous knowledge when mobilizing communities during pandemics. It is important that a

community social model for interventions consider involving social workers who are well-versed in addressing community dynamics.

Key Words: *Psycho-social Encounters, Social Distancing, Perception, Professional Interventions*

Introduction

The world has been facing an unprecedented pandemic, which calls for emergency response by state institutions, non-governmental organizations and communities. A pandemic is the universal spread of a new disease. The impact of the crisis has left countries with the challenging mission of mitigating the risk and eradicating the pandemic. The World Health Organization (WHO) is accountable for announcing when a global pandemic is developing. The WHO does this by monitoring outbreaks of the disease and taking advice from international health experts (Health Direct 2020). COVID-19 was announced as a pandemic by the WHO on 11 March 2020 (World Health Organization 2020), and an infected local individual with this virus was initially reported in Sri Lanka in the 2nd week of March 2020. Since then, Sri Lanka has faced three waves of COVID-19 outbreaks, and by 25 September 2021, 512,154 confirmed COVID-19 cases had been reported (Ministry of Health 2021b). These statistics are a serious threat to the country since Sri Lanka is regarded as a lower middle-income country according to the World Bank's income classifications (Wijewardena, 2020). By 2022, with the dollar shortage and declining per capita GDP, Sri Lanka's cabinet has approved a proposal to downgrade the island nation's economic status to that of a 'low-income country' (NIKKEI Asia, 2022). Yet, the challenges associated are not just economical but result in serious socio-cultural and political encounters too. More importantly, the repercussions are deep-rooted and long-term in nature, ranging from individual and community levels to national levels.

The pandemic accelerated concerns about marginalized groups and those who are at risk of exclusion from society, as it would increase their vulnerability. While closely analyzing the impact of the pandemic at the community level, it is obvious that certain groups are disproportionately affected. For instance, when the infected clusters were traced during the second wave of the pandemic in the Sri Lankan context, two massive clusters of laborers working at a garment export factory and fish vendors from the central wholesale fish market,

Peliyagoda were mainly identified as the spreaders and were largely stigmatized as 'Brandix cluster (Brandix pokura) and 'Peliyagoda cluster (Peliyagoda pokura) at the societal level. A close examination of the most infected groups revealed the vulnerability of people who were economically unstable and poverty-stricken. The virus does not discriminate against anybody, yet the varying range of impacts of the virus has destructive effects on the mental and physical well-being of specific groups. 'The pandemic has been most devastating for the lives, health, and well-being of older persons, people with underlying medical conditions, and those with lower socio-economic status- a category that tracks closely with minority status in most countries' (United Nations 2020, p. 11). Proving the UN statement, the below statistics from the Sri Lankan context highlight the increased vulnerability of elders, emphasizing the need to research the needs and circumstances of the elders during the COVID-19 pandemic.

Table 01. Distribution of Confirmed Deaths by Sex and age by 17 September 2021

Age Category (Years)	Sex					
	Total					
	Female		Male		Grand Total	
0-9	15	0.3%	15	0.2%	30	0.3%
10-19	8	0.2%	11	0.2%	19	0.2%
20-29	36	0.7%	55	0.8%	91	0.8%
30-39	116	2.2%	151	2.3%	267	2.2%
40-49	282	5.4%	450	6.7%	732	6.1%
50-59	596	11.4%	992	14.8%	1588	13.3%
60-69	1209	23.1%	1682	25.1%	2891	24.2%

70-79	1797	34.3%	2237	33.4%	4034	33.8%
80 & above	1178	22.5%	1108	16.5%	2286	19.1%
Total	5237	44%	6701	56%	11938	100%

(Source: Ministry of Health. 2021a: 3)

As evident in the above table, the elders have faced higher infection and mortality rates. While the elders are respected as senior citizens in the Sri Lankan society, particularly against the backdrop of demographic challenges such as fast population ageing and increased burden of dependency rate, they should be sufficiently taken into account as a group whose psycho-social needs should be paid more attention to in crisis situations. The elders are statistically more vulnerable to the pandemic, yet their voices are less likely to be heard in the planning and implementation of services for the communities. However, the significance of their perception based on their past experiences, community-based knowledge, and traditional or local practices are undeniable when dealing with a crisis like COVID-19 since such a pandemic requires lay-professional collaboration in preventing the spread of the virus. Thus, this paper discusses the significance of the psycho-social encounters of the elders and their perception of the efficiency of COVID-19 management in the Sri Lankan context.

Literature Review

In a situation in which Sri Lanka has been proposed as a low-income country, the post-COVID-19 impacts pose a serious challenge to the socio-economic and political aspects of the country, along with other crises the country went through afterward. In this context, understanding the crisis is prominent in planning an effective response mechanism. A crisis is “a phase of disorder in the development of a person, an organization, a community, an ecosystem, a business sector, or a polity” (Boin, Hart, Stern, & Sundelius, 2005, as cited in Macnamara, pp.239, 2021). As further explained, crisis situations are defined by three elements: a threat to a community, uncertainty about the nature of the crisis, and an urgent need to respond.

In order to comprehend COVID-19 as a crisis, it is important to investigate what other nations have done to control the spread of the pandemic's adverse effects. As Singh (2020) pointed out, through the implementation of total quarantine and soft quarantine, more than 200 nations around the world have made a concerted effort to reduce the consequences of COVID-19. In some of the most afflicted areas, for instance, China adopted total quarantine restrictive measures by shutting down practically all businesses, closing preschools, schools, and colleges, and suspending public transit. Modern information technology and artificial intelligence were actively deployed at the same time to track population movement across the nation and identify individuals exhibiting high fever and other viral sickness signs in crowds. The same approaches were used by European nations, including France, Spain, and Italy, to lessen the negative effects. South Korea, Singapore, and Taiwan adopted the ways of soft quarantine, quickly realized the devastation the illness would cause, and took swift preventive action. However, as Singh goes on to explain, the executive bodies received unprecedented rights and had their authority increased when the pandemic-related state of emergency was declared. The ability of citizens to trust their governments and their willingness to follow government's instructions, as well as government collaboration with relevant professionals, besides the readiness and adaptability of healthcare systems, are crucial factors in the fight against coronavirus.

While discussing the broader approaches to managing the pandemic, successful crisis management and an intervention mechanism necessitate understanding the community and individual/ household level dynamics and impacts. Sociological studies also examine crises through a wider lens, focusing on risks to individuals, groups, communities or social systems and society as a whole (Thilanka, 2021).

Loss of community, loss of income sources, and restriction on mobility due to quarantine resulted in multiple problems at the micro level. According to Gayatri and Puspitasari (2022), the concern about nuclear family members increased because they did not want their family to become ill from the coronavirus. Most families avoided visiting the older members or those with serious illnesses who are more vulnerable to the virus. This can result in the extreme isolation of elders who are living away from their immediate children. An older person is defined by the United Nations as a person who is over 60 years of age (UNHCR, 2022). They possess valuable knowledge carried over from their early community life in dealing with crises like COVID-19. This knowledge can successfully address the problems of

loss of community. By disregarding the authenticity and familiarity of such knowledge that carries greater adaptability, as Corburn et al. (2020) point out, most top-down strategies to arrest an infectious disease will likely ignore the often robust social groups and knowledge that already exist in many settings. Considering the crisis response, there are various progressive approaches suggested by scholars to crisis coordination, such as promoting a network-centered approach instead of a top-down approach, pre-crisis familiarity, and solid information communication to enhance coordination (Kalkman et al., 2018).

On the other hand, older people are identified as a vulnerable group whose life realities should be taken into serious consideration. According to HelpAge International (2021), despite being one of the populations most at risk for serious illness and mortality from COVID-19, the elderly continue to be underrepresented and ignored in response and recovery efforts. Older people living in low- and middle-income countries are more vulnerable to isolation, restrictive measures, income losses and lack of access to services during the pandemic. HelpAge International quotes HelpAge's Health Advisor stating "not only are older people at higher risk of serious illness and death from the virus, but government responses to the pandemic are increasing their risk of experiencing abuse and neglect. COVID-19 has exposed the inadequacy and failures of systems at local, national and international level to meet the needs and rights of older people & support their resilience". Sri Lanka as a low-income Asian country has witnessed these instances which alarms serious concerns on the issue.

Marasinghe (2020) details the risks and challenges faced by elders in Sri Lanka amid COVID-19. She focuses on the community-dwelling adults in Sri Lanka whose experiences are contextually unique. One of them is grandparents caring for youngsters, which increases the risk of exposure for elderly people because their caregiving responsibilities prevent them from isolating themselves or avoiding potentially exposed people. Also, the majority of older individuals receive informal care from their offspring while living in the same household or close by. In the event that the primary caregiver becomes infected, informal caregivers should be prepared to arrange for backup care. She highlights these widely interactive family dynamics of community-dwelling older adults, which increase their vulnerability. In addition, Marasinghe stresses the significance of keeping elders informed about

pandemic-related information and ensuring access to adequate information on prevention and precautionary methods.

Multifaceted problems in relation to the COVID-19 pandemic do not fit gracefully within the purview of individual organizations and institutions. Prevention, risk mitigation, control, coping, recovery, and resilience through networks of collaborating and diverse entities provide a means of addressing problems due to the flexibility of networks, adaptability, and capability of mobilizing diverse resources (Thilanka, 2021). A disaster may also affect public opinion about the government; for instance, citizens may have an opinion on how the government manages the disaster (Albrecht, 2017, as cited in Mahees, 2021). The apparent ineffectiveness or rising criticisms of the prevailing disease management mechanism alarms the mismatch between community dynamics and the professional code of conduct of those who are already engaged with the mechanism (Thilanka, 2021).

Sri Lanka is one of several developing nations with a fast-aging population where COVID-19 can have a substantial impact on older people living in the community as well as older people residing in healthcare facilities if preventive measures are not implemented in a timely manner. The burden of a high demand brought on by COVID-19 may be too much for a developing nation with a sizable elderly population. In order to develop effective policies that are most appropriate for the environment, it is crucial that policymakers, governments, healthcare professionals, and families pay attention to the deficiencies and issues within the communities.

Objectives

The study objectives of the study were to identify the psycho-social encounters of elders during COVID-19 and examine their perceptions towards professional interventions in managing COVID-19 at the community level in the Sri Lankan context. In this study, "psycho-social encounters" are defined as the subjective awareness of facts, feelings, changes in routines, and viewpoints of elders that may potentially alter psychological and social behaviors in relation to the COVID-19 pandemic.

Materials and Methods

The study was qualitative and exploratory in nature. Purposive sampling was employed to select twenty elders over the age of 60. The study was carried out in a suburban community zone in the Western province. All the participants were living with their offspring or sharing the same neighborhood next to the married offspring's houses. The gender composition of the participants was 12 males and 8 females. The participants were predominantly Catholic, which reflects the exact nature of the selected community, and there were only three female participants who were Buddhists.

The basic inclusive criteria for selecting the study participants among elders above 60 years of age was their experience of facing a few major crisis situations that Sri Lankan society went through in recent decades, such as the 1988/89 political insurgency, the 30-year civil war, and the 2004 Tsunami crisis. It was expected that their lived experiences in these diverse crisis situations and their perception of the way such crises were managed by the government and other respective bodies would enable them to have a more pragmatic opinion about crisis management mechanisms in this pandemic situation. Further, the local and global statistics portray that the severity of the risk to the lives of those who are over 60 is higher than that of other age groups. This noticeably high level of vulnerability in those over the age of 60 was a significant sampling criterion. The participants' age ranged from 60 to 80 years, which limits the findings to this specific age group.

Qualitative data was collected using in-depth interviews. An interview guideline was developed, focusing on identifying the psycho-social encounters of elders and how they perceive currently deployed professional interventions in crisis management at the community level. Furthermore, the probing technique was used to explore how these perceptions lead to recommendations for a more practical crisis management mechanism. Data were analyzed through a narrative analysis method.

Results and Discussion

According to the findings of the study, it was evident that the understanding of people regarding the pandemic manipulates their behavior. Thus, proper awareness is significantly influential in managing the magnitude and speed of the spread. In this scenario, Gunawardene (2020) states that Sri Lanka has recognized the value of timely and authentic

crisis information from the beginning. The Health Ministry's Epidemiology Unit and Health Promotion Bureau (HPB) have been publishing epidemiological data updates every day and communicating key public health messages through broadcast and online outlets. Since this was a new situation that abruptly occurred, the public obtained information mostly through digital sources. In this case, digital literacy and media literacy of public played a prominent role. In this backdrop, elders perceived themselves as poor in digital media literacy and totally relied on traditional media sources, mainly newspapers or television. Hence, their exposure to accurate information that is fact-checked is limited or totally restricted. It has kept elders either uninformed or confused about what they know about the pandemic.

"I don't use a smart phone. Who knows how to operate them at this age? All I can do is to watch and listen to news on television or radio. I hear different stories about COVID 19. If you hear politicians talking about this, you will be confused whether this has at least arrived in Sri Lanka or has it already taken many lives. Who knows the truth?" (A female respondent).

Since digital information dissemination is just a click away, fact-checking does not happen as fast as disinformation spreads. Therefore, secondhand information and knowledge obtained by elders carried unnecessary fear and uncertainty along with an excessive stigma. Media are professionally responsible to make vulnerable groups accurately aware through news and information about preventing infections. Instead of that professional responsibility, the elders were made to be panic concerning about the social responses and stigmatization of being infected.

"Some newspapers and TV channels reported COVID infected cases in a terrifying manner... They were exaggerating the incidents just like a crime anthology series! I couldn't imagine how those individuals and their families are dealing with that. It scared me to think of my family if I got infected. I will die but media will make my children's life really tough" (A female respondent).

"When I hear that old people are more likely to be infected, I am really confused whether to step out at least from my room. We have already lived a life. But I don't want to see my children and grandchildren in trouble because of me" (A male respondent).

Elders who have been used to a community-based life are struggling to adjust their daily lives to the new normal during COVID-19. A clear sense of frustration was reflected in their responses about the community's reaction towards those who are infected or identified as vulnerable to being infected. Further, such responses were perceived as a created and promoted behavior by media and medical professionals due to inattentiveness towards community dynamics and local mechanisms.

“It's sorry to see that people don't care for each other's anymore. During past, our main strength during the time of a trouble was our neighborhood. Our life was not limited within high walls and gates. Whenever a neighbor needed help, the entire village was ready to offer that care. Those days, when people were infected with illnesses caused by God (Deviyange leda), we didn't run away or ashamed that family. It's the neighborhood who looked after that family. I think that vigilant mutual care could have been promoted in communities than demoting all interactions (A female respondent).

Participants pointed out the incidents reported where police had to arrest people who spread falsehoods on media platforms and in neighborhoods. Sri Lanka has no specific law on fake news. Thus, charges for spreading disinformation are framed under public health or IT-related laws (Gunawardene, 2020). Amidst being on duty to manage lockdown and curfew regulations, it has been disappointing for them to see that law enforcement officers are deployed in communities to mitigate the risk of needless panic behaviors within communities. While believing that such occasions consume extra time and human resources to control the spread of disinformation, it has been a serious concern for them to see the communities losing their sense of mutual care and responsibility during a common threat to community life. They compare such instances with the period when the civil war was at its' peak. In their opinion, by misusing such circumstances, there is a possibility for the government to limit or manipulate the information that comes to people. On the other hand, they raise concerns about arbitrary restrictions on freedom of expression by the government, which is a violation of a fundamental right. Such intertwined dialogues leave adults with questions about accurate and responsible awareness of the pandemic. The bureaucratic and political management of the information related to the crisis leads them to be psychologically more anxious about the risk associated with the pandemic.

“Ages ago, we used to watch news and read newspapers to know the truth. We all trusted what daily news brought to us. But people nowadays use their smart phones and share whatever they think, hear or see without any proper enquiry. Unfortunately, instead of reporting the actual situation of COVID, responsible media repeat what is in social media. From where people can get to know the real risk?” (A male respondent).

Government easily hides the real scenario by deploying police to arrest those who share information in social media. Meanwhile, they manipulate news channels as well just as they did during the war period. Government fear that knowing the truth will lead people to question their governance. But don't we have a right to know what's actually happening?” (A male respondent).

Further, elders were critical of the instances in which publicly recognized officials in medical and security fields were transferred from their positions for making cautionary announcements to the public so as to minimize panic behaviors. This politicized mechanism has further frustrated elders as they were not assured of information publicized in such a context, and they termed certain information that soothed the severity of the seriousness of the pandemic 'narratives of state-sponsored henchmen'.

While access to accurate information was disputable, another prominent issue was the ethical reporting of the media and other professionals during the pandemic. A disturbing factor brought to attention was the stigmatizing nature of reporting COVID-19-positive individuals, their families, and their areas. Further, the ethnicity of the individuals was highlighted by some of the media outlets, which gave a racist interpretation of the pandemic. Revealing the identity of COVID-19-positive individuals or suspects to be infected, showing mourning of their family members, and terming people as 'corona suspects'. It implied a criminalized connotation, creating an unfavorable environment for infected individuals and their families in communities. There were instances where people were increasingly reluctant to get tested or to be quarantined and treated due to fear of exclusion and stigmatization. Also, some administrative provinces and districts of the country that were recognized as high-risk areas were labeled due to the nature of the media reporting such information. The elders were deeply saddened and feared such experiences, which are highly probable to occur if they or their near ones are found positive. Also, they compared

such disintegrated responses with the crises they have dealt with in the past when media was not commonly available. The loss of empathy, community-based sharing, and a care network were desperately recalled by elders. They were in the position of questioning the so-called modern improvements of technology, whether they had done any good or further harm to community life.

“Doctors and police media spokesman explained about detected positive cases and areas where spread was fast just as it’s a crime” (A male respondent).

“It was disgusting to see how media invaded the personal lives of people. Some had committed suicide, run away from quarantine centers just as they cannot deal with the shame. Nobody came holding cameras when a person is infected with chickenpox which is communicable (A female respondent).

“So called ‘educated’ officers created a monster and media was making news out of it. Nobody thought how hard it would be for infected people to live a normal life thereafter” (A female respondent).

As Gunawadene (2020) points out, ‘such thoughtful and sensitive coverage is uncommon in Sri Lanka’s legacy media, where sensationalism, scare-mongering, and privacy violations are rampant’. It is further stated that ‘media’s misbehavior is largely responsible for creating a stigma around the disease, which in turn impacts control measures. The irresponsible media use raised by the respondents was evident, as the Ministry of Health had to issue guidelines to the media on COVID-19 reporting, including filtering and fact-checking information, not raising racist sentiments about infected persons, avoiding stigmatic terminology to introduce those infected, preventing identity revelations without consent, avoiding the spread of hatred, and reporting in a way that would build cooperation and support among people in dealing with the disease.

As WHO (2021) announced, ‘in many countries, older people are facing the most threats and challenges due to the pandemic. Although all age groups are at risk of contracting COVID-19, older people face a significant risk of developing severe illness if they contract the disease due to physiological changes that come with aging and potential underlying health conditions. The Centers for Disease Control and Prevention (2021) in the USA stated that ‘the risk of COVID-19 increases for people in their 50s and increases in their 60s, 70s, and 80s.

Further, it was stated that older adults are more likely to need hospitalization, intensive care, or a ventilator to help them breathe, or they might even die. In this context, when there was a massive influx of information from all around the world and within local bodies, respondents repeatedly pointed out that the cautionary information, along with the visuals and numerical data, had been reported as leaving them psychologically traumatized. Specially, when the media reported comparatively high vulnerability of elders in cumulative numerical figures rather than active cases that exaggerate the actual figures, it was proposed that responsible media should be extra cautious in ensuring communal psychological well-being rather than gaining publicity. According to Mertens et al. (2020), 'repeatedly engaging with trauma-related media content for several hours daily in a collective trauma environment may prolong acute stress experiences. This exposure was inevitable under the circumstances under which lockdowns were imposed. Mainly, older adults were exposed to such distressing media content through television, as their mobility is further restricted due to certain morbidities associated with aging.

In addition to this, 'the ethics of care, which emphasizes solidarity, care, and responsibility to the most vulnerable people in society, is important in Sri Lanka's successful response to the pandemic' (Hettiarachchi et al. 2021). Yet, being subjected to negligence or inability to accommodate health care needs, isolation from their usual social networks or restricted access to essential services, and a greater probability of maltreatment during the pandemic have been revealed in general among adults. According to WHO (2021), 'COVID-19 is changing older people's daily routines, the care and support they receive, their ability to stay socially connected, and how they are perceived. Especially, their usual activities, such as going to religious places and engaging with community-based organizations like the Maranadara Society, elders' society, etc., were restricted. Older people are being challenged by requirements to spend more time at home, a lack of physical contact with other family members, friends, and colleagues, a temporary cessation of employment, and other activities. WHO has further provided guidance and advice during the COVID-19 pandemic for older people and their households, health and social care workers, local authorities, and community groups to address such issues. This has been identified as an arena where the current professional interventions have not sufficiently managed to pay attention to or address in the Sri Lankan context due to the overburden of the pandemic.

Another main issue raised was the excessive militarization of the pandemic management mechanism in Sri Lanka. When the pandemic woke up, it was common to see around the world that emergency plans had been drawn up, embargoes had been imposed, and healthcare workers had been mobilized to the frontlines (Nandakumar 2020). But it was pointed out by the elders that the military forces were deployed on the frontlines of national crisis management even before the medical professionals. Nandakumar (2020), emphasizing the same, points out how 'screening for symptoms in foreigners upon arrival to the construction and running of quarantine centers, Colombo's coronavirus counter-strategy has been a highly militarized and politicized one'. Beaten by a devastating war for thirty years, the elders who have seen military presence, military involvement, or at least tragic news reported about military missions in their day-to-day community life, were worried about their life span that has been entirely spent dealing with crises. As they pointed out, it was a dream for them to see a peaceful society where there are no military forces engaged in regular public life. Yet, the elected governments since ending the war in 2009 have brought the military into the affairs of national security in almost all aspects of communal life. They recalled how military officials were deployed to town and county beautification projects immediately after the war ended. It was perceived as a disgraceful political act done to the honor received by the soldiers who endangered their lives for the country, and on the other hand, how had it been a psychological disturbance to adult people who were exhausted by a generation-long war to see soldiers on a daily basis? As they suggested, such acts were the initial steps toward normalizing the militarization of every aspect of society, which has come so far up to this situation where all socio-economic, political, and health decisions are manipulated by military forces.

It is true that, with operational readiness to work in stressful situations and well preparedness, military forces fit well with the need for the COVID-19 response mechanism (Thilanka, 2021). Also, as Kalkman (2020, 99–103) continues to justify, pointing out that the armed forces have vast resources and developed expertise to work under pressure, their way of operating hierarchical and top-down resulting in fast decision-making and overcoming delays through cutting red tape and democratic civilian control, which refers to the situation in which a (democratically elected) government is ultimately in charge over its armed forces, ensures the crisis response mechanism is more effective and lawful. Yet, as per the elders' prior political experiences, they expressed that there can be deceptive and long-lasting

socio-political impacts of excessive military involvement in this mechanism. Participants stated that they believe the government used military powers to silence public opinion about political decisions taken to increase the price of essential goods, privatize education, etc. behind the curtains of the pandemic. Therefore, using military involvement was seen as a political shield to take arbitrary decisions for political gains. 'In Italy, the military establishment has been mobilized to help produce masks and collect dead bodies from badly affected towns. In Germany, the military has been called on to supply vehicles in the face of transport disruption, and in France, the armed forces have helped evacuate seriously ill patients. In these cases, troops have been deployed to support and relieve the burden on overwhelmed civilian agencies' (Nandakumar 2020). But the point brought by elders that the militaries have come to a position in the country in which they supersede health experts in decision-making along with the bureaucratic political structures of the country is a valid argument to be further considered. Further, it was proposed that the military's involvement in law enforcement during the pandemic can be disturbing to the ethnic harmony of their communities under a circumstance in which the media is arousing ethnocentric sentiments of people regarding the spread of disease, especially in the context of the unhealed wounds of the Easter attack, which has resulted in Islamophobia. These initiatives and procedures have made elders not only lose hope about a successful aging experience in later life even if the pandemic comes to an end but also worry about the lives of the next generations as well.

Further discussing, Sri Lanka, in accordance with the WHO instructions, took many steps in managing the crisis from the first wave itself. The first wave was successfully controlled by the country as the policy decisions were taken on time. As Hettiarachchi et al. (2021) state, Sri Lanka has followed an unorthodox crisis management mechanism. Imposing curfews, isolating villages, social distancing, quarantine, provincial travel restrictions, etc. were some of the leading strategies among them. Strict controls like the imposition of curfews, most frequently followed by the declaration of a "State of Emergency," were urgently imposed to stop the spread of the virus, but the justification of such measures has been disputed due to fundamental human rights violations that are closely related to such measures (Amaratunga et al., 2020). Yet, the respondents pointed out that in the later pandemic breakout waves, people's adherence to such policies and regulations were low, and timely decision-making was phased down, witnessing a rapid climb in positive cases and death rates. This was articulated by the respondents as an inevitable response to an alien plan that has been

imposed on the communities, disregarding their very own dynamics. The pandemic expands its impacts, ranging from the micro-scale to the macro-scale. While discussing its impact as a country, a successful crisis management and intervention mechanism necessitates understanding the community-level dynamics and impacts (Thilanka 2021). Elders keenly spoke about the traditional practices that have been in practice for years to prevent communicable diseases. Especially viral diseases like chickenpox, smallpox, measles, and mumps, which are known as diseases of God (Deiyange leda), were treated by the communities based on their traditional knowledge, which has a strong scientific rationale.

“Hanging neem leaves before house as a symbol if a family member is infected with any of the deiyange leda prevented further spread while alarming visitors to maintain the physical distancing. Also, the infected member along with other family members remained out of contact of neighborhood (A female respondent).

Scientifically, neem is known to kill germs too. Even self-distancing is a volunteer home quarantine mechanism. These customs were followed by rituals like arm-giving that reflected community support when the patient was fully cured. Such traditional customs were acknowledged as strong alternatives identical to community life that would eliminate issues like stigmatization, exclusion, and the resistance of people to adhere to regulations. Yet, such local practices and indigenous knowledge were undermined in the local COVID-19 crisis management mechanism while orthodox medical practitioners and politically affluent professionals dominated the crisis management discourse.

Conclusion

The aforementioned data lead to the conclusion that the elders have experienced significant stress and discomfort during the pandemic. The constant feeling of vulnerability serves as a warning sign for the future that may result in post-crisis trauma, which requires special attention and treatment for elders. Additionally, the restricted access to their regular social connections and communal practices has had a negative impact on their social lives . Eventually, challenging social and psychological experiences that elders have gone through can have both short- and long-term impacts that call for thorough post-crisis management.

Considering crisis management, it can be stated that elders' perceptions of Sri Lanka's pandemic management mechanism have shown a varying pattern of success at various

periods of the epidemic. There are many socio-political and culture-insensitive approaches in general that have made the mechanism a failure despite all the success it gained from the very first stage. Mainly, under circumstances when people are confined to households with a lot of psycho-social constraints, the media has a responsible role in accurate knowledge dissemination, breaking myths and stigma, and building empathy and resiliency among communities. Yet, the role the media has played has intensified negative psycho-social encounters with elders. While not undermining the significant contribution currently involved professionals have made, it's important not to militarize public life by restricting their liberty. In addition, the media should be strictly monitored to function as a supportive professional platform that enhances social awareness rather than a commercial platform that exaggerates and markets crises like the pandemic.

Further, along with Western medicine, encouraging traditional medical practitioners to explore potential solutions can be strongly recommended, as it is an approach that adopts a holistic approach linked with community life. Especially, under critical circumstances like a pandemic that abruptly mess with community life, professionals that understand community dynamics can play a productive and significant role in minimizing negative encounters with vulnerable communities.

Prominently, giving the community a sense of belongingness as a response mechanism is an effective approach to combating the pandemic. The commitment of people can be triggered through participation in making decisions enforced on them and negotiating whether such measures are necessary and justifiable to combat the virus. It ensures state-civilian collaboration in overcoming the challenges associated with COVID-19. Eventually, it is highly recommended to involve professionals like social workers who are well-versed in addressing all the above requirements by empowering communities and utilizing community strengths to overcome the challenges of the pandemic.

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