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Research Article

Sufferings of Elderly Rural Women Due to Covid-19 in Communities of a Remote Region: An Observational Study

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Abstract

Background: COVID-19 pandemic caused an unprecedented impact on society globally.

Objective: Study was conducted to know about sufferings experienced by rural elderly women in a remote hilly region.

Methodology: Community-based, cross-sectional, observational study included 4500 randomly selected tribal women of ≥50, who resided in 140 villages and consented to participate. Face-to-face interviews of participants were conducted, for 15-30 minutes, using a semi-structured questionnaire regarding sufferings of elderly women during COVID-19 pandemic.

Results: Of 4500 women interviewed, majority (47.2%) were 50-59 years old, low educated (40.4%), agriculture labourers (44.1%) and of lower economic class (53.8%). Of all participants, 73.5% reported change in everyday life, 25.9% change in meals, 30.7% in work and working environment and 39.5% in health care. Of all the women interviewed, 45.9% reported physical violence (PV), majority (74.1%) by husbands, 0.4% suffered sexual violence (SV). Modes of PV were mostly slapping, hitting, or kicking. Of all the women, who suffered PV, SV, and majority informed their family members, but only 7.0% informed police, however 98.6% who suffered sought healthcare. Socio-demographic factors like age, education, economic class, and occupation had a significant relationship with sufferings of women during pandemic.

Conclusion: Covid -19 Pandemic had significant impact on rural elderly women's lives, 45.9% and 0.4% of women respectively reported having suffered PV and SV at home during pandemic. It is therefore necessary to generate awareness, formulate laws, policies for protection of elderly women during such pandemic.

Key Words: Pandemic, COVID-19; elderly women; suffering; physical violence; sexual violence

Background

Aging naturally brings changes to body and its functions, influencing health, wellness, and overall quality of life. The COVID-19 pandemic disrupted the lives of older adults by further restricting their movements and limiting social interactions, with particularly severe effects on rural elderly women who often live in isolation. [1]

Elderly women faced unique hardships, as the pandemic compounded everyday challenges and heightened their vulnerability. However, studies showed that providing accurate and reliable information helped reduce pandemic-related fears, especially among elderly women with chronic conditions. [2]

The COVID-19 pandemic disrupted lives across all age groups worldwide, but older adults and women have been particularly hard hit. Their heightened vulnerability stemmed from several factors. Compared to younger individuals, older adults are more likely to live with chronic health conditions, and their aging immune systems struggle to fend off illnesses, infections, and viruses effectively. When they fall ill, recovery tends to be slower and more complex, often leading to prolonged health challenges. [3] The COVID-19 pandemic disrupted access to essential healthcare and long-term care services. Beyond physical health, the pandemic exacerbated social isolation. Many older women, especially those living alone, saw their daily routines shrink, with fewer walks, limited outings, and minimal face-to-face interactions. This isolation contributed to rising feelings of loneliness

and a surge in mental health challenges. Although stress related to work and finances may have been less acute for this age group compared to younger adults, the emotional strain of isolation and health-related anxieties were deeply felt. [4] The COVID-19 pandemic exposed older adults to a range of challenges, including abuse, neglect, insecurity, and health issues within their families and communities. [5] Widespread fear, anxiety, loneliness, and increased dependence have intensified these struggles, highlighting a serious societal concern. Factors such as social isolation, cognitive decline, physical frailty, and reliance on caregivers heightened the risk of elder abuse. [6, 7]

Objective

A community-based study was conducted to explore the sufferings of elderly women during the COVID-19 pandemic in a rural remote region.

Material and methods

***Study design*:** Observational cross-sectional study

Study setting and duration: The study was conducted over one year in a total of 140 tribal villages in remote, forestry, and hilly region. These villages were around the village with the health facility, the study centre.

***Inclusion criteria*: -** Randomly 30-35 women of ≥50 years of age from each village, willing for interview, were enrolled as study participants, as some villages were small and others large.

***Exclusion criteria*: -** Women abive50 years of age, those with mental health conditions, and individuals unwilling to participate were excluded from the study.

Sample size: The calculated sample size was 4500 with 95% confidence and 2% absolute precision. The sample size was rounded after calculating using a free online statistical calculator (statulator) [8]

Data Collection

After the Institutional ethical committee's approval and informed consent from the participants, socio-demographic features of all the participants including age, education, occupation, economic status, and parity were collected by a research assistant (trained nurse midwife) and were recorded on a pre-designed tool, a semi-structured questionnaire with some open and others close-ended questions. Face-to-face interviews of the study subjects were conducted regarding the sufferings faced by the elderly women during the COVID-19 pandemic. Information was collected about changes in everyday work, health care, physical violence (PV) and sexual violence (SV) against them at home, and the action taken. Each interview lasted for around 15 minutes, maintaining confidentiality and privacy in an area convenient to participants and the research assistant who recorded information on the hard tool.

Results

Of all the women interviewed, the majority (47.2%) were of50-59 years of age, educated up to primary level (40.4%), agriculture labourer (44.1%), belonged to low economic class (53.8%) and had one or two births (52.0%). Of the 4500 women interviewed, 3306(73.5%) reported changes in their everyday lives during the COVID-19 pandemic, 856 (25.9%) reported changes in their meals due to lockdown, loss of family members employment, problems in agriculture, and poverty. Of 3306 women, 1015(30.7%) reported change in their work and working environment due to lockdown and loss of jobs and 1306(39.5%) reported change in health care due to lock down as many were not able to reach hospitals for their ailments There was lack of available health services with financial constraints also. The remaining 129(3.9%) women reported other changes like mental health, fear of infection, insecurity, change of homes due to shifting to other places when jobs were lost, school drop-outs of children, etc.

Of 4500 women, a total of 2066 (45.9%) reported increased PV at their homes during the pandemic compared to the pre-pandemic period. Of these 2066 women, 1530 (74.1%) reported PV by their husbands, 150(7.3%) by sons, or sons-in-law, 361 (17.5%) by daughters, and daughters-in-law and in the remaining 25(1.2%) other relatives, grandsons, and grand-daughters were responsible. Table II depicts the relationship between the various socio-demographic features of women and PV at home by family members (Table II). When interviewed about the frequency and mode of PV at home, of 2066 women, 1690 (81.8%) reported once or occasional episodes of PV, 376 (18.2%) reported regular PV at home. The majority (80.2%) reported slapping, hitting by hands, or kicking as the most common modes of PV followed by hitting with bar rods or burning (18.8%) and the remaining 1.0% reported other modes like hitting with brooms, foot wares, utensils, etc. The majority of these sufferers were of 50-59 years of age, had low education, were agricultural laborers by occupation, and belonged to a low economic class. Table II depicts the relationship of socio-demographic features of women with the frequency and mode of PV suffered at home (Table II). Furthermore, of the total of 4500 women interviewed, 17(0.4%) reported SV at their homes during the pandemic, all reporting the start of SV during the pandemic, none in the pre-pandemic period. Of these 17 women, all (100%) reported SV during sleep hours and by persons other than their husbands including neighbours, distant relatives, or unknown. Table III depicts the relationship between the socio-demographic features of women and SV at home (Table III). All these women who suffered SV belonged to 50-59 years of age, the majority were illiterate (59.0%), homemakers (59.0%), belonged to a lower economic class (82.3%) and had previous one of two childbirths (88.2%).

Of all the women who suffered PV and SV, (2083) informed someone, including family members (92.1%), police (7.0%), and others like neighbours, friends, and distant relatives (0.9%) (Table IV). Of these 2083 women, 2053(98.6%) sought healthcare, 64.4% from Sub centres (SC) or Primary Health Centres (PHC), 29.5% from Sub-district hospital (SDH)/District hospital (DH), and the remaining 6.1% from private hospitals or dispensaries. The relationship between the action taken and health care sought for PV and SV suffered at home and demographic factors is shown in Table IV (Table IV).

Table I: Changes in Everyday Life of Elderly Women during the COVID-19 Pandemic

Variables	Total	**Types**									
Age (Years)		Every Day Life	%	Meals	%	Work	%	Health Care		Others	%
≥50-≤59	2123	1503	70.8	310	20.6	293	19.5	822	54.7	78	5.2
≥60-≤69	1565	1302	83.2	469	36.0	448	34.4	342	26.3	43	3.3
≥70	812	501	61.7	77	15.4	274	54.7	142	28.3	08	1.6
Total	**4500**	**3306**	**73.5**	**856**	**25.9**	**1015**	**30.7**	**1306**	**39.5**	**129**	**3.9**
Education											
Illiterate	1495	1184	79.2	338	28.5	401	33.9	407	34.4	38	3.2
Primary	1818	1220	67.1	228	18.7	324	26.5	605	49.6	63	5.2
Secondary / Higher Secondary	997	809	81.1	273	33.7	257	31.8	251	31.0	28	3.5

Graduate	190	93	48.9	17	18.3	33	35.5	43	46.2	0	0.0
Total	**4500**	**3306**	**73.5**	**856**	**25.9**	**1015**	**30.7**	**1306**	**39.5**	**129**	**3.9**
Profession											
Home Maker	1340	982	73.3	170	17.3	363	36.9	392	39.9	57	5.8
Agriculture Laborer	1986	1520	76.5	312	20.5	487	32.0	649	42.7	72	4.7
Casual Laborer*	1014	719	70.9	304	42.3	155	21.6	260	36.2	0	0.0
Shop Keeper	160	85	53.1	70	82.3	10	11.8	5	5.9	0	0.0
Total	**4500**	**3306**	**73.5**	**856**	**25.9**	**1015**	**30.7**	**1306**	**39.5**	**129**	**3.9**
Economic Status											
Upper Class	92	68	73.9	2	2.9	12	17.6	52	76.5	2	2.9
Upper Middle Class	142	108	76.1	9	8.3	25	23.1	72	66.7	2	1.8
Middle Class	625	433	69.3	110	25.4	84	19.4	211	48.7	28	6.5
Lower Middle Class	1219	870	71.4	246	28.3	221	25.4	346	39.8	57	6.5
Lower Class	2422	1827	75.4	489	26.8	673	36.8	625	34.2	40	2.2
Total	**4500**	**3306**	**73.5**	**856**	**25.9**	**1015**	**30.7**	**1306**	**39.5**	**129**	**3.9**
Parity											
P 0	690	577	83.6	197	34.1	247	42.8	102	17.7	31	5.4
P 1 - P 2	2341	1658	70.8	423	25.5	416	25.1	762	45.9	57	3.4
≥P 3	1469	1071	72.9	236	22.0	352	32.9	442	41.3	41	3.8
Total	**4500**	**3306**	**73.5**	**856**	**25.9**	**1015**	**30.7**	**1306**	**39.5**	**129**	**3.9**

*****Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

Table II: Physical Violence against Elderly Women at Home during COVID-19

Variables	**Total**	**Physical Violence**										**Frequency**				**Mode Of Violence**					
Age (Years)		**Yes**	**%**	If Yes								Once	%	More times / Regular	%	Slap / Hitting / Kicking	%	Bar / Rod / Burns	%	Others	%
				Husband	%	Son / Son in law	%	Daughter / Daughter in law	%	Others	%										
≥50-≤59	2123	940	44.3	727	77.3	80	8.5	121	12.9	12	1.3	814	86.6	126	13.4	800	85.1	130	13.8	10	1.1
≥60-≤69	1565	608	38.8	404	66.4	45	7.4	150	24.7	9	1.5	453	74.5	155	25.5	441	72.5	159	26.2	8	1.3
≥70	812	518	63.8	399	77.0	25	4.8	90	17.4	4	0.8	423	81.7	95	18.3	415	80.1	100	19.3	3	0.6
Total	**4500**	**2066**	**45.9**	**1530**	**74.1**	**150**	**7.3**	**361**	**17.5**	**25**	**1.2**	**1690**	**81.8**	**376**	**18.2**	**1656**	**80.2**	**389**	**18.8**	**21**	**1.0**
Education																					
Illiterate	1495	761	50.9	577	75.8	56	7.4	110	14.5	18	2.4	646	84.9	115	15.1	626	82.3	120	15.8	15	2.0
Primary	1818	1036	57.0	721	69.6	69	6.7	241	23.3	5	0.5	791	76.4	245	23.6	782	75.5	250	24.1	4	0.4
Secondary / Higher Secondary	997	259	26.0	222	85.7	25	9.7	10	3.9	2	0.8	243	93.8	16	6.2	238	91.9	19	7.3	2	0.8
Graduate	190	10	5.3	10	100.0	0	0.0	0	0.0	0	0.0	10	100.0	0	0.0	10	100.0	0	0.0	0	0.0
Total	**4500**	**2066**	**45.9**	**1530**	**74.1**	**150**	**7.3**	**361**	**17.5**	**25**	**1.2**	**1690**	**81.8**	**376**	**18.2**	**1656**	**80.2**	**389**	**18.8**	**21**	**1.0**
Profession																					
Home Maker	1340	955	71.3	655	68.6	60	6.3	221	23.1	19	2.0	731	76.5	224	23.5	709	74.2	229	24.0	17	1.8
Agriculture Labourer	1986	761	38.3	577	75.8	55	7.2	123	16.2	6	0.8	634	83.3	127	16.7	628	82.5	129	17.0	4	0.5
Casual Labourer*	1014	315	31.1	263	83.5	35	11.1	17	5.4	0	0.0	290	92.1	25	7.9	285	90.5	30	9.5	0	0.0
Shop Keeper	160	35	21.9	35	100.0	0	0.0	0	0.0	0	0.0	35	100.0	0	0.0	34	97.1	1	2.9	0	0.0
Total	**4500**	**2066**	**45.9**	**1530**	**74.1**	**150**	**7.3**	**361**	**17.5**	**25**	**1.2**	**1690**	**81.8**	**376**	**18.2**	**1656**	**80.2**	**389**	**18.8**	**21**	**1.0**
Economic Status																					
Upper Class	92	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Upper Middle Class	142	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Middle Class	625	320	51.2	300	93.8	15	4.7	4	1.3	1	0.3	314	98.1	6	1.9	309	96.6	10	3.1	1	0.3
Lower Middle Class	1219	1415	116.1	990	70.0	110	7.8	301	21.3	14	1.0	1106	78.2	309	21.8	1088	76.9	315	22.3	12	0.8
Lower Class	2422	331	13.7	240	72.5	25	7.6	56	16.9	10	3.0	270	81.6	61	18.4	259	78.2	64	19.3	8	2.4
Total	**4500**	**2066**	**45.9**	**1530**	**74.1**	**150**	**7.3**	**361**	**17.5**	**25**	**1.2**	**1690**	**81.8**	**376**	**18.2**	**1656**	**80.2**	**389**	**18.8**	**21**	**1.0**
Parity																					
P 0	690	218	31.6	134	61.5	35	16.1	47	21.6	2	0.9	168	77.1	50	22.9	162	74.3	54	24.8	2	0.9
P 1- P2	2341	1126	48.1	844	75.0	75	6.7	189	16.8	18	1.6	930	82.6	196	17.4	910	80.8	201	17.9	15	1.3
≥P3	1469	722	49.1	552	76.5	40	5.5	125	17.3	5	0.7	592	82.0	130	18.0	584	80.9	134	18.6	4	0.6
Total	**4500**	**2066**	**45.9**	**1530**	**74.1**	**150**	**7.3**	**361**	**17.5**	**25**	**1.2**	**1690**	**81.8**	**376**	**18.2**	**1656**	**80.2**	**389**	**18.8**	**21**	**1.0**

***Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace**

Table III: Sexual Violence against Elderly Women at Home during COVID-19 Pandemic

Variables	**TTotal**	**Sexual Violence**		**Marital sexual violence****	**Person *****		
Age (Years)		**Yes**	**%**	**Timing**	**If, Yes *****		
				Sleeping only time	**%**	**Others**	**%**
≥50-≤59	2123	17	0.8	17	100.0	17	100.0
≥60-≤69	1565	0	0.0	0	0.0	0	0.0
≥70	812	0	0.0	0	0.0	0	0.0
Total	**4500**	**17**	**0.4**	**17**	**100.0**	**17**	**100.0**
Education							
Illiterate	1495	10	0.7	10	100.0	10	100.0
Primary	1818	7	0.4	7	100.0	7	100.0
Secondary/Higher Secondary	997	0	0.0	0	0.0	0	0.0
Graduate	190	0	0.0	0	0.0	0	0.0
Total	**4500**	**17**	**0.4**	**17**	**100.0**	**17**	**100.0**
Profession							
Home Maker	1340	10	0.7	10	100.0	10	100.0
Agriculture Laborer	1986	5	0.3	5	100.0	5	100.0
Casual Laborer*	1014	2	0.2	2	100.0	2	100.0
Shop Keeper	160	0	0.0	0	0.0	0	0.0
Total	**4500**	**17**	**0.4**	**17**	**100.0**	**17**	**100.0**
Economic Status							
Upper Class	92	0	0.0	0	0.0	0	0.0
Upper Middle Class	142	0	0.0	0	0.0	0	0.0
Middle Class	625	0	0.0	0	0.0	0	0.0
Lower Middle Class	1219	3	0.2	3	100.0	3	100.0
Lower Class	2422	14	0.6	14	100.0	14	100.0
Total	**4500**	**17**	**0.4**	**17**	**100.0**	**17**	**100.0**
Parity							
P 0	690	2	0.3	2	100.0	2	100.0
P 1- P 2	2341	15	0.6	15	100.0	15	100.0
≥P3	1469	0	0.0	0	0.0	0	0.0
Total	**4500**	**17**	**0.4**	**17**	**100.0**	**17**	**100.0**

*****Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace
** Only sleeping time
*** No relative was responsible

Table IV: Action taken by Elderly Women against Physical and Sexual Violence

Variables	Total	Informed Someone								Health Care Sought							
Age (Years)		Yes	%	Family Member	%	Police	%	Other	%	Yes	%	*SC /**PHC	%	***SDH / ****DH	%	Others	%
≥50-≤59	2123	957	45.1	868	90.7	79	8.3	10	1.0	947	99.0	610	64.4	260	27.5	77	8.1
≥60-≤69	1565	608	38.8	556	91.4	45	7.4	7	1.2	598	98.4	458	76.6	98	16.4	42	7.0
≥70	812	518	63.8	495	95.6	21	4.1	2	0.4	508	98.1	254	50.0	248	48.8	6	1.2
Total	**4500**	**2083**	**46.3**	**1919**	**92.1**	**145**	**7.0**	**19**	**0.9**	**2053**	**98.6**	**1322**	**64.4**	**606**	**29.5**	**125**	**6.1**
Education																	
Illiterate	1495	771	51.6	702	91.1	54	7.0	15	1.9	761	98.7	576	75.7	150	19.7	35	4.6
Primary	1818	1043	57.4	970	93.0	70	6.7	3	0.3	1033	99.0	625	60.5	346	33.5	62	6.0
Secondary / Higher Secondary	997	259	26.0	237	91.5	21	8.1	1	0.4	249	96.1	116	46.6	105	42.2	28	11.2
Graduate	190	10	5.3	10	100.0	0	0.0	0	0.0	10	100.0	5	50.0	5	50.0	0	0.0
Total	**4500**	**2083**	**46.3**	**1919**	**92.1**	**145**	**7.0**	**19**	**0.9**	**2053**	**98.6**	**1322**	**64.4**	**606**	**29.5**	**125**	**6.1**
Profession																	
Home Maker	1340	965	72.0	892	92.4	58	6.0	15	1.6	955	99.0	652	68.3	248	26.0	55	5.8
Agriculture Laborer	1986	766	38.6	708	92.4	54	7.0	4	0.5	756	98.7	391	51.7	295	39.0	70	9.3
Casual Laborer *	1014	317	31.3	284	89.6	33	10.4	0	0.0	312	98.4	254	81.4	58	18.6	0	0.0
Shop Keeper	160	35	21.9	35	100.0	0	0.0	0	0.0	30	85.7	25	83.3	5	16.7	0	0.0
Total	**4500**	**2083**	**46.3**	**1919**	**92.1**	**145**	**7.0**	**19**	**0.9**	**2053**	**98.6**	**1322**	**64.4**	**606**	**29.5**	**125**	**6.1**
Economic Status																	
Upper Class	92	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upper Middle Class	142	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Middle Class	625	320	51.2	306	95.6	14	4.4	0	0.0	310	96.9	226	72.9	56	18.1	28	9.0
Lower Middle Class	1219	1418	116.3	1296	91.4	108	7.6	14	1.0	1408	99.3	1199	85.2	152	10.8	57	4.0
Lower Class	2422	345	14.2	317	91.9	23	6.7	5	1.4	335	97.1	-103	-30.7	398	118.8	40	11.9
Total	**4500**	**2083**	**46.3**	**1919**	**92.1**	**145**	**7.0**	**19**	**0.9**	**2053**	**98.6**	**1322**	**64.4**	**606**	**29.5**	**125**	**6.1**
Parity																	
P 0	690	220	31.9	188	85.5	31	14.1	1	0.5	210	95.5	135	64.3	45	21.4	30	14.3
P 1- P 2	2341	1141	48.7	1053	92.3	74	6.5	14	1.2	1131	99.1	775	68.5	300	26.5	56	5.0

≥P3	1469	722	49.1	678	93.9	40	5.5	4	0.6	712	98.6	450	63.2	223	31.3	39	5.5
Total	**4500**	**2083**	**46.3**	**1919**	**92.1**	**145**	**7.0**	**19**	**0.9**	**2053**	**98.6**	**1360**	**66.2**	**568**	**27.7**	**125**	**6.1**

*Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

*SC – Subcentre **PHC – Primary Health Care

****DH – District Hospital ***SDH – Sub District Hospital

Overall, in the present study of 4500 women interviewed, almost everyone reported change in their lives during the COVID-19 pandemic, either in meals, work, or health care. Of all, 45.9% of women suffered PV at home with the majority (74.1%) by their husbands and 0.4% of women suffered SV all by persons other than their husbands. A significant relation was reported with age, low education, occupation, and low economic class of women who suffered PV and SV at home during the pandemic ($p<0.05$). Furthermore, of all the women who suffered PV and /or SV, only 7.0% informed the police. The majority of the women informed their family members about the PV and SV faced at home (92.1%). Furthermore, of all the women who suffered PV and or SC, 98.6% sought healthcare from SC/PHC/SDH/DH/private dispensaries or clinics.

Discussion

Elder abuse is a critical public health issue with far-reaching social, economic, and health consequences. Before the COVID-19 pandemic, one in ten older Americans experienced elder abuse annually. According to the World Health Organization, elder abuse involves a single or repeated act or a failure to act within a trusted relationship that results in harm or distress to an older adult. [9, 10] The pandemic exacerbated these challenges, with studies highlighting significant declines in both physical and mental health among older women. A survey of 40,821 elderly women in England, with an average age of 76, found that 28% reported a decline in physical health, while 26% experienced worsening mental health during the pandemic. [11] Another longitudinal study involving 5,146 women in England revealed a sharp increase in mental health issues, with clinically significant depressive symptoms rising from 12.5% before the pandemic to 28.5% during it. This surge was accompanied by increased loneliness, diminished quality of life, and higher anxiety levels, with prevalence growing from 9.4% to 10.9%. Widows were particularly vulnerable to negative mental health impacts. [12] The present community-based study explored the hardships faced by rural elderly women in a remote region during the COVID-19 pandemic. Elderly women aged 50-59, with low education levels, employed as agricultural laborers, having one or two children, and belonging to low socioeconomic backgrounds, were most affected by changes in home environments, work, and meals. These women also reported high rates of PV from husbands and relatives. Among 4500 women interviewed, 45.9% experienced primarily through slapping, hitting, or kicking with 74.1% of incidents involving their husbands. Additionally, 0.4% suffered SV. Many informed family members about these incidents, but only 7.0% of the victims who suffered PV/SV reported the abuse to the police. However, 98.6% of PV and SV affected women sought healthcare from primary and secondary healthcare facilities or private clinics.

A study from India echoed these findings, highlighting how older adults, particularly women, faced abuse during the pandemic due to fears of infection, financial strain, and caregiver neglect. Tragically, much of this abuse came from family members, neighbors, and caregivers [1,3]. Similarly, research in Northern Thailand's hilly tribal communities revealed that elderly women, especially those with limited education and poor economic backgrounds, struggled significantly during the pandemic.[14]

In Malaysia, beyond the direct morbidity and mortality from COVID-19, older adults suffered due to lockdowns, movement restrictions, economic shutdowns, and disruptions to non-essential services. Elderly women were particularly vulnerable to social isolation, compounded by chronic diseases, physical limitations, caregiver dependency, and institutionalization.[15]

A cross-sectional survey in Sweden during the pandemic's early phase showed that elderly women were at higher risk of mental health issues. Half of the participants reported staying home constantly, and many felt depressed, struggled with sleep, and suffered from isolation. While elderly individuals generally adhered to social distancing recommendations, this compliance risked deteriorating mental health and potential long-term effects. [16]

Another study which focused on immigrants of aged 60 and older from Cuba, the Dominican Republic, El Salvador, Mexico, Puerto Rico, and Venezuela revealed that respondents endured unemployment, hunger, and income loss. [17] The present study in remote villages reflected even higher rates of hardship, with PV and SV being alarmingly common and healthcare access significantly disrupted.

The findings underscore the need for targeted interventions to support older adults, particularly rural and marginalized women, by enhancing healthcare access, promoting safety, and addressing mental health needs during and beyond public health crises.

Conclusion

This community-based study highlights the profound impact of the COVID-19 pandemic on rural elderly women in India. The pandemic disrupted everyday life, with 45.9% of elderly women experiencing increased primarily at the hands of their husbands and 0.4% SV. While the majority of the victims confided in family members, only a small fraction (7.0%) reported incidents to the police.

Key demographic factors such as age, education, occupation, and socioeconomic status significantly influenced the prevalence of abuse. These findings emphasize the need for increased awareness and the development of robust support systems and protective measures for elderly women during public health crises. Establishing clear reporting channels, promoting community-based support, and enforcing legal protections are critical to safeguarding vulnerable populations in future emergencies.

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Conflicts of interest:

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