

# The information and support needs of women aged 60 years and over during Covid-19

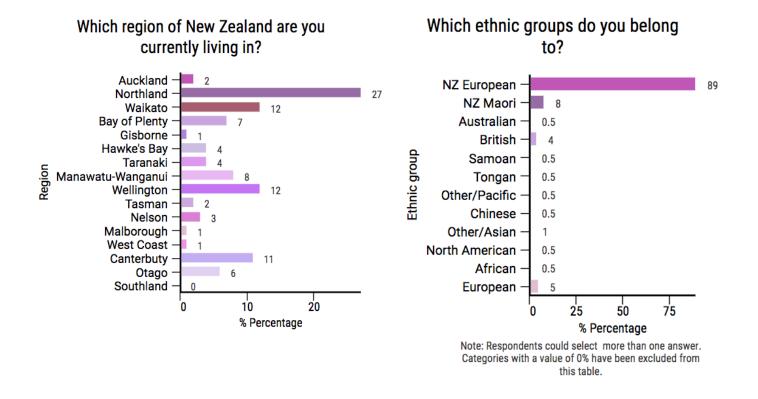
Covid-19 has prompted unexpected change to our way of life in Aotearoa New Zealand, particularly in regard to those aged 60 years and over. 209 women living in Aotearoa New Zealand were surveyed on their information and support needs during Covid-19. People were able to respond to this survey over a three-week period, from the 30<sup>th</sup> of March to the 20<sup>th</sup> of April, which fell during the nationwide level 4 lockdown.

The key themes that emerged from this survey were;

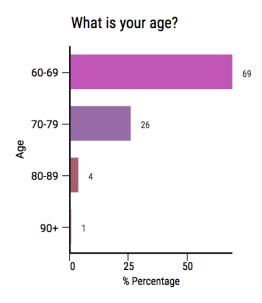
- More than half of the respondents reported that Covid-19 had affected their current situation (51%).
- A majority of respondents reported that their support networks had been impacted (79%).
- 9% of respondents had had trouble getting in touch with their GP or other medical professional, mostly due to practices not answering their phones or calls going to voicemail.
- Respondents detailed a range of impacts related to their work. Some respondents though capable of work – had been asked by their employers to stop work because of their age or immunocompromised status. Some respondents who were "essential workers" had made the decision to retire early, out of fear of contracting the virus.
- There is some concern about the ability to access online "click and collect" and delivery from grocery providers. Several respondents who needed or wanted to shop online due to their age or immunocompromised status reported that they could not access these services due to wait times or inability to secure a time slot.

### Demographics

209 women responded to the survey. Most participants were based in Tāmaki Makaurau / Auckland (27%) and the most represented ethnic groups were NZ European/Pākehā (89%), NZ Māori (8%) and British (4%).

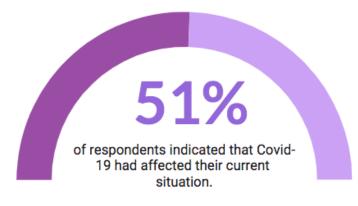


Most people who completed our survey were in the 60-69 age bracket (69%). Just over 4% of the responses came from people over 80. This method of collecting information (an online survey) may not be the best way to reach people in higher age brackets.



# Health and Wellbeing

More than half (51%) of the respondents who took the survey reported that COVID-19 had affected their current situation overall. The reasons were varied – respondents had experienced changes in their work, living arrangements, increases in stress, anxiety and loneliness, and support networks being impacted.



### Work

Of the 51% who reported being affected by the COVID-19 crisis, just over a third had stopped working altogether (36%), and a further 22% were now working from home. A small number of respondents commented that, although they could be working, they were in the immunocompromised category and therefore were on special leave.

"I have compromised health issues and my boss put me off work".

"On special leave from work. Immune compromised".

Some respondents said the COVID-19 crisis had caused them to retire early.

"I retired from my job as a hospital midwife due to fear of contracting the virus".

A few respondents noted that, because of being in this age bracket, they'd experienced a loss of control and felt less independent.

"I did three volunteer jobs, which helped structure my week and made me feel a useful member of the community. I really miss that feeling. Now I'm supposed to stay home and be dependent on others".

"As an active, still working and 'involved in my community' woman, I resent being treated as part of a group that supposedly can't help themselves or has no immunity".

### Living arrangements

Some respondents detailed how their living arrangements had been impacted because of COVID-19.

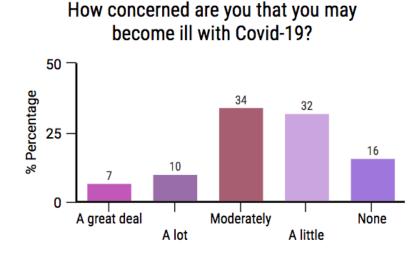
"Have had to self-isolate within our bubble, with both my daughter and son in law in front line positions".

"Caring for my 5-year-old and 22-month old grandchildren weekdays".

"My 25 and 21-year-old sons have moved home. I am a part time teacher working from home".

#### Health

As shown in the below graph, a majority of respondents (83%) reported feeling at least a little concerned about contracting Covid-19 and getting sick.



In relation to how Covid-19 has affected respondents' wellbeing, many reported feeling increased loneliness, anxiety and stress.

"Paranoid when food shopping, quite depressed from lack of social interaction, blood pressure has gone up - probably from anxiety".

"I have no motivation feel more depressed am not sleeping. I should be doing things around the house, but I can't be bothered. I miss seeing my daughters and granddaughters".

"It's made me feel unsettled emotionally and unsure about where we stand financially going into retirement".

"Levels of anxiety go up and down, sleep patterns are chaotic, stomach upsets due to stress".

Several respondents were concerned about existing healthcare issues, as well as the health of their families and loved ones. Those who mentioned in-home care noted that these services had stopped or had been cancelled.

"surgery for a prolapse has been delayed".

"I live alone, am compromised and my home help who helps with shopping and housework has been cancelled".

"Can't get help from my cleaner and can't get treatment against pain by my acupuncture doctor".

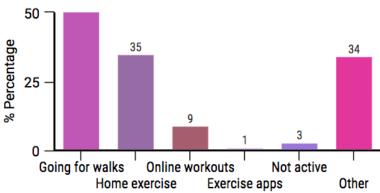
"It is hard as I am a full-time carer for my husband who has had a stroke".



# How has Covid-19 affected your wellbeing?

### Staying Active

Getting out for a walk was the most common response when asked about staying active (78%).



# How will you stay active during the lockdown period?

Of the respondents who selected 'other,' many of them commented that they will spend time gardening, mowing lawns, or working on their homes. A small number stated that their local exercise groups or classes had moved to online sessions – mostly via Zoom.

# Accessing products and services

In relation to healthcare services, while most respondents stated they had been able to access any medication they need (74%) about 9% had experienced difficulty contacting their GP/other medical professional. Most stated this was due to practices not answering the phone or calls going straight to voicemail.

"They don't answer the phone".

"Answer machine on no call back".

"I'm worried how this will go now. I needed a 3 monthly monitoring appointment and had to make that 6 weeks ahead! Now with the lockdown having happened I will just get a phone call, which will not satisfactorily meet my needs at all. I feel essentially cut off from medical help unless I become very seriously ill".

In relation to groceries and other essential products, most respondents reported that they had been able to access these products, but there was some concern around the ability to access online "click and collect" supermarket services and grocery deliveries. This is concerning as people who are over 70 or who are immunocompromised are being encouraged to shop online.

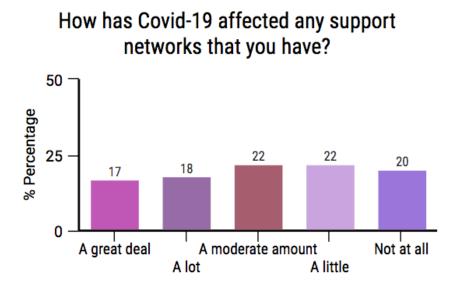
"It's extremely difficult to get a pick up or delivery slot with the supermarket. I've had to stay up until after midnight to get one and even then if you're not quick you miss out".

"2 weeks wait for delivery".

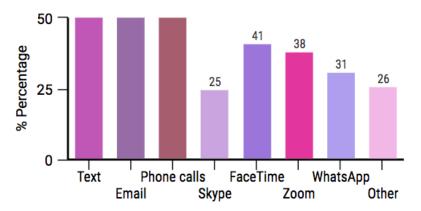
*"I am worried as I am in the high risk group because of health and age. Applied for priority on line shopping but don't know if I am accepted".* 

# Support networks

In relation to respondents' support networks, the majority (79%) reported that their support networks had been affected at least a little by COVID-19.



Respondents noted a range of different ways that they will manage being separated from key support people and/or networks over this time.



# How are you staying connected to friends and family over this time?

Many stated they will have more contact with friends and family using technology – phone, FaceTime, WhatsApp messaging.

*"I keep in contact with my grandchildren through Facebook apps, my friends communicate through Messenger and Facebook and neighbours via a wide fence boundary".* 

Some respondents mentioned the difficulty of having essential workers in their families or "bubbles" and not being able to be supported by these people for fear of contracting the virus from them.

" I only have one son here, and he has a wife who works in health, so he doesn't want to expose us to possible contamination".

Many respondents felt sad about not being able to have any physical contact with family, especially grandchildren.

"Finding it hard not seeing and helping have my grandchildren".

"I'm in touch with family and friends. I miss my grandchildren".

Though some felt that they had no option but to accept the circumstances.

"There is no choice but to box on".

"Knuckle under and get on with it".

# Services

When asked what support respondents would like to receive during this time (practical, emotional, financial etc), several commented on the grocery delivery issue.

"Access to online shopping both supermarkets and natural health products. Some special times in supermarkets for over 60's (I am 68)".

"Just to continue being able to safely access groceries and pharmacies, such as with click and collect or home deliveries".

"Feel confident that I can get food delivered, long waits".

"A guaranteed online shopping availability".

"I'd like more practical support in helping us preserve our bubble, with regard to food shopping. The supermarkets don't have good fruit and vegetables and we have to rely on their workers selecting them for us, then we can't get online delivery anyway. The click and pick-up option means the pick-up person is at risk of infection. Therefore, everyone in that person's bubble is at risk too".

Some respondents wanted support to learn how to use technology to connect with people and to pay for services, and noted that people in the older age brackets often aren't able (or know how) to access the internet.

"More IT support. I needed to learn on line banking to pay for my groceries. My elderly neighbour did not know how to top up their phone as they usually do it at the shop. Several of my friends do not know how to access Internet sites so can't do Skype type calls. I can't visit my elderly sister in the rest home so a face call would be great. I stayed up until midnight trying to get online shopping and gave up. So help for those who only have their phones and how to make more use of technology so we can get access to those things that would help us".

And as had been mentioned several times across this survey data, some respondents just wanted to feel less singled-out due to their age:

"A more supportive attitude that we are not all decrepit and about to be struck down would help".

"I would like to feel that the over 60s are appreciated and valued. Instead of being referred to as merely the group most likely to die from a Covid 19 infection... Not every person has access to internet and I think there is a heavy emphasis on the Internet use get info and get help with groceries etc. Those older people without Internet access are feeling left out and left behind, forgotten. It is not fair and to also feel like a target".

# Recommendations

The Covid-19 pandemic was, and will continue to be, an extraordinary circumstance. Many of the concerns expressed in this survey are out of the control of the Government and other organisations. Dissemination of information during this time was particularly difficult due to how quickly events unfolded. This was compounded by a global lack of knowledge and unpreparedness in regard to Covid-19. Additionally, older people were particularly affected by Covid-19 due an increased risk of illness and mortality. Therefore, older women had to adjust to a stricter set of restrictions than most other citizens.

In such times of crisis, it is clear initiatives are needed to target both mental wellbeing and provide practical assistance. The anxieties raised in this survey have highlighted many addressable gaps in Aotearoa New Zealand's current systems that may mitigate common stressors amongst whanau/families during times of crisis. These considerations provide a valuable blueprint as together we form our 'new normal'.

Vital insights to keep in mind as our 'new normal' is forged are as follows;

- The majority of respondents reported feeling concerned about getting ill from COVID-19, as well as an increase in feelings of anxiety, loneliness, sadness and stress. Mental health initiatives directly targeted to and for the benefit of women in the 60 and over age bracket would be useful. This ties into the fact that a majority of respondents also reported that their support networks have been impacted.
- Helping people in older age brackets with technology. Some respondents mentioned the need to support people who are not used to using technology/the internet to connect with friends and family and access services. WHA would like to explore the potential for IT support and assistance for older people to be developed.

- 9% of people were not able to get through to their GP. Additional administrative support for GPs who are struggling to meet increased demand/contact from their patients would be useful, so that patients' phone calls don't go unanswered.
- Concern around the ability to access online "click and collect" or delivery for groceries. Many respondents noted their frustration at being advised to, or feeling like they should, order groceries online because of their age bracket, and then not being able to access these services. Recommend that supermarkets consult with people in the 60 and over age bracket to develop systems that allow for people over 60 or immunocompromised to be prioritised for delivery services and would work for them.

### Limitations

Online surveys are not without limitations. 89% of participants identified as NZ European/Pākeha which is not representative of Aotearoa New Zealand as a whole. Furthermore, a majority of participants sat within the 60-69 age bracket (69%). Such lack of diversity means the results of this survey may not represent the true breadth of experiences of older women during this time. More work needs to be done to hear, understand and respond to the experiences and support needs of Māori and Pasifika women, as well as women from older age groups.

Prepared by Women's Health Action based on survey data collected by WHA and Health Promotion in Partnership (HPiP)