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Introduction: Ageing in Times of the Pandemic – Findings from the German Ageing Survey (DEAS)

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Julia Simonson, Jenna Wünsche and Clemens Tesch-Römer

This book contains reports written by scientists from the German Centre of Gerontology (DZA) on the situation of people in the second half of life during the Covid-19 pandemic. The focus is on the first two waves of the pandemic, summer 2020 and winter 2020/2021, in Germany. The analyses are based on the German Ageing Survey (DEAS), a longitudinal study that has been running since 1996 and, hence, allows us to compare the pre-pandemic situation with the situation after the onset of the Covid-19 pandemic. The findings concern people aged between 46 and 90 living in private households (residents of long-term care facilities could not be included in these analyses; see Kaspar et al. (2023) for more information on this topic). The book describes different facets of the living situations of people in the second half of life, from work and income to subjective well-being and social support to societal participation. Although the book was originally written in German for the public discourse in Germany, we felt it was important to also publish our findings in English to contribute to international research discussions on ageing and policies for older people. In this introductory chapter, we describe (1) the epidemiological, social and political situation in Germany at the beginning of the pandemic, (2) the research questions that guided our reporting, (3) the German Ageing Survey (DEAS), which forms the basis of our empirical analyses, and (4) central findings of the chapters in this book.

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1.1 Germany at the Beginning of the Pandemic

The global Covid-19 pandemic arrived in Germany in late January 2020. To contain the pandemic, the federal and state governments imposed broad restrictions on public life in mid-March 2020, as did many other countries around the world at the same time. The measures included significant restrictions on economic activities, the education system, mobility and social contacts. During this “first lockdown”, almost all educational institutions were closed, public transport in trade and services was largely stopped, cross-border passenger transport and mobility between federal states were severely restricted, and cultural and sporting events were banned or limited to a few participants. Beginning in early May 2020, some restrictions were temporarily lifted again. After a phase with low infection rates in summer 2020, there was an increase in the number of new cases. A second pandemic wave arrived in autumn 2020, which was met with renewed social distancing measures from the beginning of November 2020 (“lockdown light”). From mid-December, pandemic-control measures were tightened, and schools, day-care centres and parts of the retail and service sector were closed again (“second lockdown”). The first vaccinations against Covid-19 took place at the end of 2020. Of course, the pandemic continued and COVID-19 will still be a part of our everyday lives by the time this book is published.

In crises, older people are often seen as one of the most vulnerable groups (Carter 2021). Although the Covid-19 pandemic and the measures imposed during the lockdowns had a significant impact on people from all age groups, the pandemic was a particular challenge and threat for older people. The probability of becoming severely ill with Covid-19 or of dying from the disease in the event of infection increases significantly with age (Robert Koch Institute 2021). For this reason, older people may have withdrawn from public life to a greater extent than younger people or may have been excluded from it because of a desire to prevent them from contracting Covid-19, especially during the first phases of the pandemic, when no vaccines were available. The Covid-19 pandemic may also have had an impact on the views on ageing in society and among older people themselves. Since the beginning of the Covid-19 pandemic in Germany, one-sided portrayals that overemphasise the vulnerability of older people, sweepingly portrayed as a “risk group”, have repeatedly been found in the media, but also in the political discourse (Kessler and Bowen 2020). Such blanket characterisations of older people as a vulnerable at-risk group neglect the vast differences within the group of older individuals and may have prompted people to view old age more negatively (Ayalon et al. 2021).

Older people are not a homogeneous group in many respects. Life in old age develops depending on many factors, especially on the socio-economic resources available to a person, but also on their experiences and events at earlier life stages (Settersten 2006). When considering older people's different and possibly unequal living situations, it is important to bear in mind that people in the second half of life have already lived a considerable part of their lives and come to old age with correspondingly different prerequisites. For the analysis of social inequality in old age, it should also be noted that different aspects of inequality can interact ("intersectionality") and new inequalities may be layered upon already existing inequalities in old age, potentially reinforcing them (Mahne et al. 2017). Changing living situations and opportunities for social participation in the second half of life due to the Covid-19 pandemic may have differed due to individual and socio-structural conditions, such as age, gender and education.

1.2 Research Questions

The book *Ageing in Times of the COVID-19 Pandemic* aims to answer central questions about the situation of people in the second half of life during the Covid-19 Pandemic, based on the longitudinal study German Ageing Survey (DEAS). DEAS offers the exceptional opportunity to trace and analyse changes in the living situations of people aged 46 years and older that occurred as a result of the Covid-19 pandemic. The following research questions will be addressed in the chapters of this book:

- I. What were the living situations of people during the Covid-19 pandemic and how did they change? Here, it is important to disentangle and contrast different areas of life, as they may have been affected differently by the pandemic. The present book focuses on the following thematic areas, all of which are pertinent to the study of ageing: income and work, self-rated health and well-being, social support and loneliness, and societal participation.
- II. For which groups did the Covid-19 pandemic pose a particular challenge? To identify those groups of people whose living situations were particularly affected by the Covid-19 pandemic, this book puts an emphasis on age, education and gender differences.

Age was included as a differentiating variable because the second half of life is not one phase but includes several different stages of life. For the analyses, we used different age groups, corresponding to life phases with specific role

requirements (e.g., employment, grandparenthood). In addition, age groups likely reflected different birth cohorts (Elder and George 2016). The historical circumstances and events that shape the life course of a cohort can be used as explanatory patterns for differences and social inequalities. Members of different age groups and cohorts may have been affected by the pandemic in different ways.

Gender is a key differentiating variable because it is central to social inequality across the life course (Backes 2007) and because the living situations of people in middle and older age groups differ according to gender in a variety of ways. Women often have better social integration than men (e.g. Antonucci et al. 2014), they take on more caregiving responsibilities than men (e.g., Ehrlich 2019) and they are less likely to be employed (e.g. Simonson et al. 2011). However, women also suffer more frequently from symptoms of depression (e.g., Wolff and Tesch-Römer 2017) and from deteriorating functional health than men (e.g., Wolff et al. 2017). Because of the different living situations, we could expect the pandemic's impact to have varied between women and men in the second half of life.

Finally, education is also a central determinant of social inequality in all stages of life (Gross et al. 2011). Higher education is associated with easier access to social positions, opportunities for participation and good working and living conditions. The impact of the pandemic was likely to be differentiated by education and to be particularly pronounced among those with lower education.

In addition to these aspects of diversity and inequality, other differentiating aspects of the living situation are included in some of the chapters—for instance, retirement status, income, status of informal caregiving and health status.

1.3 The German Ageing Survey (DEAS) as a Barometer of Social Change

The analyses presented in this book are based on the German Ageing Survey (DEAS), which is a long-term study by the German Centre of Gerontology (DZA) on changes in the living situations and ageing trajectories of people in the second half of life. It is funded by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). The study is based on cross-sectional and longitudinal surveys of several thousand participants aged 40 and older. Participants are selected on the basis of a sample of residents stratified by age, gender and region. The data of the German Ageing Survey are therefore representative of the resident population of Germany living in private households in the second half of life. As the German Ageing Survey combines large

cross-sectional samples with longitudinal data collection, it is an example of a cohort-sequential study (Klaus et al. 2017). For more than two decades, the study has regularly surveyed women and men as they progress toward old age (1996, 2002, 2008, 2011, 2014, 2017, 2020/21). The DEAS questionnaire includes questions on respondents' current living situations in terms of their social relationships and social support, well-being and health, work and retirement, economic situation, attitudes and values, housing and mobility, and basic sociodemographic data. The wide variety of topics covered by DEAS combined with the long observation period of more than a quarter century allows us to gain comprehensive insights into ageing and the living situations of people in the second half of life. In addition, the cohort-sequential design of the survey allows us to study ageing in times of social change. The German Ageing Survey is therefore the central study on age and ageing in Germany. More than 20000 people have participated in the study so far.

The German Ageing Survey also allows us to take a closer look at and better understand living situations in crises like the one we are currently experiencing due to the Covid-19 pandemic. So far, the German Ageing Survey (DEAS) has allowed us to study the Covid-19 pandemic's impact on the lives of people in middle and older adulthood up to and including the phase of the second lockdown in winter 2020/21. From the onset of the pandemic until winter 2020/2021, two surveys were conducted for the German Ageing Survey, each of which surveyed individuals who had previously participated in the study at least once. In summer 2020 (8 June until 22 July 2020), a written survey was conducted in which 4823 persons aged 46 years and older participated. Because the aim was to obtain information on the effects of the pandemic as quickly as possible and due to the pandemic conditions, a paper-and-pencil survey was preferred over a personal interview. In the short written survey in summer 2020, people in the second half of life directly reported on how their living situation had changed since the onset of the pandemic.

In winter 2020/21 (4 November 2020 until 1 March 2021), another survey was conducted. In this instance, 5402 persons, also aged 46 years and older, participated. The standard survey mode of the DEAS is a face-to-face computer-assisted interview (CAPI). Yet due to the Covid-19 pandemic, telephone interviews had to be conducted instead. Following the interview, participants completed a written questionnaire (drop-off). The drop-off questionnaire addressed more subjective topics—such as attitudes, values, and views on ageing, well-being, and other more sensitive areas, as well as topics that did not require differentiated filtering. 619 of the 4419 respondents to the drop-off questionnaire made use of the option

to complete it as an online questionnaire (Stuth 2022, for DEAS documentation and data see also the Research Data Centre of the DZA).

The empirical chapters included in this book use data from the two DEAS surveys conducted during the pandemic (see Fig. 1.1). The addition of earlier DEAS waves enabled a comparison to be made with pre-pandemic times. Importantly, the two DEAS observation points since the beginning of the crisis reflect very different pandemic phases. At the time of the first survey in summer 2020, case numbers were very low and the situation was relaxed in terms of infection risk. However, at that time, the economic and social impacts of the first pandemic wave and the lockdown were still very present and felt. The information that people provided in the short written questionnaire in summer 2020 may therefore still very much have been influenced by the pandemic shock they had experienced shortly beforehand. By the time of the second survey in the winter of 2020/21, case numbers were comparatively high again, and pandemic-containment measures restricted public life. Despite these aggravated pandemic circumstances, a “habituation effect” with regard to the pandemic situation may already have been evident here. Alternatively, the winter assessment of 2020/21 might also indicate that pandemic-related distress had entered the chronic phase or may even have been amplified.

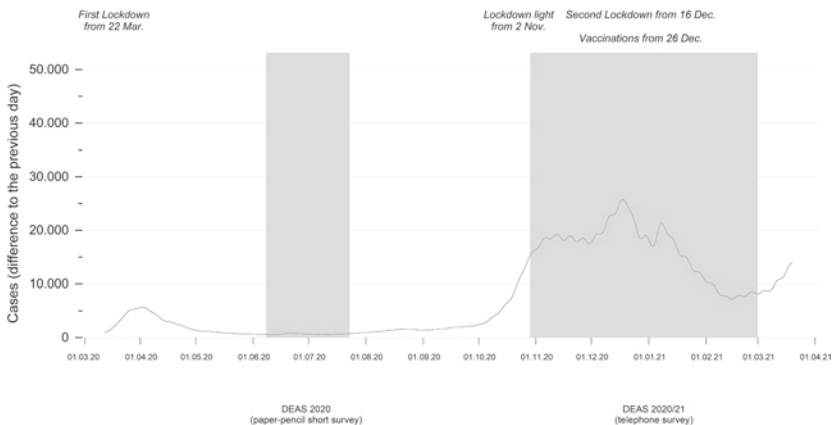


Fig. 1.1 The German Ageing Survey in the first year of the Covid-19 pandemic. *Source* Total overview of cases and deaths transmitted to the Robert Koch Institute per day, Last update: 06.09.2022. https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Fallzahlen_Gesamtuebersicht.html

When interpreting the results presented in the empirical chapters, it is also important to bear in mind the different assessment modes that were employed in the latest DEAS waves (2017 and before: face-to-face plus paper-and-pencil/online, summer 2020: paper-and-pencil only, winter 2020/21: telephone plus paper-and-pencil/online). We cannot rule out the possibility that observable changes, interpreted as effects of the Covid-19 pandemic, were overlaid (strengthened or weakened) by mode effects.

In the analyses included in this book, weighted proportion values and weighted arithmetic averages are presented using methods that take stratified sampling into account. Group differences or differences between survey waves are tested for their statistical significance. A significance level of $p < 0.05$ is used. If a finding is statistically significant, it can be assumed with at least 95 per cent probability that an observed difference exists not only in the sample but also in the population living in private households in Germany. If a finding is not statistically significant, it is possible that observed differences in the sample occurred only by chance.

1.4 Central Findings

In the following, central findings of the 12 chapters in this book are presented. The chapters themselves present the findings more thoroughly and in greater detail. It should be kept in mind that these findings refer to community-dwelling people in the second half of life (46–90 years) in Germany during the first two waves of the Covid-19 pandemic (summer 2020 and winter 2020/2021).

Income and work during the Covid-19 pandemic

In the first months of the pandemic (March to July 2020), strong effects on income and working situations could be seen. In addition, social inequality increased in certain aspects of life.

The financial situations of the self-employed and those with low pre-pandemic incomes were substantially affected by the pandemic, while retirees were less affected.

Laura Romeu Gordo, Heribert Engstler, Claudia Vogel, Julia Simonson and Alberto Lozano Alcántara show in their chapter that for one fifth of the population in the second half of life in Germany, household income decreased in the first months of the Covid-19 pandemic (March to June/July 2020). Retirees were better off than people who were not in receipt of a pension: they were less likely to report a reduction in their household income. The self-employed were the

hardest hit financially by the pandemic. More than 60 per cent of self-employed people reported a loss of household income, and almost a quarter of them even mentioned a substantial reduction in their income. Moreover, social inequality increased in the first months of the pandemic: non-retirees, who already had low incomes before the Covid-19 crisis, were the most likely to have seen their household incomes fall sharply.

The working situations of employees changed dramatically due to the pandemic.

Heribert Engstler, Laura Romeu Gordo and Julia Simonson describe that during the first months of the Covid-19 pandemic between March and June/July 2020, one fifth of middle-aged and older employees in Germany had to reduce their working hours substantially and had to avail of the German government's furlough scheme (in German called Kurzarbeit, i.e. short-time work). The general reduction in working hours was accompanied by a substantial increase in working from home. However, not everyone experienced reductions in working hours. One sixth of employees had to work more overtime than usual after the start of the Covid-19 pandemic. Employees in the public sector and key workers in so-called system-relevant professions were above the average in this regard.

Self-rated health and well-being during the Covid-19 pandemic

Resilience in the Covid-19 pandemic characterised some areas of self-rated health and well-being. In summer 2020, only a minority perceived the virus as a substantial threat, and the self-rated health of those who did not contract Covid-19 remained rather stable. Yet, informal carers were at risk of experiencing more symptoms of depression. In respect to physical activities, the pandemic was associated with a sharp decline, especially for those groups with high pre-pandemic levels of physical activities (younger, female and highly educated individuals).

In summer 2020, only a minority of people in the second half of life perceived the Covid-19 pandemic as a substantial threat.

Markus Wettstein, Claudia Vogel, Sonja Nowossadeck, Svenja M. Spuling and Clemens Tesch-Römer show that the majority of individuals in the second half of life (more than 90 per cent) perceived the Covid-19 pandemic as a low or moderate threat only, but individuals who rated their health as less good felt significantly more threatened by the pandemic than individuals who rated their health as very good or good. More than 85 per cent felt that they could influence the risk of contracting Covid-19 at least to a moderate extent.

The self-rated health of older people who did not experience a Covid-19 infection remained rather stable.

Stefan Stuth and Jenna Wünsche describe in their chapter that the self-rated health of people in the second half of life did not deteriorate between 2017 and the second pandemic wave in winter 2020/21. However, a closer look at the trajectories in self-rated health in different age groups showed that the most favourable trend was evident in the youngest age group. Gender and socio-economic status had no moderating impact.

Informal care-givers experienced an increased risk of mental health problems during the Covid-19 pandemic.

Ulrike Ehrlich and Daniela Klaus show that informal care-givers' mental well-being declined substantially during the Covid-19 pandemic. The proportion of care-givers with symptoms of depression increased between 2017 (6 per cent) and 2020 (15 per cent). In contrast, the self-rated health of informal care-givers remained rather stable during the Covid-19 pandemic. About a quarter of informal care-givers reported a lack of informal and professional help.

Many people in the second half of life reduced their physical activity due to the pandemic.

Sonja Nowossadeck, Markus Wettstein and Anja Cengia describe in their chapter that a quarter of people in the second half of life reported having reduced their sporting activities due to the pandemic. However, a substantial minority (about 8 per cent) reported that they had done more exercise during the first months of the pandemic than before.

Social support and loneliness during the Covid-19 pandemic

People in the second half of life did not reduce their caring activities during the pandemic: the proportion of informal care-givers even increased temporarily and the proportion of grandparents caring for their grandchildren remained stable. Loneliness increased during the first months of the pandemic, and all age groups were similarly affected.

Informal caregiving temporarily increased during the first months of the pandemic, while the employment rates among care-givers remained stable.

Ulrike Ehrlich, Nadiya Kelle and Mareike Bünning show that during the first wave of the pandemic, more people were engaged in informal caregiving and that women provided more hours of care than men. In the second pandemic wave, participation in care tasks was as high as it had been before the pandemic. The employment rate of care-givers remained stable during the pandemic. This applied both to low-intensity and high-intensity care-givers. An especially politically important finding is the fact that policy packages to reconcile care and work

were hardly used. Only one per cent of care-givers used the option to take “short-term absence from work” or “care leave” to care for family members.

Grandchild care remained remarkably stable during the Covid-19 pandemic.

Mareike Bünning, Ulrike Ehrlich, Felix Behaghel and Oliver Huxhold show in their contribution that the proportion of grandparents providing care for their grandchildren remained largely stable. In 2017, 39 per cent of grandparents regularly looked after their grandchildren. In the winter of 2020/21, the figure was 34 per cent (difference not statistically significant). However, grandparents around retirement age (60–69 years) were less likely to care for their grandchildren during the Covid-19 pandemic than in 2017. The amount of time grandparents spent on caring for their grandchildren remained stable during the pandemic.

Loneliness increased significantly among people in middle and older adulthood during the Covid-19 pandemic.

Oliver Huxhold and Clemens Tesch-Römer present findings that during the first wave of the pandemic, more people in the second half of life felt lonely than in previous years. While the loneliness rate for people aged 46 to 90 was about 9 per cent in 2014 and 2017, this rate increased by more than 50 per cent during the Covid-19 pandemic, reaching 14 per cent in the summer of 2020. Loneliness increased to a similar extent for all age groups, for women and men, and for different educational groups, and neither close social relationships nor good neighbourhood quality were protective against the increase in loneliness.

Societal participation during the Covid-19 pandemic

Despite a public discourse that described older people as helpless victims of the Covid-19 pandemic, older people resiliently volunteered during the pandemic, and only a small minority reported discrimination due to their age. Surprisingly, the rates of people with internet access increased only moderately.

Volunteers remain resilient in the Covid-19 pandemic.

Julia Simonson & Nadiya Kelle show that during the second wave of the Covid-19 pandemic (winter 2020/2021), the proportion of volunteers remained largely stable compared to pre-pandemic times; the amount of time spent volunteering also remained unchanged. Age, gender and educational differences in volunteering participation likewise persisted.

Age discrimination during the Covid-19 pandemic was the exception, not the rule.

Markus Wettstein and Sonja Nowossadeck show that perceived age discrimination in the first wave of the pandemic was not the rule. Only about 5 per cent of people in the second half of life reported experiencing discrimination because of their age. While age discrimination was reported at similar rates by all age

groups, by women and men, and by different educational groups, there was a higher age discrimination rate for people with poor self-rated health.

Internet access and internet use increased during the Covid-19 pandemic, but only moderately.

Lisa Kortmann, Christine Hagen, Cordula Endter, Julia Riesch and Clemens Tesch-Römer report that between 2017 and 2020, the proportion of people who had access to the internet increased by about 4 percentage points—from 82.6 per cent in 2017 to 86.4 per cent in 2020. This increase was most pronounced in the 61–75 age group. However, differences in access to the internet between population groups—by age, gender, and education—did not decrease. One fifth of people who had access to the internet reported using the internet more frequently during the Covid-19 pandemic. The most frequent use of the internet was searching for information, maintaining social contacts and entertainment.

1.5 Outlook

This book is not only aimed at national and international researchers but also at people who are active in civil society and in developing policies for older people. We hope that the book can be useful in putting a spotlight on the living situations of people in the second half of life in the first year of the pandemic—that it can direct attention to the risk groups that have been hard hit by the pandemic while also highlighting the resilience and adaptive capacities of many people in the second half of life. This might help to identify a need for action in certain areas of life and for programmes to mitigate the negative consequences of the pandemic. It can also flag up the opportunity to rely on the potential of active ageing during the pandemic.

The findings show a strong impact of the Covid-19 pandemic on working situations, incomes, loneliness, physical activity, and care-givers' mental health, but it also underscores an astonishing resilience in respect to grandchild care, volunteering, and self-rated health. Social inequality due to age, gender, education, health or care status may have increased in certain respects—with regard to income and informal care—or remained stable compared to pre-pandemic times—in the areas of volunteering or internet access. A decrease of social inequality was not found in any of the aspects of daily life discussed in this book.

For both researchers on ageing and policymakers, it may be surprising to learn that old age was not a risk factor in itself. For instance, loneliness increased in all age groups in the second half of life during the pandemic, and only a very small minority of older people reported being discriminated against due to their

age. This has implications for policies on ageing and older people. With respect to the social consequences of the pandemic, older people should not be described as helpless victims, but as resilient actors who can continue to contribute through volunteering and caring activities. Programmes and interventions should be tailored to risk groups—for instance, to older people with low incomes, to informal care-givers and to people without access to the internet.

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