

Effects of Covid-19 Pandemic Disease on the Social Well-Being of the Elderly Person's in Nigeria

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Abstract

The ongoing COVID-19 pandemic has severely affected the global economic and as well, deepened inequalities, poverty and joblessness amongst young and old persons across all nations. It is on this basis that this study is outlined to ascertain the circumstances of Covid-19 and economic downturn on the social well-being of older adults in Nigeria and the implications for social work practice. The study used a qualitative data collected from 16 older adults residing in four out of the six geopolitical zones in Nigeria through an in-depth interview guide. The collected data was transcribed and was coded, using Nvivo12 and was analyzed thematically. Result of the study revealed that Covid-19 pandemic has an overwhelming impact on the socioeconomic well-being of older adults in Nigeria. It showed the negligence of government authorities in the care of the elderly. The study discussed the implications of the findings for social work practice. Based on the findings, the study recommended that Nigerian governments, NGOs, and well-meaning individuals in the society should provide adequately for the less privileged and the older adults during and after the COVID-19 pandemic. And more so, policies and programs that will enhance the role of social work practices should be formulated and upheld by the Nigerian governments, through professionalism of social work.

Keywords: Effects, Covid-19, Pandemic Disease, Social Well-Being, Elderly Person's

Introduction

COVID-19 pandemic has spread across all nations within the globe since it was first recorded in China in December 2019. It was declared in January 2020 by the World Health Organization (WHO) as a world health emergency crisis and since then, the danger behind it has developed into a global public health and economic crisis that had affected the \$90 trillion global economy and has also gone beyond human comprehension for nearly a century (John, 2021). This infection comes with array of acute respiratory disease of mysterious etiology and the disease transmits from human to human mainly through droplets and close contacts, and it has an incubation period of 2 to 14 days with an average period of 3 days (Guan *et al*, 2020), and the duration depends on the patient's age and immune system status. Early symptoms are very much like that of other beta corona viruses, such as fever, cough, dyspnea, weakness and fatigue, headache, and diarrhoea (Huang *et al*, 2020). Covid-19 pandemic is a severe and deadly infection that could take life within a twinkle of an eye. People of all ages are at risk of this life threatening infection. The possibility of severe Covid-19 ailment is greater amongst older adults that are above sixty years of age, elderly

people under special care facilities, and those with chronic medical conditions such as the terminally ill.

In an investigation carried out on the Corona Virus disease between January and May 2020 in the United States, it was revealed that above 1.3 million laboratories reported that 14% of patients needed treatment and medication while, 2% were admitted to the intensive care unit, and 5% died (Stokes, et al., 2020). The pace at which corona virus causes loss of human life is greater than any other life-threatening infections globally. Additionally, death percentage difference between reported medical conditions and death cases with unreported medical condition is put at 19.5% and 1.6% respectively. Indeed, difference of twelve times percent increase in death toll. There was also 6 times percentage increase among reported cases of hospitalized patients with medical conditions to those reported without medical conditions which was put at 45% and 7.6% respectively too. However, death proportion was topmost within the older adults who are above 70 years of age even as they nurse different terminal illnesses (Center for Disease Control and Prevention, 2020; Garg *et al*, 2020; Palaiodimos *et al*, 2020; Zambrano *et al*, 2020).

Also, related conditions that may trigger the severity of covid-19 infection include sickle cell diseases, kidney diseases, cancer, and concessional circumstances as well as anticipating mothers, and transplant recipients. Thus, in China, available statistics on health conditions shows that 18% had chronic lung disease, 30% had diabetes, 32% had cardiovascular disease were prone to covid-19 disease (Cai *et al*, 2020; Guan *et al*, 2020; Wu *et al*, 2020). COVID-19 is changing older adult's daily habitual activities, the attention and support they earn, their ability to stay socially connected and how they are seen are concerned issues to health service providers and policy makers. Apart from these, other challenges faced by older adults are lack of face-to-face contact with other family members, staying indoors at home, dissociating from friends and colleagues and other activities, anxiety and fear of illness and death (WHO, 2021). From the foregoing, older adults are having increased risk of abuse, neglect and other health issues in the wake of the COVID-19 (Help Age International, 2021).

In spite of the adults being at risk of being infected with COVID-19, they are more prone to its fatality and other related aged infectious illnesses. An estimated 66% of older adults above 70 years are reported to have a latent health condition, hiking the severe risk factor of COVID-19 while, older adults that are above 80 years of age are dying at five times the average rate of the incidence (Andrew *et al*, 2020). It was in line with this that WHO (2015) argued that many countries, particularly developing nations including Nigeria, do not have adequate health facilities to care for their older adults before the advent of covid-19, and Nigeria is not exceptional. Furthermore, some aged persons are susceptible to the risks associated with the pandemic due to its extensive transmission irrespective of where ever they are sheltered, whether in the health care centers, organizational institutions, religious homes, facing the neglect of care and concern by informal care givers, especially among Africans. Indeed, adults who are under isolation with either caretakers or family members' faces great risk of verbal attacks, assaults, and neglect. Those staying in hazardous correctional centres, internal displaced/refugee camps, and informal settlements are also vulnerable to infections due to congestion and lack of functional health care services, equitable sanitary system, and absence of humanitarian aid (ILO, 2018). Notwithstanding, a great risk lies with old persons who are seldom among the health providers in the fight against covid-19 and more so, with some older adults, particularly in Nigeria,

women who are home based caretakers for the aged and other persons in such areas, are also prone to the pandemic.

The problem of corona virus with older adults are too numerous to state. Apart from threatening their lives and safety, it is also posing danger to their jobs, wellbeing, access to health services, and particularly, to their social networks. Some of these older adults responding to home care treatments within their communities are mostly older adults above 80 years. These older adults in most cases are not digitally captured or have no data records in respect of the pandemic crisis (ILO, 2018). In spite of all these problems encountered by older adults, particularly in developing countries, including Nigeria, the predicament of the corona virus pandemic and its economic downturn on the older adults and its implications for social work practice has not been accessed and discussed in available literature. To fill this gap in knowledge this study sought to investigate COVID-19 pandemic and the economic wellbeing of older adults in Nigeria.

Literature Review: Economic downturn of Covid-19 on older adults

COVID-19 has changed our socio-economic lives, particularly of older adults, causing severe pains to human existence and challenging the main foundations of societal norms across all nations. It is increasing peoples' worry and anxiety, creating panics and affecting social relations, influencing trust in others and social institutions. The older adults' personal security and sense of belonging are also of great concern and pose challenge to the world at large (Backer, Klinkenber & Wallinga, 2020). In August 2021, it was reported that Covid-19 was to spread around the world, with more than 210 million confirmed cases and 4.4 million deaths across nearly 200 countries (John, 2021). However, the most vulnerable are the older adults who are more prone to high degrees of trauma, social loss, economic hardship and death. According to HelpAge International (2020), older adults' health, social wellbeing, economic benefits, such as income and food security, and their unparalleled enjoyment of human rights are being threatened, while some older persons who have suffered lifetime poverty, exclusion, and inequality must have had some unhealthy experiences, which make them more susceptible to higher risk effects of Covid-19 directly or indirectly.

Older adults' means of economic livelihood during the Covid-19 pandemic is full of hardship and different life tales of experiences. It was gathered that there was decrease in older adult's household income which equally resulted to reduction in expenditures, holding to lost in income/increased costs of staple goods and services. While most of these elderly persons had agreed seeking aid within or outside their household for them to remain sustainable. The fate of older adults was determined by the pandemic. This is because they are affected either by losing their jobs, (downside) or by low-income earnings. Other side effects include high cost of food items, staple goods, toiletries and the host of others (HelpAge International, 2020). The economic crisis witnessed by older adults in all parts of the world cannot be over emphasized. For instance, in India, the economic downturn dealt with 65% of the older adults making them miserable (HelpAge International, 2020), while in Pakistan, about 30% of the elderly were desperately in need of food from friends and relatives (Gallup Pakistan, 2021). 86% of older persons in Uganda were reported confused as regards their household income, and 36% of the people staying in cities and engaged in businesses other than agricultural production also witnessed a decline in their ventures compared with the youth. 96% of the older adults were reported in Malawi to be in the state of devastation on their households' finance, and 83% of them had experienced low income return since the beginning of the Covid-19 (HelpAge International, 2020).

Materials and Methods

Study Area

The study was conducted in Nigeria. Nigeria is one of the countries in West Africa region that is being affected by the Covid-19 pandemic. As at the time of this study, Nigeria had a total of 188,243 recorded confirmed cases, 16,927 active cases, and 2,281 deaths. Nigeria is the most populous nation in Africa with a population of over 200 million people and has 2.8% older adults compared with her neighbouring countries (UNPF, 2021). Nigeria comprises six geopolitical zones in 36 states.

Sampling Procedure

The study adopted multi-stage technique, comprising cluster, purposive and snowballing sampling techniques. Cluster sampling technique was used to select one state from each geopolitical zone in Nigeria (North-central, North-east, North-west, South-south, South-west, and South-east). Thus, 6 states were selected through cluster sampling technique. In each of the selected states a community was purposively chosen. To reach the participants, a major street was purposely selected and a snowball sampling method was used to select the eligible participants, who were within the age range of 60 years and above. A total number of eight (8) participants (two males and two females) were selected from each community in each state. Thus, the total sample size was forty-eight (n=48). As noted by Nelson (2017), a sample size as low as 16 is acceptable for a qualitative study to provide sufficient data for theoretical saturation. This means that a sample size of forty-eight (n=48) is acceptable.

Data Collection and Analysis

Qualitative method of data collection was adopted. The in-depth interview (IDI) and Focus Group Discussions (FGDs) were used to collect data for this study. Audio recorder, with the permission of the participants, was used for adequate coverage. The audio records were transcribed and categorized into themes to shade more light on the outcomes and non-verbal cues, and other important information were also written on a field note pad. Ethical approval was obtained to carry out this study, while the participants' consents were sought and proper explanations regarding to the study were made clearly to each of the participants. The interview sessions were conducted at the vicinities of their respective homes under strict observations to the rules and regulations of COVID-19 prevention measures. Thematic analysis was used to analyse the qualitative data collected for this study. Data were first transcribed. Themes were identified and extracted. Then, the themes were developed.

Findings and Discussion

The results are presented in themes. These themes are: the impacts of Covid-19 pandemic on the older adults and the institutional supports for the older adults during Covid-19 pandemic.

The impact of covid-19 pandemic on the older adults

The participants were asked question on the impact of Covid-19 on them. Based on their responses, 32 out of the 48 participants noted that they have been affected by the pandemic. They were of the view that the outbreak has affected their livelihood. One of the participants stressed that:

It is just by God's grace that I am still alive. I am seriously suffering than ever before. Corona has made my family members/loved ones far from me. They stay in the city and often bring me foodstuffs, toiletries, clothes and money to spend at

intervals...just because we don't have the things people in the city have. We only have few things around; even if it is palm kernel we eat, it is something now that corona has distanced all my caregivers. (Elizabeth, Female, a 70-year-old, widow).

Another participant expressed that:

The lockdown has made me suffer a lot, I can't take my farm produce to the city market to sell and most have spoilt/eaten by rodents'. I have no money to spend. And one can help me out because we are all the same. (Musa, Male, 67years, Farmer).

Also, a female participant stressed that 'for food...since my children are in the city and cannot visit me due to the physical distancing and lockdown, all they had given me before the lockdown had finished...I now remained helpless and confused'(Juliana, Female, 72years, Jobless)

Another participant burst into tears and said:

I am finished, I have no one that cares for me, I beg for a living since am a leper. The lockdown has kept me indoors from my source of livelihood and my whole life has been in trauma, no food to eat, no money to spend even as people find it difficult to associate with me it has worsen the situation now that corona virus is on... I am a bit relieved and happy with your presence (Danlami, Male, 65years, Beggar).

From the results, it is evident that the pandemic has major influences on the well-being of the older adults. In Nigeria, 89% of older adults were tensed of the pandemic brunt on their household finances and 26% in the first quarter of 2020 had already lost their jobs while, 79% of long-established entrepreneurs (business owners) were on the loss due to low revenue income, giving rise to 88% of woman taking charge of household finance during the pandemic. Social support is primarily provided informally by family and friends due to lack of institutional care (Ohia, Bakarey & Ahmad, 2020). Therefore, older adults are left with no option than to compare the differences prior to covid-19 pandemic in which their family members, friends and loved ones easily accord them with social support and basic household necessities and, with the presence of covid-19, all supports, financial aids and other basic needs usually gotten from friends and loved ones/family members became scarce and not forth coming due to social/physical distancing and adherence to the lockdown rules.

The Covid-19 pandemic has had a devastating impact on the social well-being of Nigerians particularly the older adults. Apart from the fact that it has affected all institutions across all nations, it has also threatened the lives of older adults by claiming the life's of most. The pandemic did not only come with health challenges to older adults, but it has also affected other areas in older people's lives, wherein, social support becomes inevitable. The role of social support in the life and wellbeing of older adults cannot be magnified, because the health, psychological, physical and economic challenges put together, plays a significant role to their social wellbeing along with ageing (Ajibade *et al*, 2017; Dykstra, 2015). Therefore, the lack of social support services has given older adults in Nigerian two alternatives. First, staying in service beyond necessary time frame (age limit) due to fear of the unknown while the second alternative is continuous dependent on their family members' supports. However, over 80% of men and 70% of women aged 65 and above are still in active government services seeking greener pasture in most parts of Africa and Nigeria inclusive (HelpAge International 2010). With the coming into view of Covid-19 pandemic most civil servants who do not have hope and inspiration on what to fall back on and how often

their pension dues would be earnestly paid, and who also know that the Nigeria government has no policies and programmes for the older adults deem it fit to remain in service by reducing their service age.

Institutional support for older adults

For this theme, the participants were asked question on the institutional supports for older adults during the pandemic. From the results, 41 out of 48 participants expressed that they do not enjoy any institutional supports for older adults. They noted that lack of institutional supports worsened their experiences of the Covid-19 pandemic. As noted by a participant,

My name is Owolabi, I am 68 years old, a retired Superintendent of Police. It is painful as a retiree to be paid #38,000 naira only after several years of service and a retired captain that is equivalent is been paid #180,000. Upon this, there are no any social services for the retirees/the aged from the Nigeria government instead, the disadvantage persons are more considered than the older persons. So, the aged suffers more especially during this covid-19 pandemic, you can see why most of them have taken me as friend even as I had gone round Nigeria when I was in service and now back home. They believe I am even better than they because nothing is expected from the government but as little as it may, I am monthly paid my pension allowance. (Owolabi, Male, 68years)

Another elderly man named Musa and age 71 expressed that:

Poverty is the major problem in most rural communities in Nigeria. We the elderly people living far from urban centre's have no support from the government. We either get support from family and friends or from religious/Non-Governmental Organizations or from politicians who often comes around once four years, with edible goods/materials that hardly carter for a compound amidst the entire community. Any older adult who does not have relatives suffers and die in pain and poverty. (Musa, Male, 71years)

An eighty years old woman name Hawa expressed that her ordeal within her community has made her to understand that there is no government on ground to protect the aged but, all we grow old and die. She went further to say that if an elderly person goes to the hospital for medical care, there is no concession for older adults as they will as well queue up to see the doctor and more so, there is no protective measures or laws to protect old women who have no children or care taker to cater for them. Older women in some instance gets beaten and called several names such as witchcrafts and wizards without any social policy that guides their existence.

Moreover, a 66 years old man, named baba Ibadan who had just retired from the civil service had this to say:

one major reason why civil servants do not wish to retire home early and perhaps reduced the years so as to stay a bit longer in service is because there is no care/policy for the aged. Older adults tend to deteriorate due to the fact that there is no adult day care center in Nigeria where older adults can go and relax with their loved ones and return back home happily and rejuvenated. They stay alone in their homes and become isolated. (Baba Ibadan, Male, 66years).

From the results, it is evident that there are inadequate institutional supports for the older adults as expressed by the participants. Older adults in most communities/societies died as a result of neglect, inequality and lack of support. In a situation where there is little or no social support given to the elderly, they tend to become beggars and experience more abuse (Olapegba *et al*, 2020) it is dishearten for most older adults in Nigeria that there are no absolute social security policies for them. Ohia, Bakarey and Ahmad (2020) argued that many of the older adults have no means of livelihood/income, and are not filed into the inadequate pension scheme that is meant for few, while older adults are left in the hands of mercies from their family/relatives for support. During the early stage of the pandemic, it was apparent that the Nigerian government provided and shared material support in form of alleviation packages, popularly known by Nigerians as “palliatives”, to the less privilege members in the society which is assumed to be very little to go round every poor individuals than the older adults (Young, 2020). Social services, such as, supportive aids, financial assistance, materially needs and medically care is a major challenge facing the older adults in Nigeria today. Before the Covid-19 pandemic, Nigeria has no record for the older adults, and probably shows no concern to their existence. This is because most retirees across board often find it difficult to get their benefits (pension and gratuity) after their service years while some may live till death comes there way without being paid. However, the older adults that are non-civil servants are mostly cajoled by politicians/successive government that come to power without any policy and programmes in place for them.

According to Vera-Sanso (2013), the elderly who hold on to late old age in government services are commonly seen in countries where widespread of poverty prevails with no adequate safety nets. While some older adult relies on family, friends, and relatives for supportive measures, but most supports come from their children in prevailing times (Gesinde, Adekeye & Iruonagbe, 2012). More so, many older adults do not have any means of livelihood, and as a result, are not in government payroll as pensioners. The bulk of their livelihood, care, and support lie on informal social networks such as family and friends (Ajomale, 2007; Fajemilehin & Odebiyi, 2011). Therefore, with the presence of Covid-19 pandemic the economic downturn on these informal social networks has tremendously reduced due to the physical distancing and lockdown measure, causing limited social/material support from friends and families, and keeping older adults vulnerable to poverty and loneliness. Nonetheless, the circumstances in which older adults find themselves during this period could be attributed to health risk factors such as cardiovascular diseases, anxiety and depression due to loneliness and social isolations, all of these can result to high morbidity and mortality, (Armitage & Nellums, 2020; Friedler *et al*, 2015; Holt-Lunstad *et al*, 2015; Plagg *et al*, 2020; & Santini *et al*, 2020). From the findings of this study, it could be deduced that in Nigeria older adults are going through a lot of predicaments, Nigerian government and policy administrators must seek to change this condition by developing plan and social policies that will guarantee the welfare of all older adults in Nigeria.

Conclusion

It can be deduced from the previous sections that older adults in Nigeria suffers a lot from the scourge of Covid-19 pandemic across the globe. These difficulties range from psychological trauma, to social, economic and other forms of deteriorations that necessitate intervention. This is because of the little percentage of older adults in the society. They tend to be neglected amidst all odds, and they are prone to sudden death without respite. The health and economic challenges of older adults within their auspices falls under social support/security which is hardly achieved in most developing countries due to lack of social policy that cares for the aged. It is based on this

prevailing facts within the purview of Covid-19 pandemic that calls must be put on government at all levels, both the public and private corporations(that is, government organizations and nongovernmental organizations, family support services etc) in Nigeria to take the bull by the horn in finding a lasting solution to the problems and difficulties tormenting the life's of older adults and their social wellbeing because, a considerable percentage of most youths today will be the older adults tomorrow.

Recommendations

Therefore, this study recommends the following:

- i. The three tiers of government in Nigeria should formulate policies as a matter of urgency that will address the issues relating to social protection and social security within the system/society to serve as protective measure against maltreatment of the older adults in Nigeria.
- ii. Government and non-governmental agencies at all levels should pay more attention to social support services that will aid the older adults, especially those that are non-pensionable.

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