

Older people's perception about COVID-19 directives and their impacts on family care and support for older people in Ile-Ife of south-western Nigeria

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Abstract. Debates on COVID-19 directives (i.e., the stay-at-home order, physical/social distancing and social isolation) suggest that they would help curb the spread of the coronavirus pandemic among the populace (Wilder-Smith & Freedman, 2020). However, little is known about how these directives impact on family care and support for older people in Ile-Ife, Nigeria. The objectives of the study are to explore the level of awareness and knowledge of COVID-19 transmission among older persons; evaluate their perception of government's COVID-19 directives on family care for older people; identify the peculiar problems older people faced with COVID-19 directives; and investigate coping strategies employed to sustain themselves during COVID-19 in Ile-Ife of south-western Nigeria. This was carried out by utilising a qualitative telephone interview method (QTIM). The overall findings showed that despite the fact that 72% of the interviewees were not exposed to media, an overwhelming majority of them (70%) were aware and had knowledge about COVID-19 and how it is transmitted. This finding is linked to awareness creation through family members, friends and neighbours. While some of the interviewees believed that the restrictions would help curtail the disease, others were of the view that they were too stringent and would result to hunger that might be worse than the virus itself. Poor nutrition, lack of access to basic healthcare services, restriction of movement, inability of relatives who are their caregivers to go to work for means of livelihood and loneliness were identified as specific problem facing older people during the lockdown. Their coping strategies include support from family members, religious organisations, friends, neighbours and palliatives from various government organisations and wealthy people in their communities. The paper suggests that government should ensure that the palliative measures put in place for the vulnerable groups in the society also get to the older people and their family caregivers. More importantly, government should make adequate plans for those older people who have nobody to cater to them. Other policy implications of the study are also discussed.

Keywords: impact, COVID-19, older people, family care and support.

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Background

Man, as a social animal co-exists with other human beings. As he lives, he interacts, interrelates and intermingles with other members of the society including his family members (Abbate, 2016)). However, this anticipation of man is being threatened by the emergence of coronavirus disease (COVID-19). Since its outbreak, the virus has created a global health problem endangering human existence as the pandemic has continued to spread across the globe. COVID-19 was first discovered in Wuhan City, Hubei Province, China in December, 2019 (WHO, 2020a). On March 11, 2020, the virus was pronounced a global pandemic by the World Health Organization (WHO, 2020a). As of August 19, 2020 COVID-19 has been confirmed in more than 220 countries with over 22,244,179 individuals infected worldwide and has resulted in more than 783, 525 deaths (European Centre for Disease Prevention and Control, (ECDC), 2020; Johns Hopkins, 2020; CNN, 2020; Centers for Disease Control & Prevention, 2020).

As the world grapples with this unparalleled health catastrophe, older people aged 60 years or older have been identified as the most vulnerable group to the virus. It is thus, becoming increasingly worrisome that older persons with underlying medical conditions like cancer, diabetes, cardiovascular disease along with other old age-related diseases may die of the virus as the number of coronavirus cases increase across the globe (WHO, 2020a; WHO, 2020b). Available data from China show that approximately 80 per cent of deaths in the country occurred among older adults aged 60 years and over (Centre for Disease Control and Protection, 2020). Whiting (2020), also notes that the fatality rate for people over 80 years who died from COVID-19 in China was almost 15 per cent. Similarly, as of March 16, 2020, 80 per cent of death associated with COVID-19 in the United States of America (USA) was among persons aged 65 and over, with highest fatalities among those aged 85 years and older (World Health Organisation, 2019). Research from Italy has demonstrated how dangerous COVID-19 is for older people and particularly those with heart, lung and immunological conditions (Irfan & Belluze, 2020). A March 4, 2020 analysis by the National Health Institute also found that, of the 105 patients who died from the virus in Italy, the average age was 81 (Graziano, Giovanni & Silvio, 2020). Evidence from Milan also confirmed that older people hospitalized on a daily basis were at much higher rates than younger people. Report from Europe had it that over 95 per cent of people who died of COVID-19 were of 60 years or older (Pan American Health Organization & World Health Organization, 2020). According to Cudjoe et al. (2020), approximately 24 per cent of these older adults (9 million) also suffered physical or social isolation. It is therefore not surprising that in much of the developed countries, a significant number of the older people (80 years and older) who were socially isolated died as a result of the disease (Cudjoe et al., 2020).

In Nigeria, the first case of coronavirus was reported on 27th February, 2020 by the Federal Ministry of Health. The case is an Italian citizen, who works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on the 25th February, 2020 (Nigeria Centre for Disease Control, 2020). Since then, the spread of the virus has been frightening (THISDAY, 2020). As of July

19, 2020, confirmed cases of COVID-19 in Nigeria have sharply increased to 50,448 cases in all the 36 States including the Federal Capital Territory (FCT) with 985 deaths (Nigeria Centre Disease Control, (NCDC), 2020). Although the above figure is the low, compared to other countries with higher number of deaths, evidence has shown that the number of those who have been infected keeps rising on daily basis in Nigeria (Human Rights Watch, 2020). In an attempt to curb the spread, various governments across the world, including the federal and state governments in Nigeria, introduced certain directives which include “stay-at-home order”, “maintenance of social or physical distancing” and “observation of self or social isolation”. With these policies in place, individuals were advised to desist from touching one another and getting together in groups including mingling with friends, family members, colleagues and community members. It is also strongly believed that avoiding large gatherings and close contact with others is critical for slowing down the spread of the virus (Agusi et al., 2020).

As in other African countries, family members (caregivers) play key roles in the wellbeing of older relatives. Although neighbours and friends also provide care and support, about 80 – 85 per cent of care (physical, emotional, social and economic) come from family caregivers (Eboiyehi & Onwuzuruigbo 2014; Kaplan & Berkman, 2019). The living arrangements in which family members, kin and relations lived together in a household promotes family solidarity and wellbeing of older adults. This is bolstered by the belief that caring for one’s aged parents would attract blessings from ancestors and failure to do so would draw their wraths (Akinyemi, 2005). Africans also believed that family members who live in multigenerational households are incredibly strong as other extended family members including spouses, children, grandchildren, brothers, uncles, and other kin groups are always there to take care of their basic needs at the twilight of their lives (Albert & Cattell, 1994; Eboiyehi, 2008). The advantages an older adult enjoys include healthcare provision, financial support and shared meals. By this, the physical, economic, social and emotional needs of older persons are met through this informal network (Fadipe, 1970).

The Problem

The emergence of coronavirus has become a major public health issue across the globe (Sharma & Bhatta, 2020). In Nigeria, the imposition of government policies such as lockdown, social or physical distancing and social isolation has dramatically altered and reshaped African family to function as one entity. Besides, the current government policies have taken for granted the intimacy that has existed among family members in the traditional Nigerian society. If these directives are fully implemented, they would be very tough for older people who cherish the time being spent with friends and family members, especially if they are not allowed to mingle with them (United Nations, 2020).

In much of the developed countries of Europe and America, studies have been conducted on how lockdown, social or physical distancing and social isolation are being used to curb the spread of COVID-19 among older adults (Baggett, 2020; Miller, 2020). The aim is to have better knowledge of the implications of these policies on care for older adults. However, the same

cannot be said of Nigeria with over 10 million older people where little or no work has been done in this regard. It is therefore crucial to examine how these governments' "imposed directives" and their perceived consequences on older people to be properly examined and documented. This is what this study aims to achieve. Although there are a few studies in Nigeria on the care for older people, these studies were conducted by Ekpeyong, Oyeneke and Peil (1987), Fajemilehin (2000), Eboiyehi (2008) and Eboiyehi and Onwuzuruigbo, (2014) to examine the decline in care and support for the older people in Nigeria. There is a gap in knowledge on how governments' directives affect older people's care in a country like Nigeria where care for older adults is still the sole responsibilities of the extended family members. This study is an attempt to bridge this gap.

In addition, the directives that overlook the needs and circumstances of older persons can result in increased social isolation and food insecurity for them. Therefore, the problem that may arise from erosion or decrease of close physical proximity may lead to deadly epidemic such as social isolation and loneliness among older adults if these directives are not well managed or reviewed. In other words, COVID-19 policies could make matters worse for older people who are not only struggling with greater health risks but are also less capable of supporting themselves when they are cut-off from family members. Furthermore, if not well executed, the directives could lead to increased social isolation for older persons at a time they might be in most need of family care and support. In spite of these negative effects of these directives on the care for older persons, there is no study in Nigeria that has focused on the impact COVID-19 had on family care for older people; hence this study.

The overall objective of this study therefore, is to contribute to the literature on the on-going discourse of coronavirus pandemic as it affects older family members in Nigeria, using Ile-Ife of south-western Nigeria as the study area. The specific objectives are to:

1. examine the socio-demographic characteristics of older people in Ile-Ife;
2. explore the level of awareness and knowledge of COVID-19 transmission among the older people in Ile-Ife;
3. evaluate their perception of government's COVID-19 directives on family care for older people;
4. identify the peculiar problems older people faced during COVID-19 directives and;
5. investigate the coping strategies they employed to sustain themselves during COVID-19.

Method

The paper examined older people's perception of COVID-19 directives and the impacts on the care and support for older people by family members in Ile-Ife of south-western Nigeria. The study is qualitative using a qualitative telephone interview method to obtain data from older men and women aged 70 years or older. This method was suitable for the study due to the COVID-19 stay-at-home orders and movement restrictions imposed by both the Federal and

State governments. Before the lockdown, a visit was made to the study area. With the assistance of the chairman of the Local Government Area (LGA) and the community heads, the researchers were able to have access to the prospective interviewees. It was at these meetings that the objectives of the research and its anticipated benefits were carefully explained to all the participants after which their telephone numbers were collected. Prior to the actual study, pre-interview telephonic conversations were again conducted with the prospective interviewees, which provided an opportunity to explain once more the project to them and at the same time this provided an opportunity for testing the instruments. All concerns and/or misunderstandings of the participants were addressed at this stage. On one hand, this method stimulated careful listening, clear articulation of speech of the interviewees and note taking without distractions. On the other hand, it bolstered the interviewees to speak freely and enable them to have direct control of the discussion towards areas they perceived imperative. In ensuring an easier flow to the interviews, assistance was provided by researchers of trust. Their networks of relation and high regards they enjoy in their communities on the ground of their interactions and support for older men and women in the selected communities also assisted in data collection. They helped in providing the telephone numbers of the interviewees as well as assisting in most of the telephone interviews. The method provided ethnographic details of the interviewees and the issues raised in the paper. The data collected provided some insights on the context in which the interviewees perceived their vulnerability during COVID-19 directives, particularly as it affects family care and support for them. The recorded interviews were transcribed for analysis. A content analysis of the transcript was used to categorize the common trends in the responses and to identify variations where they are important. The data collected focused on respondents' socio-demographic characteristics, their level of awareness and knowledge of COVID-19 transmission, perception of government's COVID-19 directives on family care for older people, peculiar problems they faced and coping strategies they employed to sustain themselves.

Research Design

In all, fifty qualitative telephone interviews (QTIs) comprising 25 males and 25 females aged 70 years or older were conducted. Interview guides were developed to moderate the discussion and validated through pre-text among similar participants in Modomo community in Ile-Ife. Actual data collection was done via telephone interviews between March 30 and April 25, 2020 during the lockdown and stay-at-home directives imposed by both the Federal and Osun State Governments. The interviews required an average of 45 minutes to conclude. Where interviews could not be completed, they were rescheduled at the instance of the interviewees. Because of the low level of literacy among the study population, all interviews were conducted in Pidgin English and Yoruba language.

Sampling Procedure

The sampling procedure adopted in this study was purposive through snowballing method where an interviewee suggested another interviewee within his or her area. Telephone

interviews were conducted based on the interviewees' willingness to participate in the study. The interviewees who were engaged in the study were those that were satisfied with the criteria of age (70 years or older), sex (male and female) and ethnic group (Yoruba, Igbo, Edo and Delta origins who are residing in Ile-Ife). The information provided by the interviewees was recorded while relevant notes were also taken where necessary. The collected data was later translated and transcribed for further analysis. Analysis of data followed two approaches, namely; ethnographic summary and a systematic coding via analysis to accommodate verbatim quotations.

Study Setting

The study was conducted in Ile-Ife and involved older men and women from different socio-cultural groups in Nigeria who are resident in the study area namely: Yoruba, Igbo, Edo and Delta. Ile-Ife is an ancient Yoruba City located in south western Nigeria. It is situated within latitudes 7°28'N and 7°46'N, and longitudes 4°36'E and 4°56' E. It is situated at the geographical centre of the Yoruba-speaking states of Nigeria. To her west lies Ibadan, and to the east lies Akure, the gateway to the major eastern Yoruba towns. Ile-Ife is about 200km NE of Lagos, which was Nigeria's coastal capital city for over a century (Olupona, 2011). Five urban communities (UC) namely; Eleyele, Parakin, Lagere, Moore and Ife City in Ife Central Local Government area (LGA) were purposively selected. In each of the selected communities, 5 older men and 5 older women participated in the study. In all, 50 telephonic interviews (25 males and 25 females) were conducted. These urban communities are characterised by large number of older people with low income, migrant population and ethnic heterogeneity which presents a context where people from different backgrounds come together to work and do business.

Ethical considerations

In compliance with ethical standards on research involving human subjects, the principle of ethics governing human research were observed with the aim of protecting the dignity and privacy of every individual who, in the course of the data collection offered valuable information about himself/herself or others. Considering the sensitive nature of the study, the researcher sought and obtained the consent of the following people: chairman of the Local Government Area (LGA), community heads and older people themselves. The prospective interviewees were introduced to the researcher by the local government chairman with the assistance of community heads who informed them of the purpose of the research. The objectives of the research and its anticipated benefits were carefully explained to all the participants prior to the commencement of the study. The request of anonymity and confidentiality was respected. Only older people who showed their willingness to participate in the study and who voluntarily gave the researcher their phone numbers were included in the study.

Results

Socio-Demographic Characteristics of the Interviewees

The data presented in Table 1 give an insight of the socio-demographic characteristics of the interviewees which include sex, age, marital status, number of family members co-resided with, religious affiliation and level of education. Others include occupation, income per month, exposure to media and family care received during COVID-19. In the selection of respondents for the interview, the importance of gender sensitivity was well-thought-out. In this respect, male and female interviewed were equally chosen and represented, that is 50 per cent each. The age distribution indicates that the overwhelming majority (70%) of the interviewees fell within 70-80 years old bracket. This was followed by those within the age range of 81-90 (20%) while only 10 per cent were 91 years or older. Half of the interviewees (50%) were married, 40% per cent are widowed while 10% are separated.

The percentage distribution of the interviewees by number of co-residing family members showed that the number was declining compared with was obtained in the past. This result is traceable to out-migration, quest for education and employment opportunities outside the study area. Little wonder that only 44% of the participants were living with only 1-2 of family members. Sadly, nearly a quarter of the interviewees (24%) were living alone, 20 per cent of them were co-residing with between 3-4 family members while 12 per cent of them shared households with more than 5 family members. Majority of the interviewees were either co-residing with their spouses or with their children, particularly their sons, daughters-in-law and grandchildren who were actively involved in running errands.

Religion affiliations of the interviewees showed that the majority of them (62%) were Christians. This was followed by those who subscribe to Islamic religion (32%). As we shall see later in this paper, religious organisations played important roles in supporting their older members during COVID-19 lockdown. Except for a few interviewees (6%), African traditional religion was not a strong factor to be reckoned with in the study area. Many of the interviewees believed that the low subscription to traditional African religion was partly responsible for decline in care and support for older people among the study population. This was unlike in the past, when it was believed that the spirits of their ancestors are always around to bless those who take care of their aged relatives (Akinyemi, 2005).

The results showed that the level of illiteracy among the study population is relatively high (50%). Only one-fifth (20%) of the interviewees obtained primary school certificate, 16% attended secondary school while a small proportion (14%) are graduates of tertiary institutions. The low level of education could be linked to the orientation of the interviewees with regard to education as most of them did not see the need for education when they were young. This factor has the potential of affecting their occupation, income and living conditions. Overwhelming, the majority of them (70%) affirmed that they were co-residing with their family members as a result of their inability to properly cater to themselves.

The Table also revealed that farming as an occupation category employs the highest proportion of study population amounting to 40.0%. Retirees follow this with 36% while 24% are petty traders. The occupation of the interviewees can also be explained from the educational standpoint. This result is worrisome particularly, in a country where about 6 per cent of the total population of over 200 million people are 60 years or older and where such proportion is increasing and expected to double in the next few decades implies that the family caregivers who are already facing serious economic problems of unemployment, under-employment and meagre salary will not be able cater to the needs of ageing parents during the lockdown. Furthermore, these current situations created by COVID-19 in which offspring are not allowed to go to work during the lockdown have turned some older people who are unable to take care of themselves into destitute. This is contrary to the traditional Nigerian society where old age was perceived as “blessing” and a period which everybody looked forward to. Sadly, old age has now become a nightmare to so many people as a result of these governments’-imposed directives.

The income level of the interviewees is remarkably low. About 76% of the study population earn less than ₦30, 000 per month. Nearly half of the interviewees (44%) earn as low as ₦10, 000 per month. This was followed by those who earn between ₦11, 000 and ₦20, 000. Only 16% and 8% earn ₦21, 000- ₦30, 000) and above ₦30, 000 monthly respectively. This represents a very low-income level and is traceable to the educational level and occupational level of the study population.

Media plays an important role in creating awareness in any issue affecting human beings. As a means of communication, media reaches a large audience with all forms of information on various issues about humanity (Karasneha et al., 2020). This includes internet, newspaper, magazines and so forth. Evidently, Table 1 showed that an overwhelmingly proportion of the interviewee (72%) did not have access to information on COVID-19 via the media. Only 28 per cent had radios and television. This implies that majority (72%) of them relied on information that came directly from family members, friends and neighbours.

When asked about the care they received from their family members during the periods the COVID-19 orders and directives, an overwhelming (94%) of the interviewees affirmed there was a decline in the care they received, 4% said there was no change while only 2% noticed an increase. This finding is linked to the outbreak of COVID-19 and its associated directives which have negatively affected the status and wellbeing of older people. This is in contrast to what operated in the traditional Nigerian society which was organized in such a way that the extended family and the entire society provided care and support for its older relatives. This finding is in tandem with Fajemilehin (2000) when he stated, that “even the childless and those without surviving children were sure that other members of the extended family would care for them to mitigate any problem that could arise as a result of old age”.

Table 1: Socio-Demographic Characteristics of the In-depth Interviewees

Variables	Frequency	Percentage
Sex		
Male	25	50.0
Female	25	50.0
Total	50	100.0
Age		
70-80	35	70.0
81-90	10	20.0
91 +	5	10.0
Total	50	100.0
Marital Status		
Married	25	50.0
Widowed	20	40.0
Separated	5	10.0
Total	50	100.0
No of family members residing with		
None	12	24.0
1-2	22	44.0
3-4	10	20.0
5+	6	12.0
Total	50	100.0
Religious Affiliation		
Christianity	31	62.0
Islam	16	32.0
African traditional religion	3	6.0
Total	50	100.0
Level of Education		
No education	25	50.0
Primary	10	20.0
Secondary	8	16.0
Tertiary	7	14.0
Total	50	100.0
Occupation		
Petty trading	12	24.0
Farming	20	40.0
Retiree	18	36.0
Total	50	100.0
Income per month		
N0 –N10,000	22	44.0
N11,000 –N20,000	16	32.0
N21,000- 30,000	8	16.0
Above N30,000	4	8.0
Total	50	100.0
Exposure to Media		
Yes	14	28.0

No	36	72.0
Total	50	100.0
Family care received during COVID-19 directives		
Increasing	47	94.0
Decline	2	4.0
No change		
Total	50	100.0

Source: Fieldwork, 2020

Level of awareness and knowledge of COVID-19 transmission

During the telephonic interviews, interviewees were asked if they had heard about COVID-19 and the way it is transmitted. Surprisingly, 70% of the interviewees had knowledge about COVID-19 and its mode of transmission while only 30 per cent of them had no knowledge. For example, a male interviewee aged 78 years at Moore succinctly affirmed: "No, I have not heard about the disease called "coffee" (COVID-19). Is it caused by drinking tea (coffee)? Nobody told me about it. I do not have any idea".

Similarly, another male interviewee aged 80 years (Ife City) when confronted with the same question stated:

Which disease? I have not heard about it. How will I hear about it? Who will tell me? I don't go out seeking information about disease. I don't know how it is transmitted. My prayer is that God should protect me and my children, give us good health and food to eat.

Correspondingly, a female interviewee at Eleyele aged 85 years also stated: "No, I have not heard about it. Who will tell me? I do not have a child, no husband and no doctor. Who will tell me? I am too old to go out and seeking information".

The few interviewees who claimed to have heard about the COVOID-19 were informed by friends, relations and through mass media. For instance, a 75-year female interviewee at Parakin affirmed:

My son told me that there is new disease in town and that government has asked people to be staying indoors because they say the disease kill more people that are old. I do not know how it spreads. All I was told was that government says people should remain indoors so that the disease will not kill us. Where will I be going? I am

not as young as you, young people who want to know what is happening around the world.

Similarly, a female interviewee who resides at Ife City and aged 81 years stated:

I have heard about it through my friends. They said it is the reason why people are not allowed to go to market, work and school. I was told if someone that has the disease touches another; the person will be infected, fall sick and die.

She went further:

They also told me that they got the information from their children that the disease entered Nigeria from one of the "Oyinbo" country (white man's country). Since then, I have been tuning in my transistor radio to listen to the discussion about disease.

On awareness of how the disease is transmitted, a male interviewee at Moore area of Ile-Ife aged 76 years stated:

I have heard about it through my children who live in Lagos. They called to tell me that there was a new disease called coronavirus and advised that limit visiting friends until the disease is curtailed. They told me one could get it through shaking of hands with other people that are infected person, particularly through coughing and sneezing. They told me that the disease has no cure.

Correspondingly, another older male interviewee aged 79 years at Eleyele affirmed the following:

My children in Lagos, Abuja and Port Harcourt told me about it. Yes, they were the ones who first told me about the disease and how it spreads. Since then, I have always been putting on the television to monitor the spread. From what I have heard from the television, I was able to know that the disease can be contacted through sleeping with infected person on the same bed, using the same utensils and through breathing, coughing, sneezing and touching infected person or objects.

Furthermore, female interviewee aged 71 years old at Ife-City stated as follows:

I first heard about the disease from my neighbours. They said anybody that catches the disease will infect others if he or she is going about the town. I also heard on radio that the disease is killing a lot of people that are infected and that it spreads through touching, sneezing and coughing.

A retired Professor from one of the Universities in southwest and aged 74 years stated:

I first heard about it on Al Jazeera News on December 29, 2019. Since then, I have been monitoring it. Although I heard it first on television, it was actually in the newspapers that I got to know about its origin which was traced to China. From what I read and the discussions I listen to on radio and television, it can spread through contact with an infected person. It can also spread through sneezing and coughing. That is why the government is asking everybody to practise physical distancing of about 2 metres to avoid infection.

Perception of COVID-19 directives

The interviewees were further asked about their perceptions of COVID-19 orders imposed by the government. This was with a view to knowing whether these directives reinforce or impede the family care and support they received. While many of the participants affirmed that the directives inhibit care and support, they used to enjoy from their family members, others differed. Only a few of the participants said they still enjoy care and support from their family members. For instance, one of the male interviewees at Moore who is also a retired civil servant aged 76 years stated:

I neither have any problem with the stay-at-home order nor with the physical/social distancing or social isolation as far as these policies are concerned. If they can stop or reduce the spread disease that is claiming people's lives, I will be very happy. I want us to know that this is not the first-time people are facing this kind of situation. During the time of our fathers, people were also advised to stay away from those who are infected with contagious disease. For instance, during the outbreak of yawns and leprosy, there was also something like this. In my village, people living with contagious disease were kept away from the communities so as to stop the spread. The infected individuals were sent to the forest or bush as the case may be to prevent the spread.

In the same vein, a female interviewee at Lagere aged 83 stated:

Yes, I support these directives. It will help to curtail the spread of the disease if we adhere strictly to the directives. Again, social isolation and physical distancing have always been there. In the past, whenever there is any outbreak of diseases such as yawns, leprosy and measles, people are always advised to stay away from infected individuals. People living with these infectious diseases were also isolated in traditional societies. In most cases they were isolated in the bush or forest. There, huts were built for them. This was to guard against community spread.

Further adding:

This does not mean that family community members have abandoned them. No, they still sent them food and medications. The food and medications were dropped for

them a kilometre away from where they were isolated. What they did was to call out their names announcing that their foods were being kept in a particular place. After eating, the infected person returned the plates to where they would be picked up by family members.

Another interviewee, a male aged 90 years old who lives at Eleyele affirmed:

I am in support of the orders. The directives are not going to be forever. If staying at home or staying away from each other for one or two months can keep this disease away from our land, why not support the policies in its entirety? But government should also remember that people taking these sacrifices need to eat and take care of their health. When this is done, nobody will feel the pain.

However, a widow who resides at the Parakin area in Ile-Ife, held contrary opinion. She argued that:

In the face of continuous inflation and the hardship people are facing, it will be problematic to meet financial and health needs without family support. My answer to your question is "no". I do not believe that these directives can help solve the problem. If I am kept away from my children or vice-versa, what do you think will happen to me? I will just die. I do not think I can survive without my family members coming around to take care of me. Again, if you restrict their movements, it will definitely affect me. Yes, I cannot survive without them. It is like sending me to my early grave. Any child who stays away from their aged parents because there is a disease we are not even sure exists, is putting a curse on his or her head. It is only a bastard child or wicked relative that can abandoned an aged relative in time of trouble.

Correspondingly, a male interviewee at Ife City aged 87 years also stated:

The government does not know that these directives are too stringent and unbearable. The government will just make policies without putting poor people into consideration. Ait does not make sense to me say my children should run away because I cough or sneeze. Have we not been coughing and having malaria or even diseases that are worse? If government asks people to stay at home, where are going to get food to eat? When our children are not allowed to gout to work, how will they take care of us?

Moreover, another male interviewee at Moore area aged 79 years asserted:

By these directives, the government wants our children who have been taking care of us to abandon us the same way they (the government) have neglected us. They have forgotten how we served this country meritoriously even when things were very tough. I was part of the people that fought for the independence of this country. They hardly pay my pension and now they are telling our children not to come near us because there

is an outbreak of a disease. My children are the only thing I depend on for food and health care. Yet, they want to separate them from us. That is wicked and criminal. The bible admonishes the children to take care of their parents so that their days shall be long. Any child or family member who fails to adhere to this biblical injunction, particularly in times like this, is going against the word of God.

This opinion was also supported by a female interviewee who resides at Lagere area (aged 78 years) affirmed:

How can a serious and responsible government just wake up and say we should keep away from each other? Is this the first time there is disease outbreak? You and I know that nobody can survive without depending on someone else. It is like the government is telling us to remove the most important part of our body. For instance, telling us to stay away from one another is like telling us to pluck out our eyes. Once this is done, our entire body will be in total darkness.

Peculiar problems

Poor nutrition, health problems, inability of family members to go to work and bring food to the table, lack of money to feed or buy medications, inaccessibility to basic healthcare and loneliness were identified as peculiar problems when the interviewees were asked to identify their specific problems, they were facing during the COVID-19 lockdown. These problems were more critical for older people with no nearby family members around them. Others are those whose children or caregivers depend on daily menial jobs for livelihood such as bricklaying, commercial vehicle driving, motorcyclists, petty trading and so on. The interviewees complained that without going out, they would not be able to feed. Inability of family members to visit their aged parents during the stay-at-home order was also a major problem of some of the interviewees. Many of them therefore complained that their children's absence and inability to visit them during the lockdown have left many of them without physical and emotional care and support. A case in point was an old widow who stated the following:

The major challenge I have is that I no longer have access to my children who are living apart from me. They used to visit me and bring me food. When they call, they tell me, they cannot see me because of the restriction of movement. Even when they send money, I can't access it because of the lockdown. It is like my right to existence is being threatened when my children cannot visit me regularly. Loneliness is another major problem as there is nobody to talk to. This traumatic situation has made me mentally unbalanced and sick.

The study also found that the lockdown placed economic burden on workers and citizens whose means of livelihood depend on daily wages. When these family caregivers are restricted from going to work, there is problem for the whole family including the older

person. According to a female interviewee who lives at Parakin area, aged 75 years, the following was asserted:

My main problem is inability of my children (caregivers) to take care of my health. Before the stay-at-home order, I used to rely on their daily meagre income they bring home. My son is a motorcycle operator while my daughter is a hairdresser. My wife sells wine. Now, they cannot eat unless they go out to work. This policy is really affecting us. Not going to work means there will be no money for food and medication. Government should know that protecting our lives without protecting our livelihoods will spell doom for us. They should allow our children to go out and work.

A male interviewee (Ife City) aged 71 also stated:

One thing that the federal and state governments don't know is that most of our children and those that are taking care of us are not working in government offices that permit working from home. If these sets of caregivers sit down at home, they will not be able to take care of us. We are already living below the poverty line. Sitting down at home would further put us in difficult situation.

According to a female interviewee, aged 70 years (Eleyele):

My answer to your question is inadequate food and money. Since this problem started, I eat once a day. It is only occasionally I feed twice. I am diabetic and hypertensive. My children hardly afford my drugs these days because they have not been going to work. This problem is compounded with my inability to go to the market to sell my wares.

Yet, another female interviewee aged 70 years (Lagere) stated:

My major headache is sitting down at home day in day out. This is boring and it is not good for my health. Last week my doctor called me and advised me to be doing physical exercise. Trekking to market everyday has really been helping me in this regard. The main market where I sell my wares is far away from my house. To go to the market, I need a vehicle to take me there, but drivers are not allowed to pick passengers. This is the most difficult time for me as I can't afford to take care of my basic needs.

Coping Strategies

The interviewees were requested to respond to the question on how they were coping. The major coping strategies identified were support from family members, religious organisations, neighbours and palliatives from governments and wealthy individuals. For instance, a female interviewee who resides at Lagere aged 77 years stated: "My family

members have been so helpful. They never allowed me to feel the pain of the stay-at-home orders. They still supply food stuff, medications and assist in house cleaning. They visit me regularly, particularly in the evenings”.

Some of them relied on their pensions as survival strategy. As has been disclosed by a male interviewee who lives in Parakin and aged 74 years:

I have been surviving on my pension. I retired as Assistant Registrar from the Obafemi Awolowo University. This has been helping me a great deal, especially in procurement of drugs and food stuff. My wife has also been of tremendous assistance. She is such a wonderful woman. She is still in service and has been playing the role of the breadwinner in the family.

Yet, another male interviewee (Eleyele) aged 72 years asserted:

As a farmer, I don't have much problem with what to eat. We pool resources together to get what we want. Where the money is not enough, we buy those things like drugs on credit. By the grace of God, we will pay our debts when the lockdown is over.

In addition, a female interviewee living at Moore aged 71 years avowed:

My church members have been sharing food to those of us who can hardly feed or take care of themselves. Financial support has also been received from my pastor and my neighbours too. Without them, survival during this period would have been very difficult. Though I heard government was distributing palliatives, I have not received any.

Discussion

The overall objectives of the paper were to examine older people's perception of COVID-19 lockdown and directives and their impacts on the care and support for older people in Nigeria using Ile-Ife of south-western Nigeria as a study area. This study is qualitative. It examines older people's perception about the COVID-19 stay-at-home, social/physical distancing and social/self-isolation orders imposed by the Federal and State government and the impacts of these directives on family care and support for older people in the study area. The study clearly showed that there was a decline in care and support for older people by family members during the lockdown. This finding is attributable to movement restrictions of family caregivers who are supposed to cater to the needs of their older relatives. In addition, the socio-demographic characteristics of the interviewees which indicate low educational level, occupation and monthly income were also found to be responsible for the inability of interviewees to take care of themselves in old age. As indicated in Table 1, the level of illiteracy of the interviewees is reasonably high (50%). As also demonstrated only 14% of the interviewees went beyond secondary school. The high level of illiteracy among the

interviewees is likely to have serious implications for their means of livelihoods and sustainability. This factor also has a potential of affecting their occupation and monthly income. This is because individual's educational level determines their occupation and monthly income of such individual (Eboiyehi, 2004). It was therefore, not astonishing that those with higher educational qualifications are likely to enjoy a better livelihood, earn higher income and pension than primary and secondary school leavers and those without educational qualifications. These results were linked to the ability of these sets of older persons to cater for themselves during the lockdown and movement restrictions.

Examination of the number of family members an older person was co-residing with shows that about 68% of the study population were either living alone or co-residing with 1 or 2 family members. Only 12% of the interviewees were co-residing with more than 5 family members. This means that only a few members of family members were available to offer the necessary care and support their aged relative needed during the lockdown period. This result is associated with children marrying outside community and out-migration of young family members in quest of greener pastures in the cities. The implication of this is that that majority of older people who were living alone were more affected by the imposed governments' directives. This was unlike in the past when an older family member co-resided with large family members.

The above clearly indicated that there is decline in care and support for older members of the family during the lockdown and movement restrictions. This is particularly true of 23 interviewees who affirmed that their family members have not been able to visit them frequently as they used to do before the lockdown. This result was found to have negative impacts on the traditional care and supports older people in Nigeria used to enjoy before the outbreak of COVID-19 thereby, exposing them to the dangers of loneliness and depression. The results clearly showed that the sit-at-home order has also impacted negatively on intergenerational relationships that have existed between the young and the old within the traditional Nigerian family system. It is therefore not surprising that many of the interviewees described the stay-at-home orders as stringent and unbearable while others said it has brought changes in the structure of socio-economic functions of the family that cater to the needs of older family members, especially with regards to daily caregiving.

Sadly, the study showed that as people stay at home and confined by tough measures imposed by governments to reduce the spread of COVID-19 pandemic, managing social contact and social distancing was proved to be very demanding for family caregivers and older people. The multigenerational households which African families were used to, was found to be confronted with a specific set of challenges during this trying period, particularly as family members were compelled to obey these orders. Even more so, when, many of the social values that hold African families together are cut off with the imposition of these directives, loneliness can have all sorts of negative consequences for older adults ranging from depression to increased health problems to disability. There is no doubt that majority of the interviewees affirmed that they would not be able to survive if they were separated from their family members (their supposed caregivers). Thus, if the stay-at-home directives are fully

implemented by the government and adhered to strictly by family caregivers, older people would not only suffer hunger but it could also contribute to an already underlying issues being experienced by them. No wonder that these situations have led many of them to rely on friends, neighbours, religious organisations and government palliatives as survival strategies at a time when family members were unavailable to play their familial roles.

Conclusion and recommendations

It is evident that the sharp decline in family caregiving to older relatives in the study area is largely a function of the current lockdown order, self/social isolation and physical/social distancing. From all indications, these directives though are meant to save the lives of the populace; there is also need to review them so as to address the specific challenges and needs highlighted by older persons during this health crisis. Based on the findings, the following recommendations are offered:

- Government should put in place adequate arrangements to cushion the effects of the stay-at-home order;
- Family members should understand that social distancing is not social isolation. They should ensure they have important relationships with their older relatives; particularly those living with chronic illness. There should be regular phone calls to see how they are faring, combined with occasional or regular visits;
- If need be, their favourite music or songs should be played to them. There is need to keep up the spirit during the lockdown;
- Government support for older people is crucial in responding to the pandemic. Government should ensure older people have safe access to nutritious food, basic supplies, money medicine to support their physical health and social care as palliatives measures;
- There is need for accurate information dissemination to ensuring that older persons have clear messages and resources on how to stay physically and mentally safe during the lockdown, and what they need to do, particularly when they fall ill;
- More importantly, the government should ensure that the palliative care is provided to the older people and family caregivers.
- Government should make adequate plans for those older people who are more vulnerable and without any support system.

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