COVID-19 in Rural Nigeria: Diminishing Social Support for Older People in Nigeria

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Abstract
Social support provided by family, friends and neighbors has been essential for the survival and wellbeing of older people in Nigeria. However, the reduced social contact between older people and their social network because of the social distancing recommendations and other non-pharmaceutical approaches to protect them from COVID-19 may threaten their social support. Our study investigated the impact of the COVID-19 pandemic on rural older people in Nigeria using qualitative data collected from 11 older adults residing in rural Nigeria through in-depth interviews. The collected data was translated and transcribed, coded using Nvivo12 and analyzed thematically. Findings show that the COVID-19 pandemic has led to a reduction in both material support in the forms of food and money, and intangible support in the forms of assistance, communication and care, due to limited social contact. Furthermore, the economic consequence of the pandemic may have severe implications for the health and wellbeing of older people. Social workers should therefore advocate the distribution of food and care supplies to rural older people to cushion the economic impact of diminishing social support, and also creatively help them maintain social connectedness.

Keywords
COVID-19, social support, older people, rural Nigeria

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Introduction
Social support, which is real or perceived resources provided by people to make the beneficiaries feel valued, cared for and part of a communication network, is crucial for the wellbeing of older people (Olanrewaju et al., 2018; Oluwagbemiga, 2016), especially during difficult times as it has been found to promote resilience and help older people cope with stress (Dykstra, 2015). Social support from family and friends serves as recourse for coping with setbacks and life changes (Ajibade et al., 2017; Sippel et al., 2015), and boosts recovery (Seeman, 2008; Sippel et al., 2015). Social support has also been identified to improve self-rated health as well as psychological and emotional wellbeing of older people (Tariq, 2020; Unsar et al., 2016). Conclusively, scholars are of the opinion that resilient individuals are more likely to be people with extra social support in quality and quantity (Chang & Taormina 2011; Smith et al., 2011).

In Nigeria, due to lack of institutional care (Abanyam, 2013; Mudiare, 2013), this social support is primarily provided informally by family and friends (Ebimgbo & Okoye, 2017; Oluwagbemiga, 2016) thus many Nigerians have children as their retirement plan (Ebimgbo et al., 2019). The family provides tangible or material support in the forms of food, clothing and money (Oladeji, 2011; Oluwagbemiga, 2016), and intangible support in the form of advice, companionship, care in times of illness, home repairs, listening ears and assistance with daily living (Oladeji, 2011; Olanrewaju et al., 2018; Oluwagbemiga, 2016).

However, in recent times, social support has been diminishing in Nigeria due to changes in family structures and general economic hardship (Centre for Policy on Ageing [CPA], 2014; Hope et al., 2012) as the country has experienced economic recession twice in the past 5 years (Munshi, 2020). This situation may have been
worsened by the novel coronavirus (COVID-19) which started in Wuhan China (Backer et al., 2020) and has so far spread across the world. The recommendations for social distancing to reduce the spread of the virus can reduce social contact between older people and their friends and family (Brooke & Jackson, 2020; Simard & Volicer, 2020). Thus, restricting the forms of intangible support received by older people to telephone correspondence alone (Brooke & Jackson, 2020).

This reduced social support will have severe implications for older people, with many studies documenting how limited social support has influenced the wellbeing of older people. For example, Dokpesi (2017) argued that lack of social support makes older people more vulnerable to poverty and disease. Liu et al. (2016) found an association between limited social support and social isolation, with the resultant impact of social isolation and loneliness leading to increased risk of anxiety and depression (Armitage & Nellums, 2020; Santini et al., 2020), cardiovascular diseases, delayed recovery, morbidity and mortality (Friedler et al., 2015; Holt-Lunstad et al., 2015; Plagg et al., 2020), and mental health problems (Banerjee, 2020; Batra et al., 2020). Social isolation can also put older people at the risk of developing unhealthy behaviors such as smoking, heavy drinking and lack of adherence to medications (Kinsella, 2015), suicide (Draper, 2014; Reger et al., 2020) and poor motivation to engage in physical activities and exercise (Pelicioni & Lord, 2020) which may make them more susceptible to negative health conditions.

In some societies, limited social support leads to increased elderly destitution and abuse (Dokpesi, 2017; Ncube, 2017), leading some older people to resort to alms begging. This might be more daunting for older people in Nigeria, given the lack of sound social security policies for older Nigerians (Fajemilehin & Odebiyi, 2011) with majority of older people who cannot earn an income and are not covered by the very limited pension scheme left at the mercy of their families for support (Ajomale, 2007). Although the government made an effort to provide material support in the form of relief packages (referred to as “palliatives” by Nigerians) to the less privileged during this pandemic, there is very little evidence that it reached every poor citizen, including older people (Young, 2020).

Several studies have investigated the health impact of COVID-19 on older people (Bauchner, 2020; Bonanad et al., 2020; Le Couteur et al., 2020; Petrilli et al., 2020) and a number of other studies have explored how the non-pharmaceutical anti-infection measures have led to social isolation and loneliness in older people (Brooke & Jackson, 2020; Simard & Volicer, 2020). However, there has been no research on the impact of the pandemic on social support to older people in Nigeria, especially in rural Nigeria where most older people there are not covered by the pension scheme and depend almost solely on support from informal social networks such as family, friends and neighbors for care and support. Therefore, this study aimed at investigating the impact of the COVID-19 pandemic on social support provided to older people in rural Nigeria.

Materials and Methods

Study Area

The study was conducted in the community, a rural area in Awgu Local Government Area of Enugu State, southeast Nigeria. The population of Awgu according to the 2006 census was 266,300 with 16,622 people aged 60 years and over (National Population Commission [NPC], 2010). The choice of this study area was motivated by the fact that one of the researchers resides there and was thus, not affected by the movement restrictions and would face no difficulties communicating with the participants in their native dialect.

Sampling Procedure/Data Collection

We adopted simple random sampling to select four villages (Umuonyia, Umuogodo, Amagu, Umuanebe) out of the 12 villages (Umuonwo, Umonyia, Umuogodo, Awkunanaw, Ebeke n’oji, Umuolu, Enugu-agu, Amagu, Umuanebe, Umuiske, Umuanebe, Umuogba) which make up the community. We used availability sampling in selecting participants who met the study criteria (aged 60 years and over) and were willing to participate in the study. A total of 11 participants were recruited for the study comprising of seven females and four males. The rationale for sampling only 11 participants was because of the current pandemic as we made effort to limit contact with older people to ensure their protection. We also consider the sample size of 11 sufficient for a qualitative study to provide sufficient data for theoretical saturation (Nelson, 2017).

In-depth interviews were used to collect data from the participants. The researchers collectively designed the interview guide, while one of the researchers who is an indigene of the study site conducted the interviews. The Ethical Committee of the Department of Psychology, University of Nigeria, Nsukka approved the study. Information sheet containing the aims of the study, roles and rights of the participants was read out and explained so that participants can understand the purpose of the study, and the participants gave their verbal consent before the interviews commenced. The interviews were done in the participants’ homes as this was their preference. The interviews were conducted on the front-porch of their homes and the researcher observed the required infection prevention measures: strict social distancing, use of facemasks, hand washing and the use of alcohol-based hand sanitizers, which served as protective measures and to inform the participants of the importance of COVID-19 prevention measures. Due to the pandemic and the advanced age of the participants, the
 researcher ensured that each interview lasted between 35 to 45 minutes to avoid fatigue. With the approval of the participants, responses were audio recorded and some non-verbal cues and other relevant information were recorded on a field note pad.

**Analysis**

The interviews which were originally in the dialect of Igbo language were transcribed into English. The transcribed versions were then compared with the field notes to ensure we retained the original meanings of what the participants said. This helped validate views and prevent important information being lost in translation (Kalof et al., 2008). The data was then coded inductively using Nvivo 12, starting from simple descriptive codes to more analytical codes and building a coding tree. We then analyzed the data using thematic analysis which involves finding out, interpreting and reporting patterns of meaning with data (Ritchie et al., 2014).

Drawing from Bryman’s (2016) recommendations, relationships between the themes and research questions were examined, and labels adequately reflecting the codes were assigned. Labels were given to the participants as a form of identification and to ensure anonymity (Willis et al., 2016) according to their pseudonyms, age and gender. For instance, the abbreviation “Vicky, Female, 67, Trader” refers to a 67-year-old female respondent pseudonymized as Vicky who works as a trader. Findings were written up and themes without enough evidence to support them were discarded.

**Findings**

Two major themes emerged from the analysis of the data. The first theme showed the diminishing material support to older people in rural Nigeria while the second theme revealed the diminishing intangible support as a result of reduced social contact with family and friends. The themes will be presented after showing the participants’ demographic features.

**Demographic Characteristics of Participants**

A total of 11 participants with varying demographic features participated in the study. The age of the participants ranged between 60 to 81 years with majority of the participants \(n=7\) being females, which may be because there are more female older people in the community. The occupational status of the participants shows that eight of the participants are retired, two are traders and one is a farmer. Four participants did not have any formal education, four had primary education, two had secondary education while only one had university education. Two participants live with their spouses and children, one live with their children while eight live alone.

**Diminishing Material Support**

The COVID-19 pandemic has not only exposed older people to health risks, but also affected their economic welfare as many of them depend solely on their family for material and financial support which is diminishing as a result of the pandemic. Comparing the level of support that they received before and during the pandemic, the older people in this study credited the changes in their material support to two major factors. Firstly, the recommendation for continuous social distancing to protect older people has limited social contact between them and their children. Some rural older people believe that the support they receive from their children reduced because of the limited contact they have with “the ones outside who should have come back but couldn't” (Rooney, Male, 72, Retired). A male participant had this to say:

Well, before the corona started, my children were the ones taking care of me and my relatives. I had no problem but it was when this corona started that everything changed. I used to feed well before, I eat whatever I want. . .but when this corona started, people were asked not to go out. . .That was when I myself was affected. (Rooney, Male, 72, Retired)

Another added:

My children took good care of me prior to the lockdown. Lockdown was big punishment for me because eating was difficult. It was so bad that nobody visited another; even when a brother or sister is sick, you don’t go for fear of contracting the virus. (Vicky, Female, 68, Trader)

Secondly, the economic hardship which is a fallout of the COVID-19 pandemic has limited support to older people as many of their children lost their means of livelihood. The lockdown and movement restrictions impacted on the livelihood of people in Nigeria which has invariably affected their ability to provide for their older parents in the village. Rural older people identified that their children now struggle financially as a result of the COVID-19 pandemic and this has led to reduced material support for them: “this virus prevented a lot of things. People render help before the virus but since its emergence, everywhere is tightened and most do not give anymore” (Scholes, Male, 73, Retired). Three participants narrated:

There isn't much of any assistance coming from anyone. No one buys something again while coming back home or give out money for our medication because there is nothing now, and it is really disturbing. We are begging God to help us. It caused a few persons to stop coming. It is only someone who feeds well that can give out to another person. (Rooney, Male, 72, Retired)

Currently I believe everyone’s bounty and pocket are tightened up. The level of freewill giving before the
The pandemic was way higher than it is now, most people who try to give or help the old, poor and needy in any little way now do that based on one or more ulterior motives. (Ferdinand, Male, 73, Retired)

It is just by God's grace that we are coping and still alive. We do feel it much in the village 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. (Vicky, Female, 68, Trader)

Analysis also revealed that the government provided relief materials, popularly referred to as palliatives, in the form of food items like rice, yam, tomatoes, onions etc., to cushion the economic effects of the lockdown and movement restrictions. However, some participants identified that they did not benefit from the said palliatives while some argued that the palliatives were very limited and were exhausted within a few days. It is also noteworthy to state that these relief materials were generalized and distributed to the entire rural community with no special considerations for older people. Thus, the peculiar nutritional and medical needs of older people were not accounted for. A participant commented:

I don't have anyone taking care of me. I'm just managing myself but there was a time they shared food items and sent money to those in the village and some of us were given some of these things. They brought rice, oil, onions and garri [cassava flakes] which they shared to us, but not everyone got it. (Vicky, Female, 81, Retired)

**Diminishing Intangible Support**

Non-material support to older people in rural Nigeria also reduced as a result of the COVID-19 pandemic. To manage the pandemic, there was an imposition of a total lockdown of the country, which was then lifted in trenches and replaced by mandatory inter-state movement restrictions and recommended continued social distancing. The participants identified that all these measures have limited social contact between them and their children, as their children were not allowed to visit them in the village because of the lockdown and movement restrictions, and even after the restrictions were lifted, their children were encouraged to stay away from them to keep them safe given their intense vulnerability to the disease.

Everyone used to contribute to help, like my younger son who would come and sweep for me when the place is dirty. Some of them just come to discuss with me and keep busy. But you don’t see them again. (Charlotte, Female, 68, Retired)

This has deprived many older people of in-person communication with their children and the companionship they get when their children come to visit them in the village: “I felt it because they don’t come again to discuss with me and they don’t bring anything again for me” (Rose, Female, 79, Farmer). They are not allowed to visit their neighbors and friends also: “Is there anyone going to people’s houses this period? Everyone stays indoor; I cook the little thing I see and eat alone” (Thelma 4, Female, 81, Retired), so, many of them complained with disappointment that they spend most of the time indoor with no one to speak to and no one to listen to “this is like death, you don't hear from anyone and you talk to no one” (Charlotte, Female, 68, Retired). They can only communicate virtually with their children and friends, through phone calls. However, this mode of communication is not sufficient as they are deprived of the facial cues, gestures and general warmth associated with talking to others in person.

Participants also revealed that the pandemic has limited the intangible assistance they receive from their children. Prior to the pandemic, many of their children visited them regularly to assist with house chores, such as cleaning their homes, washing their clothes and utensils, and ensuring that their household fittings are maintained, but things have now changed. Their children no longer ask after their wellbeing as before and do not even know if the older people with chronic or preexisting conditions still have and take their medications. Some older people were also worried that their children may be unable to come to the village to assist them in farming activities. However, one of the participants stated that her children agreed that one of them will come to assist her, irrespective of the risks involved: “everyone agreed that my younger son will come and sweep for me when the place is dirty” (Belle, Female, 75, Retired). Although this might pose some risks for the participant, her children may reason that it is safer for only one of them to visit their aged mother compared to all of them visiting her at different times.

The person who normally comes around to do that is John my son. He does come around while I am sick to take care of me now. Before, all of them used to come but since this corona [COVID-19] started, they stopped coming to take care of me. (Charlotte, Female, 68, Retired)

Three participants maintained that the economic fallout of the pandemic is also a contributing factor to their limited social contact with their children. They opined that their children are too busy trying to recuperate from the economic hardship resulting from the pandemic and so, do not have the luxury of spending time with them: “nobody has time for us anymore, they are pursuing money” (Scholes, Male, 73, Retired). The older adults revealed that their children visited them at least once every three weeks before the lockdown but did not visit at all during the lockdown; some participants stated that it has been more than a month since they last saw their children after the lockdown was lifted. One of the participants stated that her children cannot visit her because they do not have the financial resources to buy things for
her and they cannot just come visiting without bearing gifts and money: “. . .he won’t come if he doesn’t have money to give me” (Apfel, Female, 60, Retired).

Finally, this diminishing material and non-tangible support to older people will be detrimental to them as many no longer earn a living and depend solely on support from family and friends. This can put older people at risk of poverty. In addition, the limited social contact may also put them at risk of social isolation and loneliness which may imply severe health implications for them: “It pains me. It touches [deeply affects] me because I am not happy about it” (Thelma 4, Female, 81, Retired).

Discussion

The role of social support in the health and wellbeing of older people cannot be overemphasized. It helps them deal with the economic, psychological and physical health challenges that come with ageing (Ajibade et al., 2017; Dykstra, 2015). However, the COVID-19 pandemic has presented not only a health challenge for older people but has also affected other aspects of older people’s lives, especially with respect to social support. Due to the lack of institutional support for older people in rural Nigeria, they depend almost completely on informal social networks such as family and friends for social support (Ebimgbo & Okoye, 2017; Oluwagbemiga, 2016). But this support from family and friends is reducing because of the pandemic.

The family bears the major responsibility for the financial and material needs of older people in rural Nigeria (Oladeji, 2011; Oluwagbemiga, 2016), seen in the way the children of older adults visit them from the urban areas with food items, clothes and money. Findings from this study have however shown that because of the pandemic, the rate of visits from the children has reduced, leading to reduced material support for the older people in rural Nigeria. The findings also reveal that the economic fallout caused by the pandemic which has limited their children’s income also contributed in the reduction in social support received by older people.

This limited material support to older people in rural Nigeria will possibly put them at a higher risk of poverty and destitution (Dokpesi, 2017). Nigeria does not have a good social security policy for older people and the existing pension scheme is very limited and only covers for older people who worked in the civil service (Ajomale, 2007; Fajemilehin & Odebiyi, 2011). Thus, many older people in rural Nigeria do not benefit from the pension scheme and do not work to earn a living, leaving the burden of care and support on informal social networks such as family and friends. However, with the economic resources of these informal social networks diminishing and the limited contact with the social networks leading to limited material support, rural older people are now at increased risk of poverty.

The family, friends and neighbors are also the major sources of intangible support to older people in Nigeria. Institutional care for older people is not popular in Nigeria, thus older people age in their homes with their children and younger relatives coming to provide them with assistance. The family members would assist older people in house chores (Oladeji, 2011) give them information and advice, and listen to them (Oladeji, 2011; Olamrewaju et al., 2018; Oluwagbemiga, 2016). With the initial lockdown and subsequent recommendation of social distancing, contact with social networks has significantly reduced for rural older people, thus leading to reduction in intangible support to older people in rural Nigeria. Again, changes in nutrition of older people as a result of the changing social support may present health risks for older people; it may precipitate the exacerbation of heart failure and the lack of exercise as a result of social isolation, and may lead to deconditioning with subsequent weakness and falls.

This reduced social contact will lead to older people feeling lonely and socially isolated (Brooke & Jackson, 2020; Simard & Volicer, 2020). The loneliness and social isolation may invariably lead to health risks such as cardiovascular diseases (Friedler et al., 2015; Holt-Lunstad et al., 2015), anxiety and depression (Armitage & Nellums, 2020; Santini et al., 2020) which can result in increased morbidity and mortality (Friedler et al., 2015; Holt-Lunstad et al., 2015; Plagg et al., 2020). Furthermore, findings show that children also visit their older parents in rural Nigeria to check on their wellbeing and ensure they take their medications. But the pandemic has led to limited contact which may put older people into risk-taking behaviors such as heavy drinking which may lead to falls, and lack of adherence to medications (Kinsella, 2015).

To bridge the gap in material support created by the pandemic, social workers should advocate for the government or non-governmental organizations interested in the affairs of older people to provide relief materials for these rural older adults as a short-term remedy. The current pandemic has exposed the limited support to older people and their complete dependence on informal social networks for financial and material support. Therefore, for a long-term solution, it is important for the government to start making sound social policies that will provide social security for older people beyond the limited pension scheme.

The communal culture of Nigeria will make aggressive physical distancing measures difficult for rural older people to adapt to. People, therefore, need to be encouraged to maintain connection with older people in rural communities through telephone conversations. Family members can also assign one child the responsibility of visiting older adults while maintaining anti-infection measures such as the use of face masks to ensure that older people have social relation, do not fall into the risky behaviors identified above and have improved cognitive stimulation which comes with socialization.
Finally, gerontological social workers should pay attention and inquire about the unmet social and functional needs of most vulnerable older people in rural Nigeria. They should try to ensure that these adults receive food and remain active; this may be made possible through food delivery and activity schedule for older people. Although, the activities of social workers in Nigeria are limited by the non-professionalization of the discipline, social workers in Nigeria still make pronounced efforts to advocate for the vulnerable in the society through advocacy programs aimed at influencing policies that affect vulnerable people in Nigeria. Therefore, social workers can and should advocate for policies that will sustainably provide social security for all older people in Nigeria, given that the current pension scheme is very limited.

Limitations
The current pandemic and its health risk on older people posed a limitation to the number of participants sampled for this study and also the time allocated for the interviews as the researcher tried to ensure the participants were not stressed out. Therefore, we recommend cautionary interpretations of the findings as the researcher tried to ensure the participants were not stressed out. We acknowledge Igwe Goody for granting us permission and providing us with assistance during the data collection.

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