

The Tale of Older Adults in a Ghanaian Urban Society During the Peak of COVID-19

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ABSTRACT

The study explored the psychological, social, and emotional challenges the older adult experienced during the peak of Covid-19. The interpretivist philosophy underpinned the study, utilizing phenomenological design to unearth the socio-emotional and psychological experiences of the older adults during the peak of the pandemic. Interviews were conducted to permit the participants to pour out their experiences during the period. The study unveiled that the older adults experienced social, emotional, and psychological challenges, which invariably had rippling effects on them. Social support was virtually non-existent for the older adults in the study area during the peak of the pandemic. The social bond and solidarity people used to offer their relatives including the elderly seemed to have been exterminated during the period. The neglect of the elderly during the period is a societal failure. Consequently, social, and behavioral sciences need to offer valuable insights for managing the pandemic and its impact on the elderly in society.

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Introduction

In late 2019, the world started experiencing one of the most dreaded and devastating health conditions and it escalated since then. The Coronavirus, alias Covid-19, was detected in Wuhan, China, in the late 2019 and it spread to all cranes and corners of the global world at a frightening rate. Covid-19 since then became a global pandemic having a toll on all aspects of the economies of the world and its people. In January 2020, the World Health Organization (WHO) declared Covid-19 a public health emergency of global pandemic following its sporadic spread to 118, 000 cases across the world after three months of its detection in Wuhan, China (WHO, 2020). The outbreak of the virus reached the rest of the world within a considerable short period of time (Radwan & Radwan, 2020b), which sent shivers and quivers into the spines of the rule and the ruled. By 26th May 2020, the dreaded disease had claimed well over 350, 000 lives and plagued 5.5 million human lives globally (WHO, 2020); and by end of the month of May 2020, the global infection rate had risen to 6, 000,000 with 400,000 deaths (Johns Hopkins University School of Medicine, 2020). At the national level, more than 7,000 Ghanaians had contracted the disease out of which more than thirty had succumbed to it (Ghana Health Service (GHS), 2020).

The indiscriminate spread of the deadly virus to every part of the world at an alarming rate had a toll on all categories of the world's population including older adults. Meanwhile, the world has been experiencing a rapidly ageing population. There had been a rise in longevity of people leading to the higher aged group. Worldwide, there were 1.2 billion older adults in 2010 and it was estimated to be 16% of the world's population in 2050 (WHO, 2011). Impliedly, during the Covid-19 era, the aged population was high. Coincidentally, it had been observed that outside crisis, the older adults have high rates of depression symptoms (Li, Zhang, Shao, Qi & Tian, 2014).

Research had also unveiled that the Covid-19 virus causes serious consequences to the elderly as there is a higher mortality rate in older adults and especially those with comorbidities like chronic respiratory disease, chronic kidney disease, cardio-vascular disease, and hypertension (Zainab, Ricci, Devyari, & Ramarao, 2020; Pant & Subedi, 2020). Consistent with this situation, Madhavan and Bikdeli (2020) had unearthed that patient with underlying conditions were mostly and severely affected by the Covid-19 pandemic. Armitage and Nellums (2020) had also discovered that older adults were the most impacted by the side effects of COVID-19. As NYC Health (2020) corroborated, the older adults formed a higher percentage of confirmed COVID-19 cases and mortality. WHO (2020a) further reported that older adults have a high risk of experiencing severe COVID-19 pandemic.

Age, therefore, is considered quintessential in reducing people's chances to survive the Covid-19 health condition especially those above 60 years (Jordan, Adab & Cheng, 2020; Zhou et al., 2020). The older adults' vulnerability to Covid-19 is due to the physiologic changes with ageing, which decreases the immune function of the human system (Sohrabi et al., 2020). The older adults having underlying health conditions facilitate acquisition of the virus or are predisposed to the condition. This situation renders older adults highly susceptible to contracting the Covid-19 virus and if they do, they have a higher risk of death (Petretto & Pili, 2020). Hence, the elderly constitutes the at-risk population.

The high percentage of the aged population and their vulnerability to the virus necessitated much more attention to their wellness. During the era of Covid-19 pandemic, all aspects of the wellbeing of the elderly including their social, emotional, psychological, and physical states ought to be of paramount importance to

all. As Fischer, Reriber, Baseher and Winter (2020) contend, the principle of solidarity, which is used in social health insurance scheme also applies to the Covid-19 pandemic. So, care givers, relatives, and friend's ought to act in solidarity and responsibly to protect the elderly who constitute the at-risk population.

Motivation for the study

The outbreak of the Covid-19 pandemic and its unimaginable consequences on the economies and the people of the world had ignited monumental research actions. Consequently, research attention has been paid to the effects of the pandemic on the citizens in general. Brodeur, Gray, Islam and Bhuryin (2020) studied the economic implications of the pandemic for Africa while Radwan, Radwan and Radwan (2021) investigated and discovered the main challenges facing older adults during the Covid-19 era to be preventive measures, misinformation, well-beings, limitation in access to nutritional needs and violence. Daoust (2020) examined older people's attitudes toward and compliance with the preventive measures of Covid-19 and uncovered that the older people in the study district had unfavorable attitude towards and poor compliance with the measures. Wong et al. (2020) also conducted a cohort study on the impact of Covid-19 on the older adults and found that it had significant increase in loneliness, anxiety, and insomnia. On their part, Pant and Sebdi (2020) investigated the consequences of social isolation on older adults and concluded that the practice had immense effects on their physical and mental health. A study executed by Blaser (2020) disclosed that feeling isolated leads to many deleterious consequences like anxiety and depression. Similarly, Cacropo, Grippo and London (2015) discovered, among others, that loneliness was associated with risk factors including retrogression.

Although the foregoing studies sought to scientifically inquire into Covid-19 and the elderly, attention had not been focused on the psychological, social, and emotional experiences of the older adults who constitute the at-risk population in our societies during the peak of the disease. Research attention on the effects of Covid-19 and the older adults was essential because the restrictions and other protocols for curbing the pandemic tended to render the older adults isolated with their attendant difficulties. When the Covid-19 was declared a global pandemic, governments of countries around the world instituted public health preventive measures for their citizens in the bid to curtail the spread of the virus (Ultych & Fowler, 2020). The measures included social distancing, social isolation, and lockdown, which became necessary to reduce the risk of infection. Ordinarily, social isolation and loneliness had been linked to unfavorable mental and physical health issues such as increased anxiety symptoms and depression (National Academies of Science, Engineering and Medicine, 2020) and increase risk of hypertension, cardiovascular diseases, obesity, cognitive decline, and death (National Institute of Ageing, 2019). It had been observed that during the isolations, older adults did not receive visitors, which could increase their vulnerability and neglect (Gardner, States & Bogley, 2020) as well as make them susceptible to potential psychological stress (Makaroun et al., 2020).

Meanwhile it is during this period that close associates ought to offer requisite assistance, care, and support to the aged to ensure their safety via whatever means feasible. Morrow-Howell, Galuda and Swinford (2020) undertook an investigation and found that the Covid-19 had economic hardship and adverse health wellbeing effects and called for the need to increase family and intergenerational connections as well as renewed energy to combat social isolation. It was imperative then to conduct research into the untouched aspects of the aged and Covid-19 as

health includes not only the physical wellbeing of individuals, but also their mental and social affairs. The paper therefore sought to fill the lacuna by delving into the social, emotional, and psychological challenges the aged experienced during the peak of Covid-19 in an urban society in Ghana.

Method

The study was conducted in an urban Ghanaian society where care homes are not a common practice. In most Ghanaian societies, the elderly lives with relatives, mostly the extended family members including children, grandchildren and distant kins. At all times, the elderly relates and socializes with and enjoy social support from kits and kins. Not all the elderly receives support and comfort from members of their families, communities, religious affiliations, among others. This speaks to the close social tiers and bonds that prevail in the homes of the Ghanaian societies. Sunyani, the city where the study was conducted, is a cosmopolitan and a regional capital of the Bono region with diverse population about age and ethnicity. It was, therefore, an ideal environment to execute such a socio-cultural study to unearth how the social support, which prior to COVID-19, was a common practice, played out during the peak of the pandemic.

During the peak of the COVID-19 pandemic, Ghana, like most countries of the world, instituted measures such as social isolation, social distancing, and lockdown in the endemic centers although Sunyani did not experience lockdown, to curtail the spread of the virus. These measures invariably reduced movement of people, to a very large extent, although non-physical contacts were not disallowed.

The interpretivist philosophy underpinned the study, utilizing the phenomenological design to unearth the socio-emotional and psychological experiences of the older adults. The unstructured interview was conducted to permit the participants to pour out their experiences during the period. Rigor was ensured via the techniques of credibility, transferability, and confirmability. Re-reading and member check, audit trail and reflexivity were respectively employed to ensure credibility, transferability, and confirmability, and eventually led to enhancing the trustworthiness of the study outcomes. The analysis of the data followed the procedure given by Colaizzi (as cited in De Chesmay, 2014) which involves reading and re-reading of the transcript to have a feeling of their experiences, extracting significant statements to get the meanings, categorizing the meanings into clusters, integrating the findings into description of the phenomenon, validating the findings by returning to the participants and effecting any changes received into the final description of the phenomenon. The outcomes of the study were analyzed and presented thematically based on the issues which emerged from the conversations.

Results

The outcomes of the study are presented thematically based on the phenomena which emanated from the analysis.

Psychological challenges

Feeling worried and frustrated – the participants were always worried and frustrated especially on hearing of the death of the elderly in their vicinities.

“when I hear that some people have dead and were in their advanced age, then I become so worried. That whole day can’t do anything for myself (72 years, female)”.

“as we were told that those of us who are old and have underlying conditions are susceptible to Covid-19, I never had my peace. I most of the time felt worried, I will suffer should I contract the virus” (69 years, male).

Feeling distressed – the situation puts the participants in a distressed mood during the period.

“I was always feeling distressed which increased my sugar level almost every day” (75 years, male).

Feeling rejected – the development prevented relatives and significant others from connecting with them.

“It was like, I don’t have anybody in my life. No one will come to you and even your own kids will only come close when you request it. They all fear that old people get the disease” (82 years, female).

“Do you know that your family members did not call to find out how, me the old lady was doing? HMMMMM, Covid-19, my family members, church members and community members I’ve been doing things with, rejected me” (69 years, male).

Social challenges

Feeling isolated – the participants did not enjoy companionship with those they used to prior to the outbreak of COVID-19.

“I am always alone in my room. When you see me outside, then I need help and looking round to see if someone is there to help” (66 years, male).

“I was always reading information from my phone and watching TV. I really wanted my grandchildren to stay away from me” (72 years, female).

Feeling helpless – the participants also felt helplessness.

“During the period, I was not able to witness and couldn’t do one thing for a long. My concentration on issues was a problem” (80 years, female).

Emotional challenges

Feeling apprehensive – the participants felt frightened during the period.

“I was afraid that I will contract the virus, so, I was always thinking about it. I started when I heard that someone had contracted the virus at my hometown, I had visited less than a month ago” (70 years, female).

“My weak health condition always put me in a frenzy mood. They were saying that if you have some diseases, you can get it so easily. I was always afraid” (67 years, female).

Feeling moody – the condition made the participants moody.

“Any small thing, then I become annoyed. At times, I was angry with myself for no reason and I used to realise that...” (65 years, male).

“Not able to go out and having people to interact with was my headache. I then decided to avoid those who wanted to disturb me all together” (67 years, female).

Support from nuclear family

The participants enjoyed relatively good support from their close kins.

“My children did well by helping me with the things I needed. Even two of them who are not here visited and spoke with me that I’m safe” (72 years, female).

“Oh, my children did well. They did all they could to help during the period while observing the protocols” (65 years, male).

“My children who stay with helped although not too much...” (80 years, female).

Support from extended family

The participants did not seem to have enjoyed support from their external family members during the pandemic. Their relatives did not, in any way, seek to check up on them to know how they were faring as older adults, who were vulnerable to the health condition.

“Hmmm, my relatives were not even calling. My younger brother I was expecting him to be calling to check up on me even did not believe the COVID-19 disease” (72 years, female).

“I did not get support from my kinsfolks. Everybody was afraid of COVID-19, so they didn’t visit to know how I’m doing” (82 years, female).

Support from others

The participants averred that during the period they did not enjoy support from other significant categories of people such

as friends, religious affiliation members and members of their associations. Among other reasons for joining religious groups, associations and others is to enjoy social and emotional support during crises, yet the participants did not have the expectations fulfilled during the pandemic.

“Apart from my children, nobody came or called to find out how I was doing. Even my church members, it was recently that two of them met me in town and told me, they made the effort of reaching up to me but the calls didn’t go through” (72 years, female).

“Hmmm, I called some of my former co-workers who are also old. I wanted to know whether they were safe” (65 years, male).

“I remember a priest and my group leader at church called me once to talk about church activities. Although they found out how I was faring, but I don’t know whether they called purposely to know my welfare due to the Covid-19” (69 years, male).

Discussion

The stories shared by the elderly disclose that during the peak of the pandemic they experienced psychological, social, and emotional challenges which were worth the attention of those who matter in managing the affairs of the older adults. The psychological challenges that the older adults encountered were feelings of worry and frustration, feeling of distress and rejection. Hearing the news about the vulnerability of the aged and the unfortunate passing on of their counterparts who contracted the virus posed a psychological challenge to the older adults. The thoughts of them also are likely ‘to give off the ghost’ should they get the disease tended to wrangle in their minds which made them feel frustrated. This discovery corroborates that of Makaroun et al. (2020) that the pandemic made the participants

susceptible to potential psychological stress. The feeling of anxiety and distress served as a psychological challenge which is an unhealthy situation. Neuman, Mor and Kaplan (2020) also discovered that older adults experienced anxiety and depression due to the pandemic. This situation would make them feel a sense of uncertainty and fear. Studies had also discovered the psychological effects of the COVID-19 crisis to be stress, anxiety, and depression (Sigdel, 2020).

The emotional challenges that the participants had during the period include feeling of apprehensiveness and moodiness. According to them, they were uncertain of their faith as anything could happen to them. Consequently, they were always in a frenzy mood. The result confirms Pant and Subedi's (2020) discovery that the COVID-19 posed emotional challenges to the older adults. The pandemic caused emotional distress and feeling of loneliness to the elderly due to the lack of contact with significant people in their daily lives. The inadequate visitations by people, especially family members and friends, caused the older adults to feel sidelined which was a worry to them,

On the social challenges, it emerged that the older adults felt isolated and helpless. The social distancing and other restrictions required a reduction in movement. This development made the older adults stay alone in their residences. During the peak of the pandemic, they did not enjoy the companies of other people including their relatives which consequently made them feel isolated. The sense of fear and uncertainty was deduced from their stories. Kits and kins did not seem to have employed digital tools and other resources to get in touch, interact and fraternise with the older adults during the time they needed social support, the most. The inadequate support from the kits and kins during the peak of the pandemic as revealed by the study is consistent with what was discovered by Petretto and Pili (2020), which

made these authors to make a clarion call for the need to support the elderly during pandemics.

Pant and Subedi (2020) postulated that the COVID-19 measures such as physical distancing, movement restrictions and home quarantine contributed to the increase in social isolation especially for the elderly, a situation that the older adults in the Sunyani township experienced. The situation restricted the social lives they used to experience prior to the outbreak of the pandemic. Participants stressed the issue of isolation, and its associated challenges as human beings are gregarious animals who always desire to fraternise and interact with others, *ceteris paribus*. The participants felt rejected because of inadequate visitations. A study by Blaser (2020) disclosed that feeling of isolation leads to many deleterious consequences like anxiety and depression. Some studies had also unraveled that social isolation had negative effects on older adults (Shankar, Rafnesson & Steptoe, 2015, Windle & Woods, 2004), which are consistent with the findings of the present study.

The study further revealed that the elderly received little support from only close relatives, which was their only source of support. The stories shared by the elderly pointed out how they missed interactions with their cronies and longed to meet at church and with their associations' members. They really appreciated social interactions though they did not get it. It is based on this that Kiakowski and Nadolny (2020) implored those who matter in the lives of the elderly to offer more support for them in challenging times. There is the need to create chances for older adults to have social contacts via non-physical means such as virtual conversations. National Academies of Science (2020) had called for the institution of programs that can escalate social connections between people to reduce the negative repercussion of social isolation. Affo (2020) also contends that virtual socialising and

online events are a common practice which helps to keep people from being completely isolated. Sequel to this idea, Finn (2020) suggests that people could be connected online during and after social distancing protocols are no longer in place. Digital tools and resources might be used to reduce the social isolation older adults experience and to help them stay in touch with family members and friends (Radwan & Radwan, 2020b). Technology is the sure bet for people including older adults to stay socially connected (Friemel, 2016). It flows from these expositions that COVID-19 should therefore teach us diverse ways we can connect to people non-physically to offer social and other supports to others, when needed. Social support is required by all, but most critically, the older adults during pandemics.

Conclusion

The challenges that older adults encountered during pandemics are overwhelming and warrant the attention of various relevant professionals. The complex health, social and psychological conditions of the older adults require multifaceted inquiry for a thorough understanding. This underscores the innumerable scientific inquiries that have been made about the older adults in the era of COVID-19. The present study adds to the plethora of studies on phenomena. The study's outcomes portray that the elderly experienced psychological, social, and emotional challenges during the peak of the pandemic in the middle and late 2020, which invariably had rippling effects on them. The study outcomes insinuate a woefully inadequate, and in instances, non-existent social support for the aged during pandemics. The social bond and solidarity that prevailed in the various Ghanaian societies seemed to have reduced or exterminated during the period. The profound expression of inadequate support via whatever means possible is a societal failure, which the social and

behavioral sciences need to offer valuable insights for managing pandemics and their repercussions on the elderly in society. The need for significant others to improve society to benefit the aged and their relatives cannot be overstressed.

It is believed that since ageing and COVID-19 are not unique to the study area, but to all societies, strategies from other societies to promote the health of the aged in the study area could be adopted. It is an imperative need for authorities to promote the health and wellbeing of the aged by fashioning out appropriate social policies targeting the at-risk population. We also need to promote healthy ageing in our families and communities for the benefit of all. The admonition by Morrow-Howell and Swinford (2020) that we need to increase family and intergenerational connections as well as renewed energy to combat social isolation that the older adults experience ought to be embraced by all for the welfare of the older adults during such unfortunate periods.

Limitations

The study has revealed the stories of the elderly on the socio-emotional and psychological challenges encountered during COVID-19 in an urban center in Ghana, which adds to the burgeoning literature on COVID-19 and the elderly. The study also contributes to understanding the state of the elderly during pandemics and how we can improve the social support we provide for the at-risk populations.

Despite the contributions of the study however, there are limitations such as the following, which ought to be recognised when reading the work. Primarily, the study adopted only a qualitative approach with its limitations of small sample size which provides just a small picture of the phenomena studied. The study utilising only the elderly in providing data about the

phenomena studied without the inputs of close kits and kins also limits the scope of the study and denies us of vital facts to crosscheck or triangulate.

Based on the identified limitations, it is suggested that a more elaborate study should be conducted to embrace both the elderly and their kits and kins to engender triangulation and broaden the scope of the study. Besides, as the study was conducted in an urban city, its replication in the peri-urban and rural communities to ascertain the socio-cultural and psychological challenges the elderly encountered and the support they received during the peak of the COVID-19 pandemic would not be out of place. Further, a comparative study of the challenges the male and female older adults experienced and how differently or otherwise they were supported by kits and kins would be laudable.

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