

Impact of social isolation in the context of COVID-19 on mental health of older adults in Osogbo Local Government Area of South-Western Nigeria

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Abstract

Traditionally, older persons co-reside with extended family members. The social relationship and structure of the extended family were such that the living arrangement promoted intimacy between older persons and younger family members thereby mitigating the problems of isolation and loneliness in old age. However, this living arrangement was altered by one of the COVID-19 mandates - social isolation, imposed by the federal and State governments in Nigeria during the pandemic. This was with a view to limiting in-person visits and lowering the risk of COVID-19 infection. As important as this approach was, there were also concerns that social isolation may increase risk for anxiety, cognitive decline, dementia, and depression among older adults. Although research has been conducted on COVID-19 directives in Nigeria, studies which, considered the impact of social isolation on mental health in older adults who, traditionally rely on and cherish time spent with friends and family members are sparse, hence this study. Utilizing qualitative data from in-depth interviews with older men and women, the paper examined the impacts of one of the COVID-19 mandates on mental health of men and women aged 60 years and older; identified the factors responsible for mental health challenges in older adults in social isolation and investigated the strategies

they adopted to cope with the identified mental health issues due to social isolation during the COVID-19 lockdown in Nigeria using Osogbo Local Government Area as a case study. The study showed that social isolation enforced by the federal government and state governments had negatively impacted on mental health of older adults in the study area. These findings are linked to movement restriction, stay-at-home and self-isolation orders that had made it impossible for children and extended family members to visit their aged relatives during the lockdown. The coping strategies employed include prayers, regular telephone conversations with family members, reduction in watching of television and observation of COVID-19 protocols, among others. Pragmatic policy options aimed at addressing this emerging mental health problem in older adults were highlighted.

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Introduction

Since it was first discovered in Wuhan City, Hubei Province, China in December 2019, the coronavirus disease of 2019 (COVID-19) has been sweeping through many parts of the world that generate a global health problem endangering human existence (WHO, 2020a). In January 2020, the World Health Organisation (WHO, 2020a) declared the outbreak of the disease a Public Health Emergency of International Concern (HEIC) and on March 11, 2020, the WHO (2020b) made the assessment and pronounced the virus a global pandemic. As of April 21, 2020, 89 countries with more than a third of the global population experienced lockdowns due to the outbreak (Global Health Research Policy, 2020).

Following the spread of the virus, the Federal Government of Nigeria also mandated all its citizens to observe the COVID-19

protocols such as the stay-at-home order, social distancing, and self/social isolation during the period. These directives have forced everyone to become more socially isolated more than ever before. However, the effects of social isolation among older adults have been found to be more distinct as they have more dreadful consequences than among people of other ages. It is not surprising therefore, that like in every country battling with the COVID-19 outbreak, older people in Nigeria were specifically directed to self-isolate and shut themselves off from other people who might risk infecting them. It is believed that this segment of the population is most vulnerable to the COVID-19 pandemic, due to their weaker immune systems and higher likelihood of having chronic underlying ailments such as heart disease, diabetes, lung disease and cancer. It was also strongly believed that having any of these conditions is a risk factor for suffering complications from COVID-19 (Wu, 2020). In many countries, whimsical direction taken by this deadly disease has led to massive mental health problems across all ages (Nair, Tripta, Appu & Aneesh, 2021). However, the effects of social isolation among older adults may be more pronounced and have more dire consequences than among people of other ages. The negative impacts of social isolation in later life have been widely reported, ranging from declining mental and physical health to reduced quality of life, increased mortality, and higher Medicare costs (Luo, Hawkley, Waite & Cacioppo, 2012).

While some studies have shown that diseases like COVID-19 pandemic has had an unprecedented negative effect on the lives of older adults especially those with multiple associated co-morbidities, (Weiss, Mays & Martz, 2005; Mohan, Sahana, Amit, Amita, Nandini, Murtaja, & Kakali, 2021), others have also indicated that social isolation has an unmatched harmful consequence on older adults such as anxiety, panic, adjustment

disorders, depression, chronic stress, and insomnia as the major offshoots (WHO, 2021; Eboiyehi, 2021).

Little wonder that the World Health Organization (WHO, 2021), reports that social isolation among older adults is becoming a growing public health concern, which have been made more salient by the COVID-19 pandemic. Social isolation is defined as the objective state of having few social relationships or infrequent social contact with others (Wu, 2020). In other words, it is a feeling that one does not belong to the society in which s/he lives. In the traditional African society, an older adult was part of the society and as such did not suffer social isolation. According to Fajemilehin (2000), s/he knows no poverty, deprivation, malnutrition, loneliness, neglect, or isolation. In Nigeria, as in other sub-Saharan African countries, older adults are known to co-reside with members of the extended family. The social relationship and structure of the extended family were such that the living arrangement promoted intimacy between older persons and younger family members thereby, reducing the problems of isolation and loneliness among older adults in the evening of their lives (Oyeneye, 1993). Furthermore, it is also believed among Africans 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 surround him or her at the twilight of his or life (Eboiyehi & Nwuzuirigbo, 2014; Eboiyehi, 2021). The advantages an older adult enjoys including 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). Aside from extended family members, an older adult also interacts, interrelates, and intermingles with other members of the communities (Abbate, 2016; Eboiyehi, 2021). Prior to the outbreak of covid-19, they also actively participated

in many social activities, such as attending meetings, churches activities, marriage ceremonies, traveling, and many other social events. Their connection to others also enables them to survive and thrive. That is why Jomo Kenyatta (1965) in his book *Facing Mount Kenya* stresses that in African traditional society, “nobody is an isolated person. Primarily, s/he is several people’s relative and several people’s contemporary.”

Unfortunately, the intergenerational relationships as described above have come under the influence of exogenous forces such as lockdown, stay-at-home, social, or physical distancing as well as self or social isolation directives, which have restricted an older adult to a corner in his/her room (Eboiyehi & Nwuzuirigbo, 2021; Otaki, 1998). Although social isolation is legitimate during the time of the outbreak of COVID-19, it also has a significant negative impact on older adults’ mental health status. Eboiyehi (2021) argues that if social isolation of older adults is not managed or reviewed, the close intimacy which the older adults enjoy may be reduced leading to depression and other mental health issues. In other words, social isolation during covid-19 could make matters worse for older adults who may not only be struggling with greater health risks but may also be less capable of supporting themselves when they are cut-off from family members. Eboiyehi (2021) and Muoghalu and Eboiyehi (2021) Thus, the mental health conditions of older adults worsened during the COVID–19 social isolation. Eboiyehi (2021) and Muoghalu and Eboiyehi (2021) in their studies in south-west and south-east Nigeria respectively, also found that COVID-19 protocols significantly reduced the levels of interconnectedness and intermingling among the elderly and their family members in their study areas. Other studies on social isolation in later life conducted elsewhere (Aishwarya & Pradeep 2021; Mohan, Sahana, Mit, Amita, Nandini, Murtaja & Kakali, 2021) also found that social isolation is a serious public health risk that affects a

significant number of older adults which puts them at higher risk of suffering negative outcomes which may lead an elevated rate of serious mental medical health conditions. In other words, social isolation during COVID-19 could make matters worse for older adults who are not only struggling with greater health risks but may be cut-off from the entire society including family members and friends. Although studies have been conducted in Nigeria on COVID-19 and older people (Eboiyehi, 2021; Muoghalu, 2021), the ones which considered the impact of social isolation in the context of COVID-19 on the mental health of older adults are sparse; 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 the mental health of older adults in Nigeria, using the Osogbo Local Government Area of southwestern Nigeria as the study area. The specific objectives are to:

- a. examine the impact of social isolation on the mental health of older adults during COVID-19 in Osogbo Local Government Area.
- b. identify the factors contributing to the mental health of older adults in isolation in the study area; and
- c. investigate the coping strategies they employed in dealing with the identified mental health issues while in isolation.

Method

Research design

The study is basically qualitative using in-depth interviews. In all, 32 in-depth interviews (QTIs) comprising 16 males and 16 females aged 60 years or older were conducted. An interview guide was developed to moderate the discussion and validated through pre-text among similar participants in Eleweran

community in Ile-Ife. Actual data collection was conducted between April 30 and May 25, 2021, after the 2020 lockdown and stay-at-home directives imposed by both the Federal and Osun State Governments were lifted. Each interview 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 high and low level of literacy among the study population, all in-depth interviews were conducted in English and Yoruba languages.

Study setting

The study was conducted in Osogbo and involved older men and women from different sociocultural groups in Nigeria. Osogbo Local Government Area (LGA) serves as the state capital of Osun State and administrative Centre for the Local Government Council (LGC). It is in southwestern Nigeria and consists of notable areas like Aiyetoro, Alekuwodo, Dada Estate, Fagbewesa, Idi Seke, Ata Olokan, Kola Balogun, Odiolowo, Oke Oniti, Okefia, among others. Osogbo lies on latitudes 07 40' north and longitude 04°30' east. It also lies along the Osun River at a point on the railroad from Lagos, 180km southwest and at the intersection of road from Osogbo, Ogbomosho and Ile-Ife. It also shares a common boundary with Ibadan (northeast), Akure (northwest), Ikirun, LGA, Ilesa LGA, Ede LGA, Egbedore LGA and Iragbiji which is the administrative seat for Boripe LGA. According to United Nations (UN, 2021), the city has a population of 731, 000 at 3.8% growth rate. It is a trade centre for farming in the southwest region. Yams, cassava, grains, and tobacco are grown there. Cotton is grown and used to weave cloth. In 1988, about 27% of the population were engaged in farming as their primary occupation, 8% were traders and about 30% clerks and teachers (Agbola, 1992). However, there has been a reduction of farming population due to an increase in educational enrolment in the

area. Four urban communities (UC) and 4 rural communities (RC) namely, Okefia, Omo West, Kola Balogun and Aiyetoro (urban), Ota Efun, Ita Olokan, Fegbewesa and Idi Seke (rural) were purposively selected. These communities were chosen because of their high concentration of older adults with significant number of migrant population and ethnic heterogeneity which presents a context where people from diverse backgrounds come together to work and do business. In each of the selected communities, 4 older men and 4 older women participated in the study. In all, 32 in-depth interviews (16 males and 16 females) were conducted.

Sampling procedure

The sampling procedure adopted in this study was purposive through snowballing method where the head of the community and an interviewee suggested another interviewee within his or her area. The in-depth 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 (60 years or older), sex (male and female) and ethnic group (Yoruba, Igbo, Edo, Urhobo, Iteskiri and Akwa Ibom origins who are residing in the study area at the time the study was conducted). The information provided by the interviewees was recorded while relevant notes were also taken where necessary. The collected data were later translated and transcribed for further analysis. Analysis of data followed two approaches, namely, ethnographic summary and systematic coding via analysis to accommodate verbatim quotations.

Ethical considerations

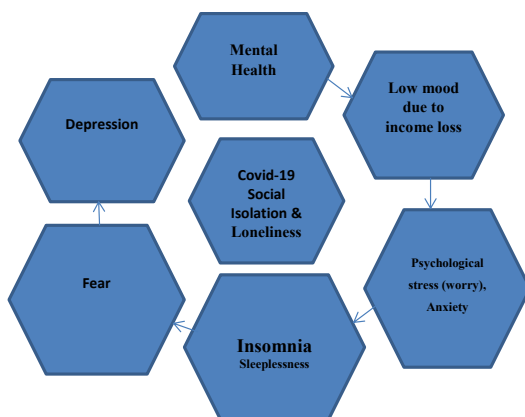
In compliance with ethical standards on research involving human subjects, the principle of ethics governing human research was observed with the aim of protecting the dignity and privacy of every individual who, during the data collection phase

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: chairperson of the Local Government Area (LGA), community heads and older people themselves. The prospective interviewees were introduced to the researcher by the local government chairperson 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 for anonymity and confidentiality was respected. Only older people who showed their willingness to participate in the study and who voluntarily gave the researchers their phone numbers were included in the study.

Results

Impacts of social isolation on mental health of older adults during Covid-19

Figure 1: Impact of social isolation on older adults



Source: Adapted from UN Policy Brief: The impact of COVID-19 on older persons.

During the in-depth interviews, the interviewees were asked about how social isolation impacted on their mental health. The prevalence of anxiety, depression, insomnia (inability to sleep or poor-quality sleep), psychological stress (worry) and loneliness were mentioned as shown in fig. 1 above. For example, a 67-year-old male interviewee at Ota Efun said:

The period of isolation was very stressful to me. I felt as if I was alone in the whole world. In fact, it had devastating impact on my mental wellbeing. At a point, the Doctor had to call my children for fear of me going into depression. Thank God it was effectively managed. I was emotionally disturbed because I have never been alone since I was born. I could not sleep properly throughout the period I was in isolation.

Yet, a widower at Ita Olokan aged 71 years stated as follows:

My inability to see my children and grandchildren who were around me made me physically and emotionally sick. They have been my rally point since my wife died about five years ago. I also felt the absence of my relatives who have always been at my beck and call. With their continuous support and presence, I did not feel the absence of my wife as I would have felt after her demise. So, you could see how being alone could be upsetting because there was nobody around me to share my thoughts with. This experience gave me something to worry about.

Correspondingly, a female interviewee at Fegbewesa aged 64 years affirmed:

The thought of death or losing a loved one made me feel troubled and distressed while I was alone in the isolation centre. These fears were compounded by the different kinds of rumors I was receiving about the disease which were not also helping matters. This affected my mood and was always feeling agitated. Because

I was not sure of what will happen the next minute, I found it difficult to sleep well because of fear, apprehension, and anxiety, which affected my mental state of health.

Similarly, a man at Idi Seke aged 74 years stated:

Being socially isolated for so many weeks affected my mental disposition. This is because it affected my economic and social life. For example, I could not go to farm during the period. My farm and cocoa plantation were covered with bush and there was nobody to help me attend to them. The thought of losing my crops, inability to see my friends and family members had negative impacts on my mental wellbeing.

Factors contributing to mental health challenges of older adults in social isolation

On identifying the factors responsible for mental health challenges in older adults in isolation in the study area, the following causes were identified by the interviewees: fear, anxiety, stress, rumors about the disease, inability to be visited by friends and family members, worry about the economic and financial loss, fake news, stigma attached to those infected, loneliness and the non-availability of personal protective equipment (PPE) for medical personnel. All these factors they said gave them concerns about their future as well as the future of their family members and relatives during the isolation period. For instance, a male interviewee at Omo West area of Osogbo, aged 66 years old lamented thus:

I must tell you that being in isolation for almost three and a half weeks was not easy. This is because you do not know what will happen that moment, talk less of surviving till the following day. To worsen my situation, news was flying about that older people

like us do not survive COVID-19 infection. The most fearful one is the number of deaths announced on the television and those that I read on social media. Throughout the time I was in isolation, I thought about my survival and those I left at home, particularly my wife, and my entire household. These alone gave me anxious moments, fear and depression that affected my mental health.

A 65-year-old retired Accountant from Osun State University at Fagbewesa remarked:

Staying at home 24/7 in the name of self/social isolation or as you may choose to call it lockdown was not easy at all. You may call it isolation, but I prefer to call it imprisonment. Loneliness was a major factor that gave me sleepless nights. Even our creator does not like loneliness and that was why after creating Adam, He quickly created Eve because He thought Adam would have run mad if he was alone in the Garden of Eden. How could one stay at home 24/7 when he is not a cripple? It drove me mad. Inability to visit my friends and family members or for them to pay me visits was a major challenge. This was compounded with inability to go to farm, market and even go to hospital to attend to my health issue. I can tell you; it was one of the major life challenges I have ever experienced since I was born some 62 years ago. All these experiences generate stress and anxiety that affected my mental health.

Some interviewees said they were worried about the monetary loss they incurred during the period of lockdown and isolation. For instance, a 67-year-old mechanic who was residing at Kola Balogun and who had not been able to conduct his business due to social isolation and lockdown directives imposed on populace stated as follows:

When I was in isolation, I lost substantial income because I have not been able to continue with my business while I was there. This gave me a lot to worry about. In fact, I was traumatised.

In addition, a female interviewee, a retired Secondary School teacher who lived at Aiyetoro and aged 70 years acknowledged:

Reading fake stories about the virus on media made me sick, helpless, and hopeless. This fake news such as deaths as COVID-19 being perceived as a death sentence coupled with stigma being attached to those that have been infected, the non-availability of personal protective equipment (PPE) for medical personnel gave me negative feelings and intensified my worries.

Coping strategies

Managing mental health and psychosocial well-being during isolation period is as crucial as managing one's physical health throughout the COVID-19 period. When interviewees were asked to respond to the question on how they managed their mental health and psychological well-being during the period spent in social isolation, the following coping strategies were mentioned: "maintenance of social networks with friends and family members", "limitation of physical social contact with others", "ensuring that only accurate information were received", "connecting with family members and friends through telephone", "social media and video conference", "engaging in regular exercise", "keeping regular sleep procedures", "eating appropriate and healthy food", "occupying oneself in prayers and reading the word of God:", among other strategies. For instance, a female interviewee who was residing at Omo West, and aged 62 years stated:

Although it was tough, I still managed to weather the storm and cope well. You can see it is only my wife and I that are living in this house. Our children are not living with us though some are here in Osogbo while others are within and outside the country. My major coping strategies are to ensure that I stayed connected

with them and other family members (both nuclear and extended). In other words, I ensure that I called them regularly. Aside that, I made sure that I rested well by having good sleep, eat good food to boost my immunity. They say one can be infected if his or her immunity is low.

According to a male interviewee who was a retired Secondary School Principal, aged 66 years (Aiyetoro):

Although I was worried, I ensured I observed all the COVID-19 protocols such as limiting physical and social contact with people to avoid being infected. I also advised my relatives to stay away from me though we were communicating always through telephone, social media, and video conference. These strategies were very helpful, and they made me survive the trying period.

Yet, another male interviewee at Kola Balogun area, aged 72 years asserted:

I reduced watching television and listening to all kinds of rumors about COVID-19 to avoid hypertension. I was only seeking information from my doctor and my children who were only advising me on what to do. Apart from that, my children were very wonderful during the period of isolation. They were supplying all the necessary things I needed: food stuff, drugs, clean water and call regularly to know the state of my health.

In addition, a 65-year-old female interviewee at Kola Balogun said:

Some palliatives sent by the government and support from good people in my neighborhood had assisted in reducing the stress that could have arisen during the period of isolation.

Yet, a male retired University lecturer, now a farmer at Fegbewesa and aged 71 avowed thus:

I tried as much as possible to increase reading stories that are encouraging, particularly those that have to do with the survivors of COVID-19. These have gone a long way in reducing stress, worries and anxiety. Also, the practical and emotional support I got from my family members was helpful.

Correspondingly, a male businessperson living at Okefia, aged 65 years asserted:

I engaged in regular exercise. I also ensured that I ate appropriate and healthy food, slept, and rested very well and occupied myself with prayers and reading the word of God. I believe in prayers, and I am of the view that it is only God that can save and restore our health and heal our land from this deadly disease. Most importantly I keep to my doctor's advice to avoid anything that could worsen my mental and physical well-being during the time of isolation. This includes the use of tobacco, alcohol, or other drugs.

One of the male interviewees at Ita Olokan who is also a retired civil servant, aged 68 years also stated:

The best way I handled the situation was taking a lot of vitamin C, Zinc, turmeric and ginger milk, black seeds and ensured I had a lot of fruits like watermelon, cucumber, vegetable, and local herbs at home as a way of preventing being infected by the virus. I was doing a lot of reading of books, newspapers, and magazines and more importantly, I ensured that I observed all the COVID-19 protocols such as regular washing of hands with soap, avoiding touching my face and contaminated surfaces as well as following social distancing and wearing of a mask, particularly when I went out to do physical exercises.

Discussion

This study was conducted a few months after the COVID-19 pandemic lockdown was relaxed. It is therefore timely in the sense that it focuses on the impact of social isolation on the mental health of one of the most vulnerable groups in the country.

The study is qualitative using in-depth interviews to elicit information from older adults who were socially isolated during the COVID-19 lockdown. Specifically, the study examined the impacts of social isolation on the mental health of older adults during COVID-19 mandates; identified factors responsible for the mental health challenges of older adults and investigated the coping strategies they employed in dealing with mental health issues they encountered during the period in Osogbo Local Government Area, Osun State in Southwestern Nigeria. The study plainly demonstrated that social isolation had negatively impacted the mental health of older adults in the study area during COVID-19 period. It argued that though social isolation is critical in protecting the older adults from contracting the coronavirus, it was found that it has had negative impact on older adults' social relations as they were unable to actively participate in many social activities, such as attending meetings, church activities, marriage ceremonies, traveling, visit or receive visitors religious as well as participating in economic and political activities, which they were used to. As family members were compelled to obey these orders, the social values that hold African families together were cut off which can also have all sorts of negative consequences for older adults ranging from depression, anxiety, low mood to increased mental health problems. This finding corroborated the assertion of (Albert & Cattell, 1994; Eboiyehi & Onwuzuruigbo, 2014; Eboiyehi, 2021) that living arrangements with other family members in multigenerational households had a way of strengthening the intergenerational relationship.

Eboiyehi (2021), also observes that was possible because in traditional African society, spouses, children, grandchildren, brothers, uncles, and other kin groups were always there to cater to the basic needs of the older adults. However, the study indicates that the social and self-isolation due to COVID-19 has altered these kinship and social networks. This can be attributed to the fact that the number of uncles, cousins, aunts, and other members of both the nuclear and extended family significantly declined during the COVID-19 lockdown period.

There is no doubt therefore, that most of the interviewees affirmed that they would not be able to survive if they were separated from their family members (i.e., their caregivers) and friends. Thus, if social or self-isolation directive is fully implemented by the governments and adhered to strictly by older adults, family members and friends, they would not only suffer loneliness but mental health illnesses. These findings are in tandem with Muoghalu and Eboiyehi (2021) and Tappenden and Tomar (2020) studies. While Tappenden and Tomar (2020), in their study on “Mental health impacts of Social Isolation in older people during COVID-pandemic, found that overwhelming feelings of isolation or loss of social relations with friends and family members had contributed to the cognitive decline leading to low mood, psychological stress, anxiety, worry, insomnia, fear and depression and sensitively to threat; Muoghalu and Eboiyehi’s paper in 2021, on “the effects of COVID–19 pandemic on the mental health of the elderly Igbo in two selected local government areas in Anambra State of South-eastern Nigeria” found that during the lockdown, older people mentioned difficulties in meeting their friends, family, relatives, and missing social participation as major factors that contributed to mental health disorder. This was also found to have led to the worsening of pre-existing loneliness and social isolation in older adults.

The study has also indicated myriads of mental health challenges associated with social isolation of older adults during COVID-19 in the study area. Health anxiety, panic, adjustment disorders, depression, chronic stress, and insomnia were identified as the major offshoots. Fear of death, contracting the disease, difficulties in meeting friends and family members as well as difficulties in accessing health facilities, farm, market, healthcare centers were commonly reported by the participants as contributing factors. These findings validated the study in Korea by (Kang, Bae, Kim, Shin, Shin, Yoon & Kim, 2017), that fear, depression, loneliness, and anxiety during the time of isolation in their study area did not only affect physical health but also adversely affected their mental health. In addition, the studies conducted in China, UK have also shown that prolonged loneliness, and isolation have a serious public health concern as it increases the prevalence of depression, anxiety, stress, and insomnia in older adults (Brooks, Webster, Smith, Wessley, Greenberg, Rubbin, 2020; Qiu, Shen, Zhao, Wang, Xie, & Xu., 2020).

On the coping strategies employed in dealing with the mental health problems due to COVID-19, the participants reported many ways in which they managed the stressful conditions. While some of them reported staying connected with family members by way of making regular telephone conversations, others said they ensured they had adequate rest and sleep, consumption of local herbs, reading of Holy Bible and Holy Koran, eating balanced diet to keep healthy, reading newspapers and magazines to reduce stress, watching television, listening to radio and music, and reading other Christian books during the period. Other coping strategies identified include reducing the watching of television and listening to all kinds of rumors surrounding COVID-19. While some of the participants maintained that they relied on seeking COVID-19 information only from their family doctors

and their children as well as limiting physical and social contact with people to avoid unnecessary worries, others reported they engaged in regular exercise, observed COVID-19 protocols such as regular washing of hands with soap, avoided touching face and contaminated surfaces as well as following social distancing, and wearing a mask in crowded places if they had course to go out to do physical exercises.

Conclusion

The study concludes that social isolation of older adults during COVID-19 period negatively affected the mental health in older adults in the study area. The main mental health effects recounted include depression, emotional disturbance, stress, anxiety, rumors and misinformation, low mood, fear, depression and insomnia, and bad news about COVID-19 during the period spent in isolation.

Recommendations

The impact of social isolation on the mental health of older adults is deep and weighty. It is thus critical to direct our attention to the needs of this segment of the population who are more vulnerable to COVID-19 as well as highlight measures to be taken to ensure that members of society can keep themselves safe from the virus. In this respect, the study offers the following recommends:

- There is a need to strengthen social connections using telephone and video chats.
- There is a critical need for effective communication and community engagement to combat misinformation and fear-related behaviours;

- Older adults need to observe regular physical exercises that will help to stimulate their mental wellbeing.
- There should be an urgent need to incorporate mental health and psychosocial support needs into the COVID-19 pandemic response;
- Psychosocial supports which include other interventions must continue during and after the pandemic. In this case, there is need to focus on the vulnerable and high- risk groups like those who survived the virus infection, bereaved family members and older adults themselves who had lost their family members;
- Older adults should be advised to have adequate sleep and regular sleep and eat good food;
- Telephone hotlines or online consultations should be provided by the three tiers of government in every community to ensure older adults' rapid access to health care services: and
- Traditional medium of good quality information familiar to older adults should be introduced at every community to mitigate their COVID-19 stress.

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