

## Experiences of the elderly in Ghana during the COVID-19 pandemic

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### Abstract

The purpose of this qualitative study was to explore the experiences of the elderly during the COVID-19 pandemic. Twelve elderly people were recruited from a support group in Accra, Ghana. A semi-structured interview guide was used to collect data on their experiences of and coping with the onset of the COVID-19 pandemic. Reflexive thematic analysis of the data revealed an overarching theme of “worry”, and related themes such as survivalism, threats and challenges helpful resources and prosociality. Findings indicate adaptive and prosocial mechanisms adopted to deal with and contribute to reducing the spread of the COVID-19 despite their worries. Findings from our study deepens understanding of the elderly’s experiences of COVID-19 as well as offers important insights for supporting them in terms of allocating resources and providing social and psychological interventions to improve their well-being.

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## Introduction

Since its onset in late 2019, the Severe Acute Respiratory Syndrome Coronavirus 2 (SAR-CoV-2) also known as COVID-19 is estimated to have infected about 771,820,937 people with about 6,978,175 confirmed cases of death worldwide (World Health Organisation, 2023). In Ghana, the total number of confirmed cases is 171,653 with 1,462 deaths (WHO, 2023). The development of COVID 19 vaccines has gone a long way to help curb the negative consequences making the WHO advocate a transition from the management of the COVID 19 as public health emergency to long-term management (WHO, 2023). While the current situation of COVID portends good for all, it is important to investigate the experiences of the elderly associated with the COVID-19 to guide long term post COVID-19 management. Evidence suggests that the relatively higher vulnerability and mortality of the elderly to most infectious diseases is apparently due to their reduced and inefficient immune system (Fried et al., 2001; Gyasi, 2019; Mueller et al., 2020; Nidadavolu & Walston, 2020) that result often from old age-related comorbidities such as cardiovascular diseases, chronic respiratory diseases, diabetes, and cancer, among others (Zhang et al., 2020). Beside these factors, a systematic review has also revealed that social isolation, which was a key protective mechanism for the elderly in the peak of the pandemic, presented unintended physical, mental, emotional, social, and financial consequences that increased vulnerabilities of the elderly (Cocuzzo et al., 2022).

The vulnerabilities of the elderly, consisting of underlying health conditions, isolation, limitation in mobility, coupled with the sudden onset of COVID-19, set the stage for heightened psychological distress among the elderly (Ramakrishnan, 2020; Whitehead & Torossian, 2020). Thus far, a strong link has been established between COVID-19 and negative mental health outcomes among the elderly, as a result of the anxieties and uncertainties associated with the disease (Banerjee et al., 2020; Chee, 2020; Goyal et al., 2020).

In Ghana, older persons with disability reported experiencing loneliness, hunger, and even suicidal thoughts during the COVID-19 pandemic; they attributed this difficult situation to the strict and restrictive preventive measures (including social and physical distancing and lockdowns) that kept caregivers away (Kwegyir Tsiboe, 2020). While information seeking on COVID was critical, it has been found that the perception of COVID-19 information via social media, traditional media, families, and friends rather increased psychological distress among older persons by causing fear and panic (Adu-Gyamfi & Asante, 2022). Studies that have explored the elderly experience did so by focusing on issues such as the elderly within a hospital setting (Aboh et al., 2022), functioning and help-seeking behaviour from a rural community setting (Newton et al., 2022) among others. The study by Aboh and colleagues, for instance, revealed that the elderly had heard of COVID-19, knew what it was, it's mode of transmission and knew of the fact that asymptomatic persons could spread or transmit the disease and

its prevention. The study further showed how adherence to the hygiene protocols was believed by the elderly to be very helpful. Most of the participant received help from their partners, family, children, friends, healthcare professionals, and the media (Aboh et al., 2022). Newton and colleagues (2022) also found their elderly participants to be feeling limited, feeling unhappy for being inactive, striving to be active and, seeking healthcare during COVID-19.

Thus far, these studies from Ghana and others have shed some lights on the experiences of the elderly during COVID 19. However, we are yet to know about the experiences and coping of the elderly in the urban setting of Accra and from a support group. The current study therefore sought to explore the experiences and coping of the elderly to the COVID-19 pandemic from a support group in Accra. Specifically, we sought to address two research questions: *what are the experiences of the elderly during the COVID-19 pandemic?* and *How are the elderly coping with their experiences of COVID-19?* The findings of this study will provide information that can help develop intervention programmes for helping the elderly deal with the onset of potential psychological problems in any future pandemic.

## Theoretical consideration

Given that COVID-19 was a novel pandemic that recorded high mortality, the study is anchored on the terror management theory to explain the experiences and measures taken to cope with the pandemic. The Terror Management Theory (TMT) (Greenberg et al., 1986) draws on different disciplines such as evolutionary, cultural anthropology and psychoanalysis to understand how humans become aware of their mortality and maintain psychological well-being (Landau et al., 2007; Pyszczynski et al., 2015). Greenberg and colleagues (1986), proposes in the TMT that human beings have an innate fear of death, which motivates many of our behaviours and decisions. To the theory, the thought, or reminders of death, (in the case of the elderly through news report of deaths), induce some form of fear. Due to this, some people may engage in various activities to help them cope with mortality anxiety such as seeking validation for their cultural beliefs, striving for success, and defending their self-esteem (Greenberg et al., 2003). It could thus be argued that most of the activities undertaken by the elderly in coping with the pandemic were informed by these suggested adaptive responses in the face of real threat and fear for their own death to COVID-19

## Methods

### Research setting

The study was conducted in the Accra metropolis, one of the ten districts of the Greater Accra region of Ghana. The Greater Accra region is located in Southern Ghana. This setting was considered because, relatively, it is the most developed and completely urbanized metropolis in Ghana (Ghana Statistical Services, 2021). More importantly,

most of the cumulative cases of COVID-19 in Ghana have been recorded in the Greater Accra region ( $n = 95682$  [57%]), (Ghana Health Service, 2020).

### *Design and sample*

This study followed a qualitative design with a phenomenological approach as the researchers sought to provide an in-depth understanding of the psychological experiences and coping resources being utilized by the elderly in our communities to deal with the stresses associated with the COVID 19 pandemic. The phenomenological approach reflects a sense of openness in exploring participants' experiences. Purposive sampling was used to conveniently recruit 12 participants for this study. The sample size is adequate as research indicates that for phenomenological studies, between 6 and 20 participants is sufficient (Creswell, 2013). In the current study, the target population is both male and female elderly. Inclusion criteria included; age 60 years or more; willingness to participate in the study, ability to communicate in English or Twi (a local Ghanaian language); Participants were excluded on the basis of three criteria; (1) if the potential participant is below 60 years; (2) shows debilitating (mental) health condition that could interfere with coherence of thought and speech during the interview; (3) and does not provide consent to participate in the study. Participants were aged 63 – 81 years ( $M = 68.5$ ;  $SD = 6.2$ ) comprising seven females and five males who all professed Christianity as their religion. Eight were married with the rest being widowed. They all had children with majority having 4 children or less, living with spouse and children, having attained some form of education

### *Interview guide*

Drawing on the emerging literature on qualitative studies of the experiences of the elderly during the COVID-19 pandemic (Chee, 2020; Kwegyir Tsiboe, 2020; Whitehead & Torossian, 2020) and our own professional experiences working with the elderly during the pandemic in Ghana, we developed a semi-structured interview protocol to guide this study. Major items on the interview guide included “How will you describe your experiences in relation to COVID-19 pandemic?”, and “How are you coping in the COVID-19 pandemic?”

### *Procedure*

We introduced the study to a support group for the elderly in Accra. The group, in turn, also introduced the study to its members. Those who expressed interest in participating in the study gave their contact information, which were given to the first author who then followed upon on them with calls. After all relevant information about the study had been given and the willing participants had given their oral consent, we conducted telephone interviews which were audio recorded. Participants were assured of anonymity and

confidentiality. The interview lasted between 40 and 50 minutes. Data collection lasted four weeks during July 2020. As at July 31, 2020, there were 35,501 confirmed cases and over 10,000 new cases from the previous fortnight (Ghana Health Service, 2020). The language for each interview was English or Twi. All interviews were conducted by the first author. Majority of the participants spoke in English with a few adopting the Twi language which the first author is very proficient in. The Twi language was transcribed back to English and were ascertained by the second author to have reflected the views of the participants. We compensated each of the participants with call credits for their participation in the study.

### ***Ethical considerations***

This study was approved by the Ethics Committee for the Humanities (ECH) of the University of Ghana, Accra (approval reference: 117/ 20-21). Participants were informed about the purpose of the study. Consent of participants was obtained by explaining the purpose of the study over the phone and informing them of the opportunity to decline participating in the study whenever they deem necessary. We sought verbal consent from participants through the telephone, in keeping with the agreed safety protocols of COVID-19.

### ***Data analysis***

Data analysis was guided by the 6-step analytic approach of reflexive thematic analysis: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and report production (Braun & Clarke 2012). Transcripts were read and reread at the familiarization stage to acquaint ourselves with participants' experiences. At the second stage, we generated key initial codes that were very relevant to the aims of the research and the research questions. We took some time to reflect and critically examine the initial codes for their underlying meanings. In the next stages, we searched for, named and defined themes by coalescing codes into categories based on their common and distinct underlying meanings. We reviewed these themes through an iterative process of dialogue both with the texts and among the two authors and reached consensus on a predominant theme of "worry:" followed by themes of survivalism, challenges and threats, helpful resources and prosociality. Pseudonyms were used for participants to ensure that they remain anonymous. All identifiable information about participants were removed from the reported data. All transcripts were saved on a password-protected computer belonging to the first author. The first author (an experienced clinical psychologist), supporting vulnerable groups including the elderly, conducted the interviews contributing richly to building a rapport that enabled participants to express themselves well and even provided more information on their experiences than was expected. The second author (a social and community psychologist with a rich background in qualitative analyses) contributed to achieving

inter subjective cross validation of the codes and then the themes that were generated from the data. Both authors work as Associates with a Center for Ageing Studies in their university and have had some rich experience working with the elderly. These experiences helped to enrich the analyses of the data

## Findings

Narratives from the elderly interviewed suggest that the COVID-19 pandemic exacted psycho-emotional outcomes that gravely impacted their wellbeing. Participants described a variety of emotional reactions from their experience with COVID-19. A predominant theme that encapsulated these outcomes was *worry*. The other themes were survivalism, threats and challenges, helpful resources, and prosociality. These themes are elaborated below:

### Theme 1: Worry

The theme of worry arose from distresses that were associated with the uncertainties surrounding the pandemic, personal vulnerabilities, high mortality rates and absence of vaccine, COVID-19 information and adherence to protocols, and social disconnection.

**Uncertainty of COVID:** Being a novel pandemic that was still evolving, the lack of understanding of the nature of the pandemic and general uncertainties surrounding it was a source of worry that challenged subjective beliefs and created some ontological insecurities as illustrated below by a 64-year-old female;

*“Some of my worries are that there is not a clear explanation on where the disease is. They say that the disease is airborne so once you step out and you breathe in you will get infected or that passing by an infected person will get you infected as well. Those are some of the things that make me worried. (Participant 8, 64 years).”*

The uncertainty surrounding the novel pandemic, and presumably, the deleterious consequences on mankind seemed to have created a sense of despondency and intense distress which might underlie his source of worry.

**Personal vulnerability:** For the majority of the elderly, key challenges arise from their awareness of their own vulnerability to the COVID-19. As a result, they lived in constant fear and anxiety about the potential of falling victim to the pandemic. This is illustrated by a participant: “They say the aged are the most vulnerable. It makes me fear for the aged who are older than myself and might not have a caregiver so when I think about myself, I think about the others too” (Participant 4, 66 years). The quote reveals fear and anxiety about one’s awareness of his own vulnerability and that of others who might be older than he is. The participant thus asserts an empathic identification. Although, health awareness in general, and knowledge on the COVID-19 in particular, should constitute internal resources for dealing with the pandemic generally, it appeared that such knowledge rather induced fear and anxiety particularly for the elderly who had underlying illnesses.



The psychological impact of living in intense fear and anxiety about vulnerabilities to COVID-19 might have found their way into somatic experiences such as, “I have some hot flashes on the right side of my body. When I heard that news, I became really afraid” (Participant 1, 64 years).

**High mortality and absence of vaccine:** Some participants indicated that the increased incidences of mortality particularly among the elderly population, coupled with the absence of a known vaccine (as of the time of data collection) constituted a crucial source of intense worry, thus: “What worries me much is the fact that we’ve not gotten its antidote yet. The way it is killing people is really disturbing. That’s what we are all praying to God so He can help us about it” (Participant 2, 63 years). The situation appears to have induced a sense of helplessness, which might have contributed to the participant’s affirmation of recourse to supernatural/divine intervention, presumably to curb the spread and to preserve lives.

**COVID-19 information and adherence to protocols:** The elderly were continually unnerved by the constant exposure to news of high mortality in the media and the ironic situation of lack of adherence to safety protocols by others. To them the high COVID-19 mortality rate should prompt others to adhere strictly to safety protocols in the absence of known vaccine as illustrated in the following quotes “They worry me a lot; especially when I hear how people are dying in the other side of the world, it makes me afraid and my heart aches. The most important thing is for us to adhere to the preventive measures given out by the government” (Participant 2, 63 years). The participant goes further to state: “How we can adhere to the preventive measures to protect ourselves and pray to God for His miracle. That is my utmost worry” (Participant 2, 63 years).

The constant exposure to negative news and images about COVID-19 particularly from abroad created another layer of worry for the elderly who had children abroad; “Yes. Some of the things we see on the TV make us panic a lot, especially, we that have our children abroad. (Participant 1, 64 years). Children abroad have special attention from their elderly parents in Ghana because of the remittances they support their elderly parents with. It is obvious that COVID-19 and the constant news of high mortality and morbidity rate abroad created an existential threat for these older people whose lives hinged on the livelihoods of their children abroad. The possibility of children abroad contracting the virus, dying or being immobilized and thus not working constituted intense worry for some aged parents at home in Ghana.

**Social disconnection:** Dealing with COVID-19 in the absence of vaccine required adherence to public health protocols such as isolation. However, isolation also attenuated available support services and contributed to increased worry. For instance, social distance and lockdown measures, according to the elderly, weakened their resilience and wellbeing to the extent that routine activities such as going to the market were affected as seen in the following quote “Because of how people are dying, you think about it. Whenever you are there, you become worried, and even when you want to go to the market because of the virus you cannot go due to fear and stigma” (Participant 4, 66

years).

Church attendance, a major source for social belonging and support in a highly religious and Christianised context was not spared either and this affected the elderly. This is seen in a statement by one participant; “it really worries me most times that I am not able to go to church because I really loved going to church”. (Participant 1, 64 years; Female).

In summary, The COVID-19 and the subsequent protocols appeared to have diminished important social and emotional resources as well as heightened negative psychological outcomes for the elderly in Ghana. These coupled with uncertainties, personal vulnerabilities, and high mortality in the midst of lack of vaccine at the time, constant exposure to COVID-19 information and lack of adherence to protocols by others induced an intense state of worry for the elderly.

## Theme 2: Survivalism

The theme of survivalism refers to processes of dealing with and surviving through the pandemic. It captures practical measures deployed by the participants to deal with the COVID 19 pandemic. The measures included adhering to protocols, personal grooming and adjustment, and shutting off. These are highlighted below:

**Adherence to protocols:** With the acknowledgement that they constitute a vulnerable sub-population coupled with the awareness of absence of known vaccine at the time of data collection, the participants considered that dealing with and surviving through the pandemic required the strict adherence to the safety protocols outlined by the World Health Organization (WHO) and the government of Ghana. For instance, one participant said “The most important thing is for us to adhere to the preventive measures given out by the government” (Participant 2, 63 years). Adherence to the protocol was so essential for survival that the same participant appeared to have believed that doing so could potentially offset some of the negative psychological outcomes that was associated with the news surrounding the COVID-19 thus, “I panic about that news but if we adhere to the measures, we will be fine” (Participant 2, 63 years). The preceding point is corroborated in the narration from another participant

*“This disease actually makes everyone afraid one way or the other; whether you are vulnerable or young or aged, you will still be afraid as soon as you get the news. About two weeks ago a friend of mine was telling how a thing of this kind may come in the future. He told me that what one needs to do when he gets this disease is adhering to the preventive measures: washing your hands, sanitizing them, wearing nose masks and others. I bought into that idea. (Participant, 3-80 years).*

**Personal grooming and life adjustments:** Participants described conscious efforts they made to keep personal hygiene, adjust one’s life to routines of reading and praying as well as watching TV and listening to the radio. One important strategy in this regard was personal and lifestyle adjustments that were oriented towards improving or boosting the immune system. This is illustratively revealed in the following extract from a participant:



*“Some of the things I do knowing that my body’s defence system is now weak due to my age are that I am careful with anything I ingest so that my immune system will be boosted and my body will fight against diseases. Firstly, I am very particular about foods that help my body, I ensure that there are a lot of vegetables in my food. And I have regular exercises too. I also ensure that fruits get into my system every day; any fruit available at a given season. I also have enough rest. I do not eat at night. There are some times that are not appropriate for me to eat. I have realized that when I do all these things it helps my body. (Participant 8, 64 years).*

These narratives on dietary and life adjustment aimed at boosting the immune systems appeared to have worked that to some they received support from their children to keep to this routine of self-care against contracting the virus as illustrated by another participant in the quote below;

*“With the family, every time that I am with my daughters, they caution me not to go out and even if I would go out I should wear my nose mask and when I go to get something from shop close by they complain that I have kept long. This is encouragement and I also make tea using herbs like neem tree and mint so that is the kind of things we do to take care of ourselves which is we do not do anything that would bring any trouble and caution ourselves not to drink cold fluids because that is what the virus thrives on. (Participant 6, 70 years).*

Corroborating, other participants kept to a strict hygiene regimen; “I wash my hands regularly; I sanitize, and I make sure that I eat a well-balanced food. I do my possible best to take good care of myself and observe personal hygiene (Participant 12, 65 years).

**Shutting off:** Four participants mentioned strategies that help them to consciously take their minds off information and news about the pandemic. According to one of them, talking to others on phone and reading books helped her to shut off from the pandemic “I have bought a lot of social and religious books and I have been reading them so it’s been helping so much” (Participant 3, 80 years).

Care and support others received from relations appeared to have also enabled another participant to shut the mind off the pandemic as revealed in the following quote “: the church has already done what they will do. They brought me foodstuffs and some money. I think they have helped me in that way. They have done that to keep our minds off this pandemic (Participant 12, 65 years). Family relatives, internet search, relaxation and exercise appeared to have also been helpful for another person in his attempt at surviving through the pandemic as the following quote illustrates; “my granddaughter is there to keep me company. She is very active so she makes me talk a lot and so it helps me and makes me happy too. I also do a web search, have relaxation and exercise regularly. They all keep me on the move (Participant1, 64 years). The other participant resorted to exercise regime

“Yes I really think about it a lot. I exercise regularly; even before the emergence of this pandemic. I go for a walk both in the morning and evening. I drink a lot of water and keep fit. So that’s what I use to keep myself going aside God’s protection” (Participant 10, 64 years).

To summarise this theme, survival through COVID-19 had come to mean adhering strictly to safety protocols, grooming oneself and making some personal adjustments and ultimately, shutting off from the negative exposure of COVID-19 deaths reports. Perhaps the aim for the shutting off was to reduce death anxieties.

### Theme 3: Challenges and threats

This theme refers to factors there were perceived to hinder coping and survival measures. This is illustratively shown in the extract below;

*The little experience I can share with you is that we the pensioners are already home, but I go to the market for shopping and to church and the others, but they were all put on a halt and I could not go anywhere. I was home. And for me I go out from time to time to do a little exercise but when there was a lockdown I could not go again so I was home throughout as if was in a prison. For the church that we used to attend we could not go again, the children could also not go to school. (Participant, 8-64 years).*

The participant likened the period of the lockdown to being in prison when certain human freedoms such as movement were curtailed. As the extract reveals, loss of social contact particularly inability to attend church and other social events were key challenges “My major worries are the church meeting we are not experiencing now. It has made work slow and reduced productivity. (Participant 8, 64 years). From the quote, the lockdown and social distance measures touched the very core of their existence due to the loss of connection to humanity, the divine and even lack of access to material and emotional resources. The participant explains thus; I loved how we used to go to church and chat with our members. It was sociable. It’s disturbing though but it’s better to stay at home than to go out and contract the virus.” (Participant 8, 64 years). Though aware of the need to observe stay home orders in order not to contract the virus, it appeared the inability to step out for church and other social activities took a lot away from them including fulfilling normative duties to attend to funerals of deceased close relations. There is an expression of ambivalent feelings in the sense that they perceived staying indoors as challenging but at the same time, they also thought it was essential for protecting them from negative outcomes.

### Theme 4: Helpful resources

This theme refers to factors the elderly perceived as very helpful to their coping and survival efforts, including diverse support they received from family members such as regular interactions, financial remittance, and spiritual help.

On regular interaction, a participant illustratively reveal: “I talk with my family members as often as possible. They also in turn advise me to take very good care of myself. I thank all of them (Participant 2, 63 years). Another also relied on spouse and grandchildren for daily interactions, thus; “Yeah, I am with my wife and grandchildren, and I try to have conversations and some moments with them” (Participant 9, 71 years).

The familial support is also revealed through support and encouragement the received, thus: “Every time that I am with my daughters, they caution me not to go out and even if I would go out, I should wear my nose mask and when I go to get something from shop close by, they complain that I have kept long” (Participant 4-66 years).

The above quotes seem to suggest that living with family members played not only a supporting role but also served as a monitoring mechanism to ensure that the elderly lived within the confines of the protocols. The family relations were constant source of encouragement as well as regular checks ensuring that the elderly were safe and keeping to the necessary personal hygiene and the general protocols as another participant also reveal; “my children call me regularly pleading that I take good care of myself and to eat well because we are the most vulnerable. They encourage us to take care of our personal hygiene ” (Participant 10-64 years).

These family members and friends were also primarily, the main source of financial support and remittances to the elderly at a time when they needed critical assistance to meet their medical and personal needs. To some, regular financial support they received from family and friends were key resources; “I believe that some of the support that sustained us up to this point is the support from our children, the family and some friends. One of my children is a nurse. She was very helpful to me.” (Participant 8, 64 years; Female).

Family devotion and prayers with family members were also key spiritual resources that were mentioned “We have a family worship every morning. We also listen to some Christians programs from TV. And yes of course I have also strengthened my relationship with God in prayer because we are not in normal times” (Participant 11, 69 years).

In summary, the elderly perceived interaction, financial support and prayers and devotion as key resources that helped them through the pandemic. However, they revealed that family members were mostly the agents that made these helpful resources available for them during their isolation periods.

## Theme 5: Prosociality

The theme prosociality refers to active measures that the elderly engaged in to contribute to addressing the devastation the pandemic was causing among the general population. These included encouragement to the youth on adherence to the safety protocols:

“Yes I really do think about them [The youth] a lot. Thus, anytime I will talk to any of them, I tell them to be very careful as they move around these times. There is no cure for the disease once you contract it; so I tell them to be vigilant

and stay home if there is nothing important for them to do I town". (Participant 2, 63 years).

Others concerned themselves with encouraging their colleague elderly on adherence to protocols and healthy lifestyles;

"You see I encourage my friends that as you grow you get weaker and you are most likely to contract a lot of diseases as you grow and with how this disease is like if you have underlying conditions like Blood Pressure (BP) or diabetes it weakens your immune system and it will be unable to fight it properly and so as aged people we have to take care of our health and eat well (Participant 9, 71 years).

Being Christians, all the elderly interviewed appeared to have also committed to appealing for divine intervention in the pandemic through regular prayers; "Errrm the bible said we shouldn't cease praying. Thus, I pray all the time for myself and for Ghana, the government and all; because this disease has brought hardship unto people. (Participant 3, 80 years). The participant was concerned not only about the himself but the also the entire country he lives and thus made supplications for divine intervention.

The theme, in summary shows that not only were the elderly surviving through the pandemic, they also contributed to addressing the problems of the pandemic by encouraging strict adherence to protocols and also appealing for divine intervention.

## Discussion

This study sought to explore the experiences of the elderly during the period of COVID-19 pandemic in Ghana. The challenges and coping responses of the elderly were explored to determine how they fared during the period. Findings revealed that most of the elderly in this study expressed worry as an overarching psychological consequence of the pandemic. Other themes found included survivalism, threats and challenges, helpful resources, and prosociality

The findings of the present study revealed that elderly people worried intensely due to the uncertainties presented by the pandemic. This is consistent with studies showing that the uncertain nature of the origin of the disease and how it is transmitted played a huge role in provoking fear and anxiety among the population especially the elderly (Banerjee et al., 2020; Chee, 2020). Abundant literature on COVID-19 pandemic suggested that the elderly all over the world were the most vulnerable (e.g., Onder et al., 2020; Zhou et al., 2020). Apart from the uncertainties, the study also found that worry was linked to such issues as COVID 19 information overload, high mortality, and the lack of adherence to protocols in the society. In a society that is highly religious (Ghana Statistical Service, 2021), it appeared the distresses of the elderly may have been accentuated by a perceived inability of religion, a meaning system, to provide meaning. Their reaction was thus deference to the ultimate reality, God, to intervene.

Adherence to COVID-19 protocols served as a relief for many people as they have been described as measures that seek to protect people from getting infected (Park et al., 2020). In the current study, participants also expressed concern about other people especially the youth not adhering to the protocols and the likelihood of this spreading the disease, increasing the infections and the resulting mortality. This view resonates with the views of the elderly across the globe (Park et al., 2020).

Support from family and friends at home and abroad were key to the psychological, social, and financial wellbeing of the elderly (Aboagye et al., 2014; Fine & Gleddning, 2005; Yeung & Fung, 2007). Culturally, family plays a crucial role in supporting the elderly in Ghana and other collective cultures around the world (Chi & Chou, 2001; Poulin et al., 2012). Support for the elderly, especially older parents is also a social obligation on adult children that are anchored on the value of reciprocal obligation. Thus, once parents invest in raising their children, it is socially incumbent upon adult children to also help care for their parents in old. Even though some have suggested threat to the support system for the elderly due to a myriad of factors such as modernization, urbanizations and weakening of the extended family system (Aboderin, 2004; Gyekye, 2003; Nortey et al., 2017), it is gleaned that this social system acted as a buffer against the many odds COVID 19 presented to the elderly. It is against the background of perceived threat to existential support they received from children that the participants expressed intense worry over possible COVID-19 effect on their children living abroad especially. Views from participants in the present study suggest that they were worried of what might become of their children and other relation abroad with high rates infections. With border closures-both land and air, they feel they might not be able to see them for a long time and felt socially disconnected from them. Although, some studies are indicating that the issue of social disconnection is properly addressed by new technologies that allow people to still see family members via emerging technologies (e.g., video calls etc.), most elderly in Ghana either lack knowledge in the usage of these technologies or do not have access.

Consistent with extant literature (Nortey et al., 2017), the elderly receive financial support from their children and close relatives, and these enabled them deal with financial challenges they might be experiencing. Potential joblessness of key dependents because of the pandemic meant that livelihoods, which mainly depended on steady remittances from children stood threatened giving rise to worries. Research is showing that intergenerational resource transfers from children to parents are based on altruism and reciprocity. From the perspective of altruism, each generation provides to the other based on need where for instance, adult children provide social support and care to parents who are in the worst health (Künemund et al., 2005). Unfortunately, in Ghana, this financial support has seen a decline as the lockdown measures instituted negatively affected household incomes because of loss of jobs and the decline in demand of goods and services (Amewu et al., 2020).



Many countries including Ghana instituted lockdowns to curtail the spread of the disease. Participants in this study indicated that the lockdown measures contributed to their vulnerability to fears, anxiety and stigma as most of them were locked in their homes and not allowed to participate in social and religious events. Many of them lamented that they felt as if they were in “prison” as per the social distancing protocols that were introduced. Further, one main issue they expressed worry about was their inability to attend church and other religious organizations. Religious support and spiritual coping have been found as great resources for helping people in distressing situations especially persons of African descent who are also elderly (e.g., Aglozo et al., 2019; Lee & Sharpe, 2007; Taylor et al., 2007). The inability to participate in organized religious activities meant that major source of existential support was curtailed for such a vulnerable group.

Despite all these challenges, one significant thing that emerged from this study is what we term “survivalism” which indicates adaptive mechanisms adopted by elderly to manage and cope with the pandemic. The study findings suggest that the elderly adopted several measures such as strict adherence to the protocols introduced by the government and international organizations like WHO (2020), and adjustments to life routines as personal grooming, reading the scriptures, praying, watching television, and listening to the radio as well as shutting off from the constant stream of negative information.

The study findings suggest that the elderly also developed their own resilience strategies which helped them to navigate the difficulties produced by the pandemic. Most of them reported on their ability to shut off their minds from negative media reportage which greatly fueled their anxieties and replaced those thoughts with having conversations with family and friends, reading religious books that sets their thoughts on positive things, and exercises. These strategies have been found to improve the psychological well-being of the elderly in times of crisis (Park et al., 2020). In line with the terror management theory by Greenberg and colleagues (1986), it can thus be argued that these actions undertaken to survive, including prosocial activities could have been inspired by a morbid fear and awareness of death that the elderly had developed due to the unbridled news of high mortality from COVID-19 which they constantly exposed to. They potentially adopted such as actions as personal adjustment, adhering to protocol, encouraging the youth to adhere to safety measure, prayed etc. as means of validating their own beliefs and that of their cultural, striving for success, and/or defending or redefining themselves in the face of an existential threat (Greenberg et al., 2003).

### *Limitations*

This study is not without limitations. The sample recruited for the study was based on convenient sampling technique from a group of elderly persons living in urban society-Accra. This makes it difficult to generalize the results to rural dwellers as they might also have unique experiences with regards to COVID-19 (e.g., Kwegyir-Tsiboe, 2020). Despite this limitation, we believe the findings throw useful lights that can help deepen



understanding of the elderly's experiences, potential guide targeted intervention for them in so far as the COVID-19 pandemic and any future pandemic may be concerned.

### *Implications for policy*

There are several implications for the findings of the current study for policy associated with the elderly in Ghana. Although, family support is still relevant to the survival of the elderly, prevailing changes in our traditional set up where the elderly is being cared for by both the immediate and extended family, are leading to advocacy for support from government to augment what family members contribute especially in situations where such family members are undergoing financial difficulties. Perhaps in critical times like the COVID-19 when the elderly is mostly vulnerable, expansion and deepening of the Livelihood Empowerment and Alleviation of Poverty (LEAP) will be positive step towards improving the wellbeing of the elderly in Ghana. An upscale of the LEAP policy to cover the family caregivers could also be helpful.

Improved health care delivery for the elderly is also essential for their well-being. The emergence of COVID-19 has exposed the vulnerabilities in our health system. There have been problems with both physical infrastructure and the financial fortitude of government and the people to get optimum satisfaction with the health system. The existence of the National Health Insurance Scheme (NHIS) as a health support in Ghana is very critical to the elderly as it provides benefits such as accessibility, financial, and preventive health for them. This social intervention needs a review to cater for the needs of the elderly especially in pandemic situations.

The current study therefore recommends implementation of practical social and psychological interventions that seek to provide support for the elderly and to complement existing family support systems. Institutionalizing formalized care for the aged in Ghana is of essence as the prevailing situation of the pandemic in itself predisposes the elderly to infection from their own caregivers.

### **Conclusion**

Studying the experiences of the elderly during the outbreak of an infectious disease like COVID-19 is critical to efforts towards improving their well-being. The elderly in the current study experienced psychological distresses in the form of worry, anxiety and fear associated with the emergence of the disease and subsequent potential of contracting the disease. The lockdown negatively affected the elderly in all spheres of their lives and worsened their vulnerability to harsh social, economic, and psychological situations. However, they also asserted adaptive mechanisms that saw them surviving and coping through the pandemic. Despite some challenges to these adaptive mechanisms, the elderly engaged in some prosocial behaviours towards curbing the deleterious effects of the pandemic through seeking divine intervention against the pandemic and giving advice to the youth and colleague elderly persons on adherence to safety protocols.

Findings from our study underscore the importance of supporting the elderly in terms of allocating more resources for social and psychological interventions and public programs that seek to promote the interest of the elderly responding to the trauma associated with the onset of the COVID-19 pandemic and other related infectious diseases.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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