COVID-19 and Nigerian Older Adults: The Paradox of Physical Distancing

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INTRODUCTION
The Covid-19 pandemic has become a significant public health issue worldwide and has affected older adult’s daily public life activities in Nigeria. Older adults are the most at-risk population of contracting and dying from COVID-19 infection. As of 22nd Feb Jan. 2021, Nigeria has tested 1,489,103 cases of COVID-19, confirmed 152,074 cases with only 1839 death[1]. Death is higher in adults (50+) and those with existing comorbidities[2]. However, adults (50+), considered old in Nigeria[3], is the fifth category that will receive COVID-19 vaccine behind health workers working in isolation centres, strategic leaders, other frontline workers (e.g., immigration, police or customs officers) and healthcare workers working in COVID-labs[4].

Nevertheless, the World Health Organization and the NCDC have continued to campaign for the efficient and effective safety measures to help curb the spread of the virus. Among these preventive measures, regular hand washing, wearing face and nose mask, practising social and physical distancing and lockdown in some countries are promising in reducing the virus’s spread. While social distancing and lockdown is essential for flattening the curve of COVID-19 spread[5], it has also been noted to increase the existing social issues (e.g., loneliness) that affect older adult’s physical and mental health.

Physical distancing (also known as social distancing) is defined as “remaining out of congregated settings, avoiding mass gatherings and maintaining distance (approximately 6 feet or two meters) between yourself and other people who are not from your household in both indoor and outdoor spaces”[6]. Examples of physical distancing include suspension of all social, economic and religious gathering. A community-wise containment called a lockdown is an extreme form of physical distancing that includes but limited to a total stay-at-home directive by government, except for minimal interactions to deliver essential services (e.g., health and some social care services)[6].

Historically, Nigerians live in communal settings where all generations including, grandchildren, children, parents, grandparents and great grandparents, live at proximity. However, due to the rural-urban migration of family members searching for greener pastures, most older adults now live alone in the rural area. Social activities such as travelling to see children, grandchildren and friends, attending religious, social and community events have been noted as sources of socialization for Nigerian older adults[6]. During the COVID-19 pandemic, older adults do not participate in any social activities due to lockdown and physical distancing policies. As a result, most Nigerian older adults are further isolated emotionally and socially. While emotional loneliness results from lack of a close, intimate attachment to another person (e.g., spouse), social loneliness results from the lack social contact including friends, family and
contacts gained while attending social activities[9]. The former often leads to the feeling of emptiness and an intense longing for loved ones or acceptance and the latter leading to a lack of sense of belonging in the community.

Generally, older adults are encouraged to maintain and promote social connectedness virtually (e.g., social media or zoom) while physically distancing. This means they can still confide in a special someone (emotional loneliness) without physically present or even attend social activities virtually. Although, older adults in Nigeria reported that communicating with their relatives and friends via telephone have helped them reduce loneliness[9], most of them cannot afford to pay for the phone tariff as their income source has been affected by the physical distancing and lockdown measures in Nigeria. Throughout our network [Emerging Researchers and professionals in Aging-African Network (www.erpaan.org)], the clinicians including social workers, physiotherapists, occupational therapist, nurses and other healthcare workers have used a “revised method” of reminding children and grandchildren who visit their clinic to call their parents and grandparents continually. Anecdotally, this informal reminder to children and grandchildren to call their parents and grandparents during this pandemic has received a successful story.

Social workers, policymakers and other healthcare workers in Nigeria have continuously used social distancing over physical distancing. Chatterjee[8] recommended physical distancing over social distancing as reinforcing the assumption that we can be kept apart but socially connected. Social workers are among the clinicians that spend time with patients/clients including older adults, either in the community or in the clinic. Therefore, social workers are in the best position to spearhead using an appropriate term “physical distancing” to encourage older adults to be socially connected virtually. We also call for international organizations to adopt physical distancing over social distancing, expressly, in Nigeria and other Lower-Middle-Income Countries (LMIC) that have used these terms interchangeably. We suggest that technology-based strategies for reducing loneliness among older adults should be a standard recommendation during this COVID-19 pandemic. More research is needed to explore how older adults residing in LMIC with no resources to purchase a laptop or/and pay telephone bills should physically distance but be socially connected.

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