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## The Influence of COVID-19 Pandemic on the Access to Health Information by the Elderly in Edo State, Nigeria

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**The Influence of COVID-19 Pandemic on the Access to Health Information by the Elderly in Edo State, Nigeria**

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**ABSTRACT**

*The study assessed the influence of the COVID-19 pandemic on the access to health information by the elderly persons in Edo State, Nigeria. The descriptive research design was adopted for the study. The main population of the study are elderly persons in Edo Central, Edo State, Nigeria. Edo central comprises a total of 33,499 elderly people ages 65 years and above. Purposive sampling technique was used to select 500 respondents from the 5 local government areas in Esan Central. The instrument used for data collection in this study was a structured interview and questionnaires by the researchers and five research assistants. The findings revealed that the elderly persons in Edo Central, Nigeria seek health information to learn more about the COVID-19 disease/ other diseases, to get treatment options, to understand drugs prescription, to get current data on the COVID-19 pandemic, among others. The findings further revealed that the elderly access health information from family members/ relatives, mass medias (TV, Radio, and Newspaper etc.), friends, via telephone call to a physician, herbalist/ traditional medicine doctors, and age group meetings, among others. The finding clearly showed that the COVID-19 pandemic has affected negatively the access to health information as indicated by majority of the elderly persons that took part in the study. The findings revealed that restriction of movement due to COVID-19, low health literacy, inadequate support from government to boost access to health information, shy to disclose their health problems or illness to others, poor information retrieval skills were the major barriers that affect the access to health information by the elderly. It was recommended that medical practitioners should carry out routine extension services to cater for vulnerable elderly persons especially in rural communities and family members and relatives that care for the elderly should be ready to answer health related questions whenever they arises from their older adults at home.*

**KEYWORDS:** COVID-19 Pandemic; Access; Health Information; Elderly; Esan Central; Edo State.

## INTRODUCTION

The first case of the novel corona virus also known as COVID-19 emerged in late 2019 in Wuhan City, China which spreads via droplet transmission of an infected person with respiratory symptoms (e.g. sneezing and coughing) to another person in close contact. Since the emergence of the virus, it has since spread like wildfire crossing boundaries. The fast spread and fatality rate brought about by the virus has caused the World Health Organisation (WHO) to declare COVID-19 a pandemic on the 11<sup>th</sup> day of March 2020 (WHO, 2020). Nigeria is among the countries in Africa that have confirmed positive cases of COVID-19 and this has caused excessive fear and apprehension. Nigeria as at the 29<sup>th</sup> day of June 2020, had recorded 25,133 confirmed cases of COVID 19 cumulatively, 15,158 active cases and 573 deaths (Nigeria Centre for Disease Control, 2020). The pandemic nature of COVID 19 has resulted to drastic measures from the Nigerian government to halt the rising number of cases and fatalities. Some measures taken were restriction of interstate movement, compulsory stay at home directive, total shut down of states with confirmed cases, schools were shut down totally across the country as well as religious worship centres, while the citizens were encouraged to use face masks, hand sanitizers, regular hand washing with running water and soap preferably liquid, physical distancing was encouraged and crowded spaces was discouraged to mention but a few.

However, the novel Corona Virus is not a respecter of anyone as it can affect children, adult and the elderly irrespective of their sex. One set of individual with slim chances of survival once hit by the virus is the aged in our society. To buttress the aforementioned assertion, the World Health Organization (WHO) (2020) affirmed that the elderly are at increased risk of severe disease following infection from COVID-19. Also, the University of Texas Health Science Center (2020) posited that older adults with underlining medical problems (heart disease, diabetes, lung problems, and potentially dementia) will have low recovery rate and high fatality from COVID-19. From the WHO report of the European region, 95% of deaths occurred from persons older than 60 years, while 50% of the deaths were people aged 80 years and above (WHO, 2020). The scenario is not different in Nigeria, as the Chief of Staff of the president of Nigeria Abba Kyari died of COVID-19 at age 68, also Senator Isiaka Abiola Adeyemi Ajimobi who was a former Governor of Oyo State, Nigeria died of COVID-19 at age 70 to mention only but a few.

The emergence of COVID-19 has changed the way the elderly access health information to keep fit and stay alive. According to American Health Information Management Association (2019) health information is the data related to a person's medical history, including symptoms, diagnoses, procedures and outcomes. The elderly frequently seek health information to understand changes in their health and interventions that can take care of their various illness. Prior studies before the COVID-19 era revealed that the elderly access health information from medical experts, family and friends, online searching, and other internet sources (Alpay, Toussaint, Ezendam, Rovekamp, Graafmans, & Westendorp, 2004; Eriksson-Backa, 2008; Turner, Osterhage, Taylor, Hartzler, & Demiris, 2018). The narrative may have obviously changed due to the birth of the Corona Virus as access to health information by the elderly may have been adversely affected due to fear of been infected by the virus and the measures taken by the government to reduce the rise and fatality rate of the virus. Currently, there are paucity

of studies on how the COVID-19 pandemic influence access to health information by the elderly and this gap in knowledge prompted the need for the study. This study takes a critical look at the influence of the COVID-19 pandemic on the access to health information by the elderly in Edo State, Nigeria exposing the barriers to the access to health information by the elderly in this period of the COVID-19 plague.

## **OBJECTIVES OF THE STUDY**

The general objective of the study was to assess the influence of COVID-19 pandemic on the access to health information by the elderly in Edo State, Nigeria. The specific objectives were to:

- I. Determine the purpose of seeking health information by the Elderly in Edo State, Nigeria.
- II. Ascertain the methods of accessing health information by the Elderly.
- III. Find out the influence of COVID-19 pandemic on the access to health information by the Elderly.
- IV. Identify the barriers to the access to health information by the Elderly.

## **RESEARCH QUESTIONS**

The following research questions were formulated to guide the study:

- I. What is the purpose of seeking health information by the Elderly in Edo State, Nigeria?
- II. What are the methods of accessing health information by the Elderly?
- III. What are the influence of COVID-19 pandemic on the access to health information by the Elderly?
- IV. What are the barriers to the access to health information by the Elderly?

## **LITERATURE REVIEW**

The literature review was arranged under the following headings:

- I. COVID-19 Pandemic
- II. The purpose of seeking health information by the Elderly
- III. Methods of accessing health information by the Elderly
- IV. Influence of COVID-19 pandemic on the access to health information by the Elderly
- V. COVID-19 related barriers to the access to health information by the Elderly

### **COVID-19 Pandemic**

In December 2019, a cluster of corona virus cases were identified, caused by a newly known  $\beta$ -coronavirus, which was first noticed in Wuhan, China and the World Health Organisation officially named the disease as coronavirus disease 2019 (COVID-19) (Guo, Cao, Hong, Tan, Chen, Jin, Tan, Wang & Yan, 2020). WHO declared COVID-19 a Public Health Emergency of International concern due to fast spread of the disease outside its home country Wuhan, China (WHO, 2020). The declaration was made during a press briefing on the 30th of January, 2020 after a week of growing spread of the disease outside China and pressure on WHO to

designate the virus at a higher emergency level (Gallegos, 2020). Furthermore, the World Health Organisation (WHO) declared COVID-19 a pandemic on the 11th of March 2020 due to its fast spread across continents of the world (WHO, 2020). Since it was declared a pandemic, some researchers have likened COVID-19 to a war fighting the human race. The United Nations Development Programme (2020) posited that the coronavirus COVID-19 pandemic is the new global health crisis facing the human race and the greatest trial we are tackling since World War Two. People can be infected by the disease through close contact with a person who possess the symptoms from the virus which includes coughing and sneezing which transmit droplets that settles on surfaces (Kumar, Malviya, & Sharma, 2020). WHO gave some guidelines on prevention from COVID-19 which includes separating an infected person from other members of the family, airborne precautions and implementation of contact and droplet precaution (Kumar, Malviya, & Sharma, 2020). The Nigeria Centre for Disease Control (NCDC, 2020) outlined some measures to prevent been infected by the disease. The measures include:

- I. Regular handwashing with soap under running water for at least 20 seconds or use of an alcohol-based sanitiser if water is not available.
- II. Maintain physical distance of at least 2 metres from others in public spaces
- III. Wear a non-medical face mask/covering when leaving the house
- IV. Cover your mouth and nose properly with a tissue paper when sneezing and/or coughing. Dispose of the tissue properly immediately after use. You may also cough into your elbow if a tissue is not available
- V. Avoid close contact with anyone showing symptoms of respiratory illness
- VI. Stay home if you feel unwell until you recover. Do not mingle with people or congregate
- VII. Avoid large gatherings of more than 20 persons and gatherings where physical distancing measures are not put in place

### **The purpose of seeking health information by the Elderly**

The elderly seek health information for various reasons depending on their needs. Chaiwchan and Nookhong (2018) studied health information behaviour of elderly in the digital age. The study revealed that the purpose of seeking health information by the elderly was to learn more about diseases, support decision making in life, learn how to take care of your health, get information on government policies, and understand the specific situation. Taha, Sharit, and Czaja (2009) studied use and satisfaction with health information sources among elderly internet users and nonusers. The findings of the study revealed that the elderly search health information for drugs prescription, nutrition, exercise, medicare, Illness or medical conditions, Information about a doctor, a hospital, a nursing home, a home health agency, or other health care provider, Alternative medicines or experimental treatment, among others. Medlock, Eslami, Askari, and Arts (2012) studied older adults' online health information seeking behaviour. The findings of the study revealed that the health information searched by the older adults were on symptoms (27/42, 64%), prognosis (21/31, 68%), and treatment options (23/41, 62%). The findings also revealed that the older adults searched for health information after an appointment rather than to prepare for an appointment. Agyemang-Duah, Arthur-Holmes,

Peprah, Adei and Peprah (2020) studied health information seeking behaviour of low income elderly persons in Ghana. The findings of the study revealed that the elderly searched for health information on diets, causes of chronic non-communicable diseases and medication dosage.

### **Methods of accessing health information by the Elderly**

The elderly access health information via various means. Huvila, Moll, Enwald, Hirvonen, Åhlfeldt, and Cajander (2019) studied age-related differences in seeking clarification to understand medical record information. The findings of the study revealed that the older patients were preferred to use a telephone while their younger counterparts are more likely to use social media to seek health information. Wicks (2004) studied older adults and their information seeking. The findings of the study showed clearly that the elderly access health information from interpersonal sources together with internally-produced print materials. Muiruri (2019) studied media and health information seeking among the elderly. The findings revealed that the elderly access health information from listening to radio as well as their family members. Chaudhuri, Le, White, Thompson, and Demiris (2013) examined the health information seeking behaviours of older adults. The findings of the study revealed that the elderly access health information from health care providers, pharmacists, friends and relatives, retirement community staff, newspapers, the Internet, television, and the radio. It was glaring that the elderly rely mainly on persons who they can interact with to access their required health information. Jacobs, Amuta and Jeon (2017) studied health information seeking behaviour among US adults in the digital age. The findings revealed that a greater percentage of population indicated internet as their preferred choice for health information rather than other interpersonal sources like family/friend/co-workers, health care professionals, and traditional media.

### **Influence of COVID-19 pandemic on the access to health information by the Elderly**

Currently there are paucity of empirical evidence on the influence of COVID-19 pandemic on the access to health information by the elderly. According to the United Nations (2020) the social distancing which is encouraged due to the outbreak of the novel corona virus has limited access to health care services as well as health information by the elderly population across the globe. Similarly, LaFave (2020) opined that due to the outbreak of COVID-19 the elderly depend greatly on family members and other caregivers who could only care for them but can't meet their treatments and health information needs. Fischer, Raiber, Boscher and Winter (2020) posited that the social distancing encouraged due to the corona virus has restricted movement thereby decreasing access to health information as well as health care services especially by the elderly population. Wu (2020) affirmed that the COVID-19 pandemic has increased the number of elderly who are socially isolated including both community-based older adults and nursing home residents thereby restricting their access to health information/ care.

### **Barriers to the access to health information by the Elderly**

A lot of barriers affect the access to health information by the elderly. Ijiekhuamhen, Edewor, Emeka-Ukwu and Egreajena (2016) studied elderly people and their information needs. The study revealed problem of equity in materials supply with 97%, 91% inadequate funds, 35% lack of easy access to information, 87% poor power supply, 80% too many small print books,

30% other factors are the barrier to the access to information by the elderly. [Glenton \(2002\)](#) indicated language barrier affect access to some important health information. Similarly, [Parker, Ratzan, and Lurie \(2003\)](#) studied lower levels of literacy and the understanding of medical information and the findings revealed that elderly with lower levels of literacy are more likely to not properly understand health information as they require further interpretation to be able to adequately understand. The study of [Giacalone, Blandino, Talamini, Bortolus, Spazzaban, Valentini, and Tirelli \(2007\)](#) revealed that information given to the elderly orally can easily be forgotten and this will pose as barrier to the access to health information. The study of [Esmaeilzadeh, Ashrafi-rizi, Shahrzadi and Mostafavi \(2018\)](#) revealed that the difficulty in determining the quality of information, absence of appropriate information, and concerns about the disclosure of problems or illness to others were respectively the most important barriers to accessing health information by the respondents. [Xuexia, Zhiyin and Shiqiang \(2016\)](#) analysed the barriers to health information seeking and utilizing in parents with diabetes. In the study, the barriers were divided into the patients' barriers and the health information barriers. The patients' barriers are caused by low health literacy, not aware of relevant health information sources, poor information retrieval skills, and Little Social Support Available. The health information barriers include the health information quality problems, little interpersonal communication of health information between patients, among others.

## **METHODOLOGY**

This study adopted the descriptive survey research design. The main population of the study are elderly persons in Edo Central, Edo State, Nigeria. Edo central comprises a total of 33,499 elderly people ages 65 years and above. Ekpoma, Igueben, Irrua, Ubiaja and Uromi are the five key communities that make up Edo Central. A total of 500 respondents were selected from the 5 local government areas in Esan Central via purposive sampling technique. The instrument used for data collection in this study was a structured interview and questionnaires by the researchers and five research assistants who were members of the COVID-19 Taskforce of Edo State, Nigeria they were trained on how to distribute the questionnaires across the wards and as well as interview and assist frail elderly to get responses from them The responses retrieved via the questionnaires were analysed via the descriptive statistics method which involves frequency count and percentage. Out of the 500 copies of the questionnaire distributed to the elderly people, the researchers were able to get the required information for analysis from 438 respondents, thus, there was 88% response rate.

## DATA ANALYSIS

**Table 1: Questionnaire Response Rate**

No of Questionnaires Administered	No of Questionnaires Retrieved	Percentage
500	438	88%

A total of 500 copies of the questionnaire were distributed and 438(88%) copies were returned. The response rate of 88% is considered adequate for the study because the standard and acceptable response rate for most studies is 60% (Dulle, Minish-Majanja & Cloete, 2010).

### Section A: Demographic Distribution of the Respondents

**Table 2: Gender Distribution of the Respondents**

Gender	Frequency	Percentage
Male	237	54%
Female	201	46%
<b>Total</b>	<b>438</b>	<b>100%</b>

From **Table 2**, it is evident that 237(54%) of the respondents were male, while 201(46%) of the respondents were female.

**Table 3: Age Distribution of the Respondents**

Age of the Respondents	Frequency	Percentage
65-70 Years	241	55%
71- 75 Years	107	24%
76- 80 Years	68	16%
81- 85 Years	14	3%
86- 90 Years	8	2%
<b>Total</b>	<b>438</b>	<b>100%</b>

It is glaring from Table 3 that 241 (55%) of the respondents were within the age bracket of 65-70 years, 107(24%) of the respondents were within the age bracket of 71-75 years, 68(16%) of the respondents were within the age bracket of 76-80 years, 14(3%) of the respondents were within the age bracket of 81-85 years and 8(2%) of the respondents were within the age bracket of 86-90 years.

## Section B: Analysis of the key findings of the study

**Objective 1:** Determine the Purpose of seeking health information by the Elderly

**Table 4:** Purpose of seeking health information by the Elderly

**Note:** SA: Strongly Agree; A: Agree; D: Disagree; SD: Strongly Disagree

SN	Purpose of Seeking Health Information by the Elderly	SA	A	D	SD	Total (%)
1.	To learn more about the COVID-19 disease/ other diseases	318 (73%)	94 (21%)	12 (3%)	14 (3%)	438 (100%)
2.	To support health decision making	219 (50%)	87 (20%)	50 (11%)	82 (19%)	438 (100%)
3.	To get proper health care services	227 (52%)	79 (18%)	54 (12%)	78 (18%)	438 (100%)
4.	To understand drugs prescription	299 (68%)	91 (21%)	20 (5%)	28 (6%)	438 (100%)
5.	To get elderly friendly nutrition information	211 (49%)	102 (23%)	54 (12%)	71 (16%)	438 (100%)
6.	To get information on exercises to keep fit and healthy	141 (32%)	45 (10%)	231 (53%)	21 (5%)	438 (100%)
7.	To get information on Self-Medical Care	121 (28%)	68 (15%)	40 (9%)	209 (48%)	438 (100%)
8.	To know health facility best for my health condition	107 (24%)	151 (35%)	131 (30%)	49 (11%)	438 (100%)
9.	For treatment options	309 (70%)	101 (23%)	17 (4%)	11 (3%)	438 (100%)
10.	To get information on health insurance coverage for the Elderly	92 (21%)	108 (25%)	214 (49%)	24 (5%)	438 (100%)
11.	To get current data on the COVID-19 pandemic	287 (66%)	98 (22%)	31 (7%)	22 (5%)	438 (100%)
12.	To source funding to cater for health needs	143 (33%)	191 (44%)	81 (18%)	23 (5%)	438 (100%)

Results in **Table 4** revealed that the purpose of seeking health information by respondents was to learn more about the COVID-19 disease/ other diseases, to get treatment options, to understand drugs prescription, to get current data on the COVID-19 pandemic, to get proper health care services, to support health decision making, to get elderly friendly nutrition information, to source funding to cater for health needs, to get information on exercises to keep fit and healthy, to get information on self-medical care, to know health facility best for their health condition, and to get information on health insurance coverage for the elderly

**Objective 2:** Ascertain the Methods of accessing health information by the Elderly

**Table 5:** Methods of accessing health information by the Elderly

SN	Methods of accessing health information by the Elderly	Frequency	Percentage
1.	Direct visit to a physician	41	9%
2.	Telephone call to a physician	368	84%
3.	Social Media Account of Government Health Agency (WHO, NCDC, Ministry of Health etc.)	34	8%
4.	Online Sources	78	18%
5.	Family Members/ Relatives	438	100%
6.	Friends	399	91%
7.	Age Group Meetings	167	38%
8.	Mass Media (TV, Radio, Newspaper, etc.)	412	94%
9.	Health Related NGOs	21	5%
10.	Herbalist/ Traditional Medicine Doctors	301	69%
11.	Briefing from the COVID-19 Taskforce	81	18%

From the results in **Table 5**, it was revealed that majority of the respondents 438(100%) indicated that they access health information from their family members/ relatives, 412(94%) of the respondents indicated access health information from mass medias (TV, Radio, Newspaper etc.), 399(91%) of the respondents indicated that they access health information from friends, 368(84%) of the respondents indicated they access information via telephone call to a physician, 301(69%) of the respondents indicated they access health information from herbalist/ traditional medicine doctors, 167(38%) of the respondents indicated they access health information from their age group meetings, 81(18%) of the respondents indicated they access health information from the briefing of the COVID-19 taskforce, 78(18%) of the respondents indicated they access information from online sources, 41(9%) of the respondents indicated they access health information from direct visit to a physician, 34(8%) of the respondents indicated they access health information from social media account of government health agency, and 21(5%) indicated they access health information from health related NGOs.

**Objective 3:** Find out the influence of COVID-19 pandemic on the access to health information by the Elderly

**Table 6:** Influence of COVID-19 pandemic on the access to health information

**Note:** SA: Strongly Agree; A: Agree; D: Disagree; SD: Strongly Disagree

SN	Influence of COVID-19 pandemic on the access to health information	SA	A	D	SD	Total (%)
1.	The stay at home directive has restricted movement making access to my physician uneasy	308 (70%)	71 (17%)	31 (7%)	28 (6%)	438 (100%)
2.	The fear of contacting the COVID-19 disease has restricted my movement a great deal.	299 (68%)	87 (20%)	18 (4%)	34 (8%)	438 (100%)
3.	The physical distancing encouraged due to COVID-19 pandemic has limited visit to my doctor.	378 (86%)	22 (5%)	26 (6%)	12 (3%)	438 (100%)
4.	Too many conflicting publications on COVID-19 on the internet causing serious confusion.	393 (90%)	22 (5%)	15 (3%)	8 (2%)	438 (100%)
5.	COVID-19 has limited access to funding to get the right platforms to source for health information.	245 (56%)	104 (24%)	65 (15%)	24 (5%)	438 (100%)
6.	Due to COVID-19 pandemic health facilities are reluctant to attend to other health issues.	400 (91%)	16 (4%)	14 (3%)	8 (2%)	438 (100%)
7.	COVID-19 Disease has limited my interactions with friends making it difficult to get health information from them.	387 (88%)	22 (5%)	17 (4%)	12 (3%)	438 (100%)

The results in **Table 6** showed that the COVID-19 pandemic have made health facilities reluctant to attend to other health issues because of fear of contacting the virus thereby reducing access to health information/ services by the elderly, also the too many conflicting publications on COVID-19 on the internet has made access to requisite information about the virus difficult, the disease has limited my interactions with friends/ colleagues making it difficult to get health information from them, the physical distancing encouraged due to COVID-19 pandemic has limited visit to doctors making it difficult to elicit health information from them, the stay at home directive from the COVID-19 pandemic has restricted movement making it difficult to access health information, the fear of contacting the virus has restricted the movement of the elderly making access to health information difficult, and the COVID-19 has limited access to funding to get the right platforms to source for health information..

**Objective 4:** Identify the barriers to the access to health information by the Elderly

**Table 7:** Barriers to the access to health information by the Elderly

SN	Barriers to the access to health information by the Elderly	Frequency	Percentage
1.	Problem of equity in materials supply	178	41%
2.	Restriction of Movement due to COVID-19	438	100%
3.	Poor Information Evaluation Skills	206	47%
4.	Limited Internet Access/ Bandwidth Issues	297	68%
5.	Shy to disclose my health problems or illness to others	386	88%
6.	Low Health Literacy	401	92%
7.	Erratic Power supply	196	45%
8.	Poor information retrieval skills	321	73%
9.	Inadequate finance to acquire ICT facilities	214	49%
10.	Absence of appropriate health information	98	22%
11.	Poor marketing of health information by relevant bodies to boost access	318	73%
12.	Inadequate support from government to boost access to health information	398	91%

From Table 7 on the barriers to the access to health information by the elderly, it was revealed that majority of the respondents 438(100%) indicated restriction of movement due to COVID-19 as the barrier they experience, 401(92%) of the respondents indicated low health literacy, 398(91%) of the respondents indicated inadequate support from government to boost access to health information, 386(88%) of the respondents indicated they are shy to disclose my health problems or illness to others, 321(73%) of the respondents indicated poor information retrieval skills, 318(73%) of the respondents indicated poor marketing of health information by relevant bodies to boost access, 297(68%) of the respondents indicated limited internet access/ bandwidth issues, 214(49%) of the respondents indicated inadequate finance to acquire ICT facilities, 196(45%) of the respondents indicated erratic power supply, 178(41%) of the respondents indicated problem of equity in materials supply, and 98(22%) of the respondents indicated absence of appropriate health information as the barrier they face in accessing health information.

## DISCUSSION OF FINDINGS

The findings of the study showed that the elderly persons in Edo Central, Nigeria seek health information to learn more about the COVID-19 disease/ other diseases, to get treatment options, to understand drugs prescription, to get current data on the COVID-19 pandemic, to get proper health care services, to support health decision making, to get elderly friendly nutrition information, to source funding to cater for health needs, to get information on exercises to keep fit and healthy, among others. This finding agrees with the study of Chaiwchan and Nookhong (2018) which revealed that the purpose of seeking health information by the elderly was to learn more about diseases and support decision making in life, among others. This finding could be as a result of the ravaging corona virus spreading fast across the world which Nigeria is also not exemption.

On the methods of accessing health information by the elderly, the respondents indicated they access health information from family members/ relatives, mass medias (TV, Radio, and Newspaper etc.), friends, via telephone call to a physician, herbalist/ traditional medicine doctors, and age group meetings, among others. The findings agrees with the study of Muiruri (2019) which revealed that the elderly access health information from listening to radio as well as their family members. On the contrary, this findings disagrees with the study of Jacobs, Amuta and Jeon (2017) which revealed that a greater percentage of respondents indicated internet as their preferred choice for health information rather than other interpersonal sources like family/friend/co-workers, health care professionals. This finding could be as a result of the restriction of movement brought about by the corona virus, which has confined the elderly to their homes, hence depending on their family members and other mass medias for their health information needs.

The findings revealed that health facilities reluctant to attend to other illness, information explosion on COVID-19, limited interaction with friends, compulsory stay at home directive, physical distancing, , limited access to funding are among the negative influence of COVID-19 to the access to health information, as the movement and interaction of the elderly with others are highly militated by the virus. This finding agrees with prior studies undertaken by LaFave (2020) and Wu (2020) which revealed that the COVID-19 pandemic has negatively restricted access to health information/ services by the elderly.

The barriers to the access of health information as indicated by majority of the respondents were restriction of movement due to COVID-19, low health literacy, inadequate support from government to boost access to health information, shy to disclose their health problems or illness to others, poor information retrieval skills, poor marketing of health information by relevant bodies to boost access, and limited internet access/ bandwidth issues, among others. This finding disagrees with the study of Blandino, Talamini, Bortolus, Spazzaban, Valentini, and Tirelli (2007) which revealed that information given to the elderly orally can easily be forgotten as the barrier faced by elderly as they seek information to meet their needs. The findings also agrees with the study of Xuexia, Zhiyin and Shiqiang (2016) which revealed that low health literacy, not aware of relevant health information sources, poor information retrieval skills are the major barriers to the access to health information by the elderly.

## **CONCLUSION**

The elderly due to their age are confronted with a myriad of challenges with health related needs topping the chart. These health challenges have pushed them to explore various sources to get information to meet their needs. The elderly in Esan Central, Edo state, Nigeria are also not exempted as they face numerous health challenges. The elderly persons in this region of Edo state seek health information to learn more about the COVID-19 disease/ other diseases, to get treatment options, to understand drugs prescription, to get current data on the COVID-19 pandemic, to get proper health care services, to support health decision making, among other health related information needs. The Elderly are at higher risk when contacted by the novel corona virus, this may be the reason they are so much concerned on getting more information about the virus. The elderly access health information from family members/ relatives, mass medias (TV, Radio, and Newspaper etc.), friends. Due to the restriction of movement, the elderly population are restricted to sources within their immediate neighbourhood. Family members are closest to them in this pandemic period of the ravaging corona virus. The corona virus however, have had a lot of negative effects on the access to health information by the elderly. It has out rightly reduced access to health information as the elderly are confined within their homes and neighbourhood. Restriction of movement due to COVID-19, low health literacy, inadequate support from government to boost access to health information, shy to disclose their health problems or illness to others, poor information retrieval skills, among others are the barriers that have hampered the access to health information by the elderly. The corona virus pandemic have caused much pains to the elderly as most health facilities are not willing to attend to them due to the fast spread of the corona virus making them rely on other sources.

## **RECOMMENDATIONS**

The following recommendations were made in line with the findings of the study:

- I. Medical Practitioners should carry out routine extension services to cater for vulnerable elderly persons especially in rural communities.
- II. Mobile Testing centres should be organised for the elderly to enable them know their COVID-19 status at the comfort of their homes.
- III. Family members and relatives that care for the elderly should be ready to answer health related questions whenever they arises from their older adults at home.
- IV. Television, radio, and newspapers houses should redesign their contents to ensure the health information needs of the elderly are covered in their daily programmes/ content.
- V. The elderly should be trained on how to wear their face masks properly, use their hand sanitizers and wash their hands regularly to mitigate the effects of COVID-19 in their movements.
- VI. Also, regular training should be organised for the elderly to enable them independently evaluate information sources, retrieve information whenever needed in view of boosting their health information literacy level.

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