




## Sources of Information About COVID-19 Among Older Adults in Ghana, 2019–2021


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### Abstract

The COVID-19 pandemic sparked a worldwide search for information. Information about COVID-19 is crucial and it could be the first step toward designing practical disease-control strategies. Misinformation amid the widespread information about COVID-19 has undoubtedly caused psychological distress, especially among older adults. We present an empirical and descriptive study of the sources of information among older adults and how they perceived the COVID-19 pandemic. A total of 58 participants were recruited and interviewed using an in-depth semi-structured interview and structured questionnaire for our study. The study participants were recruited using purposive and convenience sampling in their respective homes from Mallam, a community in Ghana. The semi-structured interviews were transcribed, and themes were created for analysis. Our study revealed multiple sources of information regarding COVID-19, including radio, television, social media, family members, and friends. The COVID-19 information consisted of precautionary measures, effects, causes, symptoms, daily reported cases, and regarding vaccination. Our study revealed that the perception of COVID-19 information via social media, traditional media, families, and friends increased psychological distress among older persons by causing fear and panic. We contend that having a reliable source of information about COVID-19 is essential for older adults in mitigating the burden of the disease. Ultimately, our study substantiates the need for researchers, advocates, and policymakers to partner with social workers and healthcare workers to develop effective and practical policy interventions to address language and access difficulties for older adults seeking to obtain health information.

**Keywords:** *COVID-19, health, information, older adults, Ghana*

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## Introduction

The COVID-19 pandemic, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), remains a major public health threat, despite the discovery of a vaccine (Olaimat et al., 2020). COVID-19 is a member of the coronavirus family that is transmitted between humans and several animal species (Gao et al., 2020). Undeniably, people with comorbidities such as kidney disease, diabetes 2, hypertension, stroke, and cancer account for about 90% of the COVID-19 disease burden (Attoh et al., 2020; Olaimat et al., 2020; World Health Organization [WHO], 2020). The major cause of mortality among older adults from COVID-19 disease is notable. Despite the initial reductions in daily reported cases and death counts, the worldwide mortality rate remains incomparable and unprecedented due to new variants.

The exposure of older adults to the COVID-19 pandemic has resulted in a flurry of healthcare obligations, including COVID-19 knowledge and therapy to mitigate the consequences. Several information platforms, such as the mass media (television, radio), print (magazines and newspapers) and the new media (internet, social media), have provided health-related information, which has significantly impacted communication structures worldwide (Mboowa et al., 2020; Wiederhold, 2020). It is possible that the extensive availability of information has helped people to navigate, access, understand, and evaluate information services that scaffolded health protection during the COVID-19 pandemic (Dadaczynski et al., 2021). Many people across the globe have been constantly hunting for information since the outbreak of the pandemic, and the search for health information through online platforms has considerably increased (Nambisan, 2011). Furthermore, the health concerns of individuals about the COVID-19 mortality rate have prompted frequent information searches (Eastin & Guinsler, 2006). Studies suggest that individuals who are concerned about their health are more prone to exaggerate unfavorable information that supports their health demands (Eastin & Guinsler, 2006; Jones et al., 2021). Hence, the widespread dissemination of information by the media has contributed to the intensity of COVID-19 psychological problems.

Globally, the COVID-19 crises have disproportionately impacted older adults, women, and children, aggravating their existing information gaps and the prevalence of health disparities (Wang et al., 2013). According to the WHO, inaccurate or misleading information in the digital and traditional media surged significantly during the early days of the COVID-19 pandemic, with varying degrees of trustworthiness (WHO, 2020; Wiederhold, 2020). Thus, older adults experienced fear, panic, worry, and insomnia (Girdhar et al., 2020; Parlapani et al., 2020; Harper et al., 2021). The fear of contracting the virus and dying because of a compromised immune system, as well as the risk associated with old age, may have prompted older adults to learn more about COVID-19 (Girdhar et al., 2020; Parlapani et al., 2020; Gerhold, 2020).

Except for South Africa, which has the highest death rate of almost 63,499, the death rate in Africa has not been drastically high. In Ghana, available data show that older adults account for almost 90% of all COVID-19 deaths (Ashinyo et al., 2020; Worldometer, 2021). The media in Ghana is vibrant and dynamic, mainly because of some level of unfettered freedom of expression and the widespread effect of new media coverage. Ghana's government, like many other governments around the world, used traditional and digital media (e.g., television, radio, Twitter, Facebook, Instagram, and YouTube) to inform citizens about COVID-19 precautionary measures (Soroya et al., 2021). Compliance with these precautionary measures had a huge influence on every aspect of human life, including social networks and support systems for older adults. Data indicate that people resorted to a variety of media sources to stay informed about COVID-19 (Soroya et al., 2021; Statista, 2020; Khalifa et al., 2020). However, misinformation conceived as an "infodemic" by the WHO as well as the mortality rate linked to COVID-19 wreaked havoc, invoked fear, uncertainty, and sadness among many older adults (Soroya et al., 2021; WHO, 2020).

Taking a critical look at the Ghanaian situation, the youth have embraced the use of the internet and social media as a means of accessing information and transferring knowledge, whereas the use of the internet and

smart technologies among older adults may be less enthusiastic. This follows that not all older adults are comfortable using technology to satisfy their health needs or those of their family members (Magsamen-Conrad et al., 2019). Although seeking health information improves people's understanding of their health needs, information may also influence individuals' health decisions (Niederdeppe et al., 2008). Particularly, older adults experiencing frailty and psychological distress are more likely to disregard information about their conditions, hence resulting in underreporting (Ayers & Kronenfeld, 2007; Liu, 2020). With COVID-19, where people's social networks have been disrupted, family members and friends who served as support to older adults were also equally faced with challenges. This has resulted in inconsistencies among older adults' psychological well-being (Ebrahim et al., 2020). This is particularly difficult for older adults in Ghana who may experience functional difficulties and rely primarily on family, friends, and the community for assistance.

In Ghana, social support networks have established a flexible avenue for older adults to get information from their family, friends, and the media (Dean et al., 2017; Powe, 2015). Seeking health information by older adults may differ, depending on their residency and the nature of the COVID-19 pandemic disease. For example, older adults living in rural or periurban areas are more likely to rely on traditional media sources, such as radio and television, for information than their urban counterparts who are educated and earn higher incomes. Therefore, the older urban adults may have the necessary resources to access information via the internet and new media (Magsamen-Conrad et al., 2019; Dean et al., 2017; Powe, 2015; Ramanadhan & Viswanath, 2006). Furthermore, the differences in vulnerability, language challenges, inadequate healthcare delivery, gender, ethnicity, and disparities in health systems may also influence the seeking of health information among older persons (Wang et al., 2013). On the other hand, older adults who live alone may receive less information and face multiple adverse effects about COVID-19.

The spread of COVID-19 has been accompanied by widespread media coverage, with the COVID-19 pandemic becoming the most searched word on the internet in 2020 and 2021 (WHO, 2020; Aquino-Canchari et al., 2020). This research on COVID-19 pandemic information-seeking among older Ghanaians is one of the first attempts to better understand how older people seek health information during a crisis. In a developing country like Ghana, studies on knowledge and sources of information on the health needs of older persons have received less attention (Agyemang-Duah et al., 2020). As a result, seeking of health information and its impact on disease management are critical to the well-being of individuals, especially the vulnerable groups in society. Furthermore, obtaining a better understanding of the health awareness of older persons could have major policy implications for their long-term care. To improve access to trustworthy health information and construct successful health treatments, it is critical to research sources of health information among older adults with low income. Therefore, our study aimed to investigate the sources of information and the perspectives of older adults on the COVID-19 pandemic in Ghana.

## Method

**Study Setting.** Our research was carried out in a periurban town of Mallam, part of the Weija-Gbawe Municipal Assembly in the Greater Accra Region of Ghana. Mallam, which has a population of 25,841, is a periurban community located on the Kaneshie-Winneba highway. Mallam is a lowland area southwest of the Accra lowlands that stretches from the McCarthy Hills drainage divide into the southern lowland plains of the Odokor-Mallam road (Gyekye, 2011). It is in the West of the Ga South Municipal District, which forms part of Greater Accra, covering an area of 225.67 km<sup>2</sup>. The town is approximately 12 kilometers from the Central Business District of Accra and serves as the capital's western border.

Historically, the first settlers were the Ga, who were followed by the Hausa, making the population primarily Ga and Muslim. As the community grew, other ethnic groups, including the Akan (Fanti), Ewe, and Guan, found their homes there. Today, Mallam hosts various ethnic and religious groups. The Mallam community is

divided into ethnic groups, with the majority being Ga, Akan (Fanti), Ewe, Hausa, and Wala. Nevertheless, due to Mallam's multiethnic and multicultural characteristics, common languages spoken in the town include Ga, Akan (Twi or Fanti), Pidgin English, and Ewe.

The Mallam community is divided into two religious groups: Christians and Muslims. The major religious faith of the town used to be Islam, but Christianity has increasingly gained prominence among the population, particularly among women, with an increasing number of churches. Currently, nearly two-thirds of the population are Christians; yet in terms of religious affiliation, Mallam is technically associated with Muslims.

Mallam was a rural town in the 1980s, but it has seen the fastest rates of urbanization and is now Ghana's most densely populated periurban community with huge slums. The population growth of Mallam can be linked to rural-urban migration and the spillover of Greater Accra Region's growth into the localities of the surrounding towns and districts (Gyekye, 2011). The Mallam community has two distinct seasons: rainy and dry. The dry season runs from November to March, whereas the rainy season runs from April to October, with June and July being the wettest months. During the rainy season, severe flooding is common due to the general rainfall formation from the direction of the Aburi hills (Gyekye, 2011).

The economic activities of Accra include trading, agriculture, and fishing. The cost of living in Accra is very expensive in comparison with other parts of the country, and the city is a home to people of varied socioeconomic backgrounds (Sanuade et al., 2014). These descriptions are representative of Accra's general population, including Mallam. While residents of Mallam, as well as the broader population of Accra and Ghana, acquire information from electronic, print, and internet media as well as social media, family members and friends are the most regular and major sources of information for many older adults.

## **Study Population and Design**

Our research is part of a qualitative study of older adults, which was aimed at exploring the experiences of older adults during the COVID-19 pandemic in Ghana. Our information was extracted from our wider study that sought to investigate the "Experiences and Coping Strategies of Older Persons in Ghana During the COVID-19 Pandemic." The original study employed qualitative techniques and involved four sets of goals: (1) to examine and analyze the psychological impact of COVID-19 on older adults; (2) to explore the experiences of older adults with COVID-19; (3) to investigate the sources of information of older adults about COVID-19 and their impressions; and (4) to examine social support received by older adults during the COVID-19 pandemic. Although our study is primarily qualitative, we adopted a descriptive statistical design to collect participants' baseline demographic data in relation to age, marital status, gender, ethnicity, religion, education, living arrangements, occupation, and family type. The study population consisted of older adults, aged 60 and above, who live in their respective households in the Mallam community. Using semistructured interviews, data were gathered from 58 eligible older adults who live in their homes (compound/rented or ownership), receive home care from family members, and had no serious impairment. Furthermore, we employed a structured questionnaire to investigate variables, such as older adults with comorbidities, sources of information before COVID-19, and information about COVID-19. We carried out in-depth semistructured face-to-face interviews to explore the participants' views on the content of the information and their impressions after receiving information on COVID-19. This allowed participants to develop their own meanings of the event qualitatively and focused on collecting sociodemographic and other information regarding COVID-19 knowledge and perceptions (Curry et al., 2009; Creswell, 2013).

## **Recruitment and Sampling Procedure**

Study participants were purposively and conveniently sampled. Convenience sampling was used because the study site is densely populated and experiences a high standard of living. Most respondents work during the day and are always on the lookout for ways to diversify their income. Only those who were accessible at the

time of the visit were recruited to participate in the survey. Participants were physically reached at their residences and asked to voluntarily sign an informed consent form for participation in the study. Participants were regarded as eligible if they did not have difficulty speaking or were not suffering from serious impairment. We explained the study to potential participants who expressed interest and had the capacity to participate in the study. We explained the investigation, read the consent procedures, and highlighted the significance of the study. Although several participants had comorbidities or functional difficulties, they were not in a critical condition. Apart from older adults with conditions such as stroke and those who found it difficult to speak at the time of visit, demographically diverse older persons were included in our study. A written consent was obtained from the participants, family members, and other caregivers who provided care for older adults. All participants who completed the screening process and agreed to participate in the study signed the informed consent form. No individual was identified as a COVID-19 carrier or admitted having had an infection of COVID-19.

## **Data Collection**

Data were collected among older adults in the Mallam community between March and May 2021. In-person, face-to-face, in-depth open-ended interviews were conducted to obtain data on participants' experience with COVID-19. This is because we attempted to get an understanding of older adults' experience and sought information regarding COVID-19, as well as their general perception of it. These strategies were highly suggested as used by previous studies (Denscombe, 2010; Lasch et al., 2010). Using the face-to-face interview technique, we were able to comprehend the participants' experiences and available support regarding the sources of information on the COVID-19 pandemic. The structured questionnaire survey was adopted to obtain data on demographics, health status, sources of knowledge about COVID-19, and perspective and impression with information on the causes and effects of COVID-19. During data collection, participants and their caregivers were briefed about the significance of the study. Participants had the right to interrogate the purpose of the study and, when in doubt, they could exclude themselves from participating in the study. The questionnaire included four sections: (1) sociodemographics, (2) participants' identity, (3) experiences with COVID-19, and (4) sources of information. After a thorough review of the questions, the questionnaire was administered to 58 participants who were older adults in the Mallam community.

Thus, the interviews were kept flexible to reduce bias, yet what was important to the study was not overlooked. Each participant was interviewed once, with interviews lasting 40 minutes. As a result of the additional structured questions and the short in-depth interviews, participants' responses were brief. The interview questionnaires and guide were written in English; however, questions were asked in Twi and English during the interview. Even though the Ga language is widely spoken in the community, the study site is heterogeneous and the people are multilingual. Interview questions were posed in English and Twi because most study participants could speak either Twi or English. Furthermore, many of the participants had formal education and could speak basic English, although others could not read or speak English. Only a handful of the participants could communicate in Pidgin English. In summary, 85% of the participants reported frailty, weight loss, restricted food intake, and decreased grip strength.

## **Data Analysis**

The interviews were recorded on audiotape using a Nokia 2.2 Android phone and saved for subsequent processing and analysis. Data were transcribed for analysis, and participants remained anonymous. Each transcript was read through repeatedly and we cross-checked the statistical data and analyzed it qualitatively. Furthermore, the findings of this study were based on data gathered rather than our personal opinions and preferences.

## Ethical Approval

The Committee on Human Research Publication and Ethics (CHRPE), Kwame Nkrumah University of Science and Technology (KNUST), Ghana, examined and approved the study (ref: CHRPE/AP/108/21). Respondents were provided with written informed consent and were assured of the confidentiality and privacy of the information they gave. The participants of the study were assured that their participation was entirely voluntary. As a result, they were able to withdraw their participation at any time.

## Results

### Sociodemographic Characteristics of the Participants

A total of 58 older adults, aged 60 years and above, were recruited for the study. All 58 participants were interviewed; 46 (79.3%) were females and 12 (20.7%) were males. Most participants were Christians (51; 87.9%) and the others (7; 12.1%) were Muslims. Twenty-five (43.1%) were widowed, while 20 (34.5%) were married and 13 (22.4%) had divorced (Table 1).

**Table 1.** Sociodemographic Characteristics

<b>Sociodemographic Characteristic</b>	<b>Frequency (n = 58)</b>	<b>%</b>
<i>Gender</i>		
Male	12	20.7
Female	46	79.3
<i>Age</i>		
60–69	37	63.8
70–79	13	22.4
80–89	5	8.6
90–99	3	5.2
<i>Religion</i>		
Christianity	51	87.9
Muslim	7	12.1
Traditionalist	0	0
<i>Educational status</i>		
Primary	9	15.5
Middle/Form 4/JSS	23	39.9
Secondary/Voc Tech	7	11.9
College/Tertiary	6	10.3
None	13	22.4
<i>Marital Status</i>		
Married	20	34.5
Single	4	6.9
Divorced	13	22.4
Widow	21	36.2

<i>Living Arrangements</i>		
With children	58	100
With spouse	20	34.5
Alone	0	0
Others	30	51.7
<i>Occupation</i>		
Trade/Business/Entrepreneur	36	62
Artisan	4	6.9/7
Retired/unemployed	18	31
<i>Family type</i>		
Nuclear	20	34.5
Extended	38	65.5
<i>Ethnicity</i>		
Ga/Adangbe	10	17.2
Akan (Fante)	30	51.7
Ewe	10	17.2
Hausa/Waala	8	13.8

### Sources of Information Before COVID-19

The participants were asked about their sources of information before COVID-19 (Table 2). They claimed to have looked for information through a variety of sources. The most frequently mentioned sources included radio (87.9%); television (74.1%); newspapers (3.4%); and friends, family members, and caregivers (79.3%). Internet-online news (0%), and social media, such as WhatsApp, Instagram, Twitter (1.7%), were also cited as part of the sources. However, some participants indicated health workers (1.7%), and the National Commission for Civic Education (NCCE) (1.7%) as their sources of information in their daily activities.

**Table 2.** Sources of Information Before COVID-19

Sources of Information Before COVID-19	Frequency	%
Newspapers	2	3.4
Radio	51	87.9
Television	43	74.1
Internet	0	0
Social media	1	1.7
Phone SMS	5	8.6
Friends, family members, church, and mosque	46	79.3
Health workers	1	1.7
NCCE	1	1.7

### Information During COVID-19

Using a structured questionnaire, we measured the sources of information during the COVID-19 pandemic from a variety of sources as presented in Table 3. Most-used information sources were radio (87.9%), television (77.6%), and social networks (family, friends, and church; 86.2%). Participants identified newspapers (3.4%) and social media (3.4%) as the least used sources of health information. Even though

majority of the participants had phones, they reported they only used them for making calls. Two participants mentioned health workers (1.7) and the National Commission for Civic Education (1.7) as their sources of COVID-19 information.

**Table 3.** Sources of Information During COVID-19

Sources of information during COVID-19	Frequency	%
Newspapers	2	3.4
Radio	51	87.9
Television	45	77.6
Internet	0	0
Social media	2	3.4
Phone SMS	4	6.9
Friends, family members and church	50	86.2
Health workers	1	1.7
NCCE	1	1.7

### Older Adults With Comorbidities and Other Diseases

Our study defined an older person as someone who has reached the age of 60 or above, which is consistent with the definition of older adults in the context of Ghana (Ghana Statistical Service, 2013). According to the data, a significant number of the participants either had chronic diseases or conditions related to aging (Table 4). Diabetes was found as the most common comorbidity (69.0%), followed by hypertension (34.5%), stroke (8.6%), and asthma (8.6%). Some of the participants were recognized as having aging disorders, with frailty (86.2%) being found to be common among older adults in the study. Obesity was discovered in 60.3% of the participants.

**Table 4.** Older Adults With Comorbidities and Other Diseases

	Frequency	%
Hypertension (BP)	20	34.5
Diabetes	40	69.0
Stroke	5	8.6
Asthma	2	3.4
Psychological disorders	5	8.6
Dementia	4	6.9
Obesity	35	60.3
Frailty	50	86.2

### Knowledge About COVID-19

Participants were asked about their knowledge of COVID-19 as well as the vaccine. As shown in Table 5, they indicated that they were aware of the COVID-19 preventative measures, repercussions, causes, and documented cases of death. According to the data, participants were well informed and had access to information about the events of COVID-19 pandemic. Preventative measures for COVID-19 (100%), recorded cases (94.8%), causes (91.4%), consequences (96.6%), and symptoms (82.8%) were the most often stated features. Many participants, 82.8%, expressed their opinions about the COVID-19 vaccine. They hinted that the vaccination could help them return to normalcy, but there were inconsistencies in the vaccine narrative, which caused some people to be hesitant to get vaccinated.



**Table 5.** *Older Adults' Knowledge About COVID-19*

	<b>Frequency</b>	<b>%</b>
COVID-19 precautionary measures	58	100
Effects of COVID-19	56	96.6
Causes of COVID-19	53	91.4
Symptoms	48	82.8
Reported cases (deaths)	55	94.8
Vaccine	48	82.8

### **Content of Information Before COVID-19**

We employed a semistructured interview protocol to explore the views of the participants on the content of the information received during the COVID-19 pandemic. Interpretation was done based on the data from the opinions of the participants. Participants reported that they listened to the radio on a regular basis to learn about community events. Prior to COVID-19, older adults with functional difficulties emphasized that they sought health information and other general matters from radio, television, family, and friends. According to most older individuals, the radio keeps them informed about current happenings across the world. Friends and family members, on the other hand, were said to have been used as sources of other information by participants. Politics, murder cases, football, elections, social issues, and Ghana's economy were key topics that surfaced. Before COVID-19, almost all participants noted that these matters received attention in the news. Participants also mentioned that current events influenced their knowledge-seeking behavior. During election season, for example, people are more likely to pay attention to campaign messages, such as manifestos and electoral commission guidelines. A low-income older female adult hinted, among other things:

I listen to Peace FM for information, particularly the “kokrokoo” show, where they discuss politics and issues concerning Ghana's growth. The show, which features veteran or older citizens, helps to paint a clear picture of the country, highlighting both successes and failures. Politics and football are the two issues that brighten my day. I am interested in a wide range of social issues since they help me understand how my society is growing. Although the economy is important, a country's progress is determined by its social development. I am a big fan of Highlife music, especially songs with messages of inspiration and wisdom. I have been listening to the radio for knowledge since I was 10 years old. Ghana's social issues have always piqued my interest. (a 70-year-old male adult, in-depth interview)

Another participant described:

At my age, I concentrate on things that can make me happy and keep me healthy. I keep an ear out for health-related issues. This is because Ghana's economy is not thrilling but rather heartbreaking and unpleasant. I did, however, have time to listen to political debates and other social issues. I am also concerned about murder cases. Murder occurrences, for example, make me nervous, and caused me stress in the past. (a 67-year-old low-income female, in-depth interview)

When asked about their faith in relation to seeking information, most participants expressed that they spend time listening to God's word. Thirty of the participants stated that they listened to sermons from Christian pastors as well as gospel music. Five Muslims, on the other hand, indicated that they listened to radio stations that broadcast anything related to the Quran and Islam. Muslims and Christians believed in their faith and were eager to seek God's face daily. A female adult with lower income hinted:

Prior to COVID-19, I listened to gospel music, particularly songs sung in our local dialects. But I have not missed the news at 6:00 a.m. or 6:00 p.m. I always emphasize to my children the importance of knowledge in every man's life. As a result, keeping up with my country's everyday events is paramount. (a 65-year-old low-income female, in-depth interview)

### Impressions About COVID-19 Information

In Table 6, the majority of participants (77.6%) expressed fear and anxiety. Fear was identified as one of COVID-19's most significant repercussions. The majority of participants hinted that they were unable to leave their houses. The remaining 22.4% of individuals reported that they were unconcerned about the presence of COVID-19 pandemic in Ghana. Participants who were not scared by the COVID-19-related news, such as death and the rapid spread, indicated that COVID-19 was beneficial to them since it was the first time they had all their family members together to discuss many compounded family issues. The lockdown kept family members at home and prevented them from working or engaging in other activities. When questioned about their first impression, participants gave the following responses:

I was terrified when I saw people dying from COVID-19 on television. When Ghana reported its first case of COVID-19, I became even more terrified. I became stressed because of my health condition. Prior to COVID-19, I used to sit outside with my friends under a tree and play "oware" and "ludo" as a kind of relief and pleasure. Many activities were hindered during the peak of the COVID-19 pandemic, particularly because of the enforcement of the lockdown policy. Fear gripped me, and I was unable to come out of my house. I have lived in fear since March 2020 because I am a diabetic patient, and the virus was very common among persons who had diabetes. When the lockdown was lifted, I came out of the house, but due to social distance and restricted connection with people, we were unable to get close. (a 66-year-old low-income male, in-depth interview)

I have high blood pressure. People with such problems, we were informed to be cautious. My children stopped me from going to the market to transact my business. I also had the impression that my business was crumbling and that I needed to be on my toes. To save my life, I had no choice but to listen to my children. I kept wondering when the COVID-19 outbreak would be over and humanity would be able to travel freely again. (a 62-year-old low-income male, in-depth interview)

I was afraid because I am struggling from stroke. I have been living at home for the past 7 years. My main concern was that no one in my house should contract the disease. The rate at which people became infected around the world was unpredictably high and frightening. Even though I was at home, I was aware that if any of my family members should become infected, I would very surely become infected as well, putting me in a grave condition or possibly killing me. (a 69-year-old low-income female, in-depth interview)

**Table 6.** *Impression or Reaction About COVID-19 Information*

Fear	Frequency	%
Yes	45	77.6
No	13	22.4

While some participants were afraid of the virus, others felt they were mentally strong enough to resist it. The following is what they said in response:

COVID-19 has been discovered as an infectious disease, like Ebola, H1N1, and others. As a Christian, I am convinced that God's word is infallible. And all what is written in the Bible will be fulfilled. It made me happy to see the Bible's prophecies come true. However, our consciences spoke out, and we did

the right thing by wearing nose masks, washing our hands, and following other measures imposed by our government. Even though I am following these measures to ensure my survival, I was not scared or frightened. Financial challenges exacerbate the situation. (Ghana Statistical Service, 2013; a 74-year-old low-income male, in-depth interview)

I have previously lived on the street. In the street, life is in everyone's hands, and they have no fear. During COVID-19, this street philosophy kept me. I was not afraid to go out, and I was not hesitant to talk to strangers. However, I followed the president of Ghana's preventive measures. I was overwhelmed by the reported deaths, but it did not put me in any danger. I became ill along the way, and hospitals were not prepared to welcome me, but I was unconcerned. Even though Ghana was named as one of the best countries for managing COVID-19, I had my doubts about the data and daily reported cases. But, unlike many others, I was not gripped by fear. (an 80-year-old low-income male, in-depth interview)

### **Older Adults' Perceptions About COVID-19**

Participants expressed a wide range of responses to COVID-19. COVID-19, according to most participants, could not survive in hot weather. Some participants also stated that the speculations and rumors spread through the traditional and digital media concerning COVID-19 created an atmosphere of uncertainty. Participants cited a variety of reasons for their opposition to COVID-19, including vaccine concerns, COVID-19 data falsification (daily cases, death, and recovery), financial hardship, leaders' violations of COVID-19 precautionary measures, COVID-19 symptoms and causes, and the inability to find meaning in life. These factors have been felt globally.

Although COVID-19 is new, I am convinced that the government made arrangements with foreign partners to bring it to Ghana. The approach Ghana used to start recording the COVID-19 pandemic is a fraud because COVID-19 was unable to withstand high temperatures. Cases, on the other hand, continued to increase for no apparent reason. If the symptoms are the same as malaria, then COVID-19 has infected about 90% of Africans. (a 69-year-old low-income female, in-depth interview)

I am not convinced about the vaccine. I recall hearing from some Africans living in Western countries reporting that Africans can heal themselves using traditional or indigenous methods. Many Africans cure malaria with traditional medicine, and if COVID-19 symptoms are like malaria symptoms, what prevents Africans from utilizing the same treatment? On the other hand, our leaders sat back and let the "Whites" dictate to us. African leaders sat on their hands instead of supporting and promoting Madagascar's vaccine modification, allowing some individuals to use the World Health Organization to sabotage Madagascar's vaccine production. The question is why only white or Western goods are good for everyone all over the world, whereas Africans and blacks have their items rejected on a regular basis. It is for this reason that I believe COVID-19 was created in a laboratory exclusively to reduce the world's population, allowing machines to govern humans and their activities. I criticize African leaders for refusing to properly utilize their powers and for yielding to dominance or supremacy from the West on a regular basis. (a 78-year-old low-income male, in-depth interview)

## **Discussion**

Our study presented findings from empirical, in-person qualitative interviews and a descriptive structured questionnaire used with older adults regarding their sources of information during COVID-19. These views are from older adults with very low-income status residing in Mallam, a densely populated area and a periurban community in the Greater Accra region of Ghana. These interviews provided insights into the sources of information and perceptions regarding COVID-19 within the context of health-information-seeking

behavior among older adults, who are at higher risk of COVID-19. Understanding older adults' health-information-seeking about COVID-19, as well as how this contributed to their knowledge of the COVID-19 pandemic, has policy implications for future pandemic control measures.

The findings of our study suggested that participants showed some form of COVID-19 awareness. Older adults described the COVID-19 pandemic as the most deadly or fearful public health problem in human history, posing a greater health risk than ever before. This awareness was attributed to the various sources of information about the COVID-19 pandemic, including radio, family and friends, religion, and television, which were prevalent. Our findings also suggest that older adults mainly seek information related to preventive measures (100%), recorded cases and death reports (94.8%), causes (91.4%), effects (96.6%), and symptoms (82.8%). Many participants, (82.8%) also expressed their opinions on the COVID-19 vaccine because of the inconsistencies in developing the vaccine and the rapid spread of COVID-19. The participants revealed that the main reason for searching for information regarding COVID-19 was due to its nature and the fallacies surrounding the disease. In our study, there was a misconception about the origin and existence of the virus by some older adults who believed that COVID-19 could be cured with traditional medicine if the symptoms were like malaria. Participants revealed that they either resorted to traditional ways of healing illnesses or visited pharmacies when they became sick during the COVID-19 pandemic.

The common sources of information about COVID-19 among older adults were radio, television, family members, and friends. Even before COVID-19, these were the common sources for seeking information about health, politics, the economy, and other social matters relating to their environment. Most of the participants indicated that they have been seeking information on various conditions and problems concerning their well-being. The main rationale for using these sources of information rather than going to a healthcare facility is that it is a more accessible way to get information on health, politics, murder, entertainment (music and movies), and global problems. It was also revealed that when older adults become ill or experience functional challenges, their first point of contact is family and friends, and if the problems (illness) persist, then they go to a health facility or a pharmacy. The radio and social networks (family and friends) have been shown to be the primary sources of information on COVID-19 among older adults. Even though most of the participants seek information from radio and television, the older adults mentioned that they often rely on family members for their upkeep and well-being (Nkansah et al., 2021; Nukunya, 2003).

Participants reported a variety of information sources during the COVID-19 pandemic. As seen in Table 3, while 87.9% of the older adults confirmed the radio as their primary source of information, 86.2% of them also indicated that they got information through their social networks (family, friends, and church), but less so with television, at 77.6%. However, newspapers (3.4%) and social media (3.4%) were identified as the least reliable sources of information at the peak of the COVID-19 pandemic. Our findings also suggest that participants still relied on traditional media (radio, television, and newspapers) and caregivers for COVID-19 information and their health, even though the use of new media (internet, social media) became prominent during the COVID-19 pandemic. Studies across the world observed and clearly suggested that people, especially patients, suffering from a variety of diseases, sought information about their condition through various media sources such as the internet, magazines, radio, and television (Cutilli, 2010). Family members, friends, the church, and the mosque are also paramount in seeking out health information. On the other hand, older adults' low participation in using the internet or social media as their sources of information could be due to the complex nature of the internet, which requires many steps (Manafu & Wong, 2012). Information from family members, friends, and the church was treated highly and was trusted by the participants.

Based on the findings of our cross-sectional study, the sources of information for older adults before and during the COVID-19 pandemic did not change. This is not surprising considering the socioeconomic status of the participants, especially in view of their levels of education and income, and the nature of the COVID-19 pandemic. Furthermore, many older adults stated that they were unable to leave their homes due to the fear of

their conditions or their status as people at a higher risk of contracting the virus. This supported the findings that all the participants had at least one or two comorbidities, with some experiencing frailty due to aging. Surprisingly, less than 2% of the participants said they had sought information from health workers, but those who did indicated that it was a personal doctor. Participants emphasized that the presence of COVID-19 did not deter them from seeking information on other related and existing health conditions or disorders. They did not raise any concerns about the credibility of their sources of information during the COVID-19 pandemic, this is consistent with Soroya et al. (2021).

Fear is a highly self-reported health problem among older adults. This is in line with pre-existing health conditions among the participants, describing their vulnerability to COVID-19, even though the prevalence of fear among older adults varies worldwide. Fear was found to be pervasive among older adults globally, identified in earlier studies as being one of the many consequences of the COVID-19 pandemic (Mamun & Griffiths, 2020; Schimmenti et al., 2020; Al-Marroof et al., 2020; Salisu & Akanni, 2020). Another reason for the increase in fear among older adults could be the rapid spread of the disease and the absence of a specific medication for cure. This is significant since it has been observed that the surfeit of information communicated to the public about COVID-19 carried rumors, which is especially dangerous among older adults. Participants also indicated that the viral videos by some European doctors concerning why Africans were not dying created tension and fear because the motive for such statements was unclear.

Most participants in the study believed the COVID-19 pandemic was untrue and false. Older adults in this study reported instances of inconsistency and contradictions in Ghana's fight against COVID-19. Many claimed that the government and its leaders violated the COVID-19 regulations, which amounted to sanctions, notably during the December 2020 elections and even after, but no punitive action was taken. Participants highlighted their dissatisfaction with the leaders' attitude toward adherence to COVID-19 regulations. Such attitudes toward the fight against COVID-19 caused them to register their suspicion and disbelief about the true figures of COVID-19 cases in Ghana, calling it a hoax. This may have contributed to the nonadherence of COVID-19 precautionary measures instituted by the government (Almutairi et al., 2020). Even though Ghana was adjudged as one of the best countries to have handled the COVID-19 pandemic properly, the doubts in the minds of people, especially the participants of our study, cannot be overlooked.

## Conclusions

Our study explored older adults' sources of information during the COVID-19 pandemic, especially when the pandemic was at its peak. Results from the study revealed that older adults used multiple sources of information to acquire knowledge about COVID-19. We discovered that most older adults sought information on COVID-19 from the radio, television, family members, friends, and their religious affiliations. In addition, our study showed that the participants' perception of COVID-19 is critical to helping them mitigate COVID-19 infections and comply with measures for containment. Findings show that older adults do not encounter any challenges in accessing information from these sources. The findings, on the other hand, revealed that many older adults do not obtain information from the new media or social media. We found this to be a gap in accessing health information because many older adults are poor and grew up in a generation without social media or the internet.

Considering these findings, new research could focus on a larger population of older adults in Ghana. Furthermore, a comparative study could be conducted to see how news about the COVID-19 pandemic influenced the mental health and psychological conditions of older adults and younger adults. Our findings suggested that researchers, advocates, and policymakers should collaborate with social workers and healthcare workers to develop realistic and effective means to address language barriers to enable older people to access health information as they seek to become more aware of their own health needs. The

deepening of older persons' understanding of health information for future pandemics and disease control mechanisms would be aided by regular and periodic health awareness on the usefulness of health information. This can aid policymakers and public health officials in devising strategies to ensure that correct and timely information is disseminated to the public (Tsao et al., 2021).

## Limitations and Strength

Our study has its strengths and limitations. One limitation is that the findings from this study do not represent the general perspective and perception of the diverse older adult population in Ghana. Also, because of the limited sample size, the study lacks generalizability. In addition, the study could not achieve generalizability since the data are skewed to a portion of Ghanaian citizens. Furthermore, adopting convenience and purposive sampling makes findings difficult to generalize; yet, the findings of the study are trustworthy, resulting in high validity. In addition, the study did not collect data on all possible socio-demographic characteristics that could have influenced the study outcomes. One strength is that the study provided an opportunity to understand how a variety of research approaches, or a sound methodology, might help researchers to be more creative in accessing information and contribute to internal validity.

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