Risk Factors and Health Status Predictors of Older Persons During COVID-19 in Selected Slums of Kosofe Local Government Area, Lagos State

Otu Rachel, Elias Peter, and Omojola Ademola

ABSTRACT

Investigating risk factors and health status predictors of older persons during COVID-19 is critical for understanding and responding to future sudden pandemics. The aim is to understand the socio-demographic characteristics influencing the vulnerability of older individuals to COVID-19 in selected slums, analyze the associated responses, and identify risk factors and health status predictors exacerbating their susceptibility during the sudden pandemic. Through a comprehensive assessment of existing health challenges, comorbidities, coping strategies, and environmental conditions, the research elucidates the multifaceted nature of COVID-19 on older persons in slums. A survey research design was employed, which involves the use of both quantitative and qualitative data collection and analysis. One hundred thirty older persons aged 60 years and above were extracted from 754 household heads engaged in a larger survey. Findings reveal that the calculated p-value (<0.01) is less than the given significance level (α=0.05). This suggests that health status predictors such as aging, poor health, inadequate environmental conditions, societal neglect, poor government intervention, low income, poverty, and lockdown measures significantly contributed to the adverse effects experienced by older persons during COVID-19 in the selected slums. Despite these challenges, older persons exhibited resilience and employed various coping mechanisms to mitigate the effects of COVID-19, including addressing boredom, ill health, social isolation, hunger, and information gaps. The study underscores the importance of government and social support in enabling older persons in slums to withstand adverse social and economic conditions, such as pandemics. By bridging the gap between current realities and desired outcomes, this research informs interventions to promote health equity, urban renewal, and regeneration efforts for older persons in slum environments.

***Keywords**: COVID-19, sudden pandemics, older persons, slums, risk factors, health status predictors, and Lagos State.*

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1. Introduction

Aging is a universal phenomenon associated with an increased risk of disease, disability, reduced functional capability, and consequently, mortality. Aging impacts every individual, family, community, and society. According to Guthi et al. (2019), "the globe is in the middle of a unique and irreversible process of demographic change, which will result in growing life expectancy and the proportion of the senior population shortly." Similarly, Yasuyoshi et al. (2017) noted that aging is a human trait defined by gradual and irreversible changes in the structure and function of the body over time. Growing older is a natural process, but it does come with some apparent problems, including failing health. According to the United Nations, "older persons" are those who are 60 years of age or older. The number of older persons worldwide is rising. According to WHO (2011), there will be 1.5 billion adults 65 years and older by 2050, up from 524 million in 2010. The fastest-growing population in Africa, according to Olanrewaju et al (2020), referencing (UNDESA, 2019; UNFPA, 2019; Goodkind & Kowal, 2016), is older persons. He said that the number of older persons, estimated at 4.9% of the overall population in 2015, is expected to increase to 7.6% by 2050, more than tripling from 69 million in 2017 to 226 million in 2050 in absolute terms. This might mean that 10.9% of individuals over 60 years old globally are represented in this demography. According to Martins Van Jaarsveld G. (2020), the COVID-19 pandemic has had an immense effect on the daily lives of most people worldwide, particularly older persons, beginning in the first part of 2020 and continuing to this day. The COVID-19 pandemic had a considerable impact on older persons in Africa, particularly in Nigeria, given that risk increases with age. In other words, the older the individual, the more at risk they are of contracting diseases, especially those who live in slums. Health status predictors of older persons predispose them to be affected by the sudden pandemic. Interestingly, older persons were also isolated due to the extensive lockdown and preventative measures, which limited their access to physical and mental treatment. Furthermore, poor responses by the government, characterized by poor coordination of intervention schemes, further made the vulnerability of older persons to COVID-19 more pronounced. Also, there was no statistically reliable data to aid the action plans of agencies. The absence of data made it difficult for the government to carry out proper interventions or responses in the study area.

The living conditions in the slums of Kosofe Local Government Area in Lagos State, Nigeria, are very dissatisfactory and uncomfortable, especially given the deadly elements of the COVID-19 epidemic. Given the increasing growth of slums, there is a large population that is emerging in the vicious cycle of poverty. Indeed, older persons - the "left behind" - are the poorest of the poor, treated as worthless, and seen as contributing nothing to society. They are treated as those ready to die. As a result, they received little consideration in terms of health and social well-being. Similarly, an intensifying World Health Organization (WHO)-led agenda on "healthy aging" has thus far not paid systematic attention to the older persons in slum environments (WHO 2017). These gaps exist even though slum exposures may have particularly far-reaching health consequences in later life. Again, older persons and their families in slums are at risk of poverty, starvation, and desperation as a result of the response and limitations imposed to slow the spread of COVID-19. Most homes were unable to store food and medications in preparation for extended periods of isolation. Interestingly, slums house a large number of homeless and poor persons who are especially exposed to the direct and indirect effects of COVID-19, including many older persons. Studying the risk factors and health status predictors of older persons to COVID-19 in selected slums of Lagos State provides an essential geographical perspective that can assist the government, NGOs, and policymakers in

spatial targeting for intervention and national resource allocation in the event of a future pandemic.

2. Statement of Problem

Globally, the sudden COVID-19 pandemic had an immense effect on the daily lives of most people, particularly older persons, from the first part of 2020. COVID-19 had a considerable impact on older persons in Africa, particularly in Nigeria, given that risk increases with age. The older the person, the more at risk they are of contracting diseases, especially those who live in slums. Their frail and underlying health conditions predispose them to be affected by the pandemic. Poor responses by the government, characterized by poor coordination of intervention schemes, further made the impact of COVID-19 more pronounced on the older persons living in the selected slums of Kosofe LGA of Lagos State. There was no statistically reliable data to aid the action plans of agencies. The absence of data made it difficult for the government to carry out proper interventions or responses in the study area, particularly in poor and densely populated slum communities. Existing studies have focused on the vulnerability of slum dwellers to the COVID-19 pandemic without special attention on older persons, thus leaving a critical gap in understanding their specific needs and potentially hindering the development of targeted interventions and support strategies. Not disaggregating the vulnerability of slum dwellers could limit age-targeted interventions and the exclusion of older persons. This is the major problem this study seeks to address. Also, the lack of age-specific data hinders the development of targeted interventions that address these specific needs, potentially excluding older persons from essential support. This study seeks to address this critical gap by investigating the specific vulnerabilities of older slum residents." The United Nations agencies identify older persons as those aged 60 and up (United Nations 2020). Growing older is a natural process, but it comes with some apparent challenges. Their socio-demographic features include age, gender, education, religious affiliation, marital status, family size, employment, and income. The majority of the older population lives in developing-world cities, where non-communicable disease morbidity and death rates have risen dramatically (Dominic et al., 2015). According to Tao Liu et al (2020), age is a key risk factor for contracting COVID-19 because it increases the fragility of older people as a result of poor health, dilapidation, overcrowding, and poor ventilation. This describes older persons living in slums and invariably some key factors for contracting COVID-19. This is primarily because of the association of frailty with an increased risk of adverse health outcomes (Qiu Y, Li G, et al. 2000). The COVID-19 pandemic had a severe adverse effect on society particularly in metropolitan cities that are home to some of the densest populations on earth (Chen et al 2020). Nigeria and its people, as well as many other countries, had tales of woes to tell. According to the earliest research, there was a rise in anxiety and sadness among older people in general (Ahmed et al, 2020). Anxiety and sadness were on the rise. Older persons experienced the surge of the impacts, primarily because of the stringent lockdowns, increased risk of disease, and diminished social support (Yang et al., 2020). The sudden COVID-19 pandemic caused tremendous terror and misery to older people living in slum communities. Despite the numerous studies in this area, there is still a paucity of information on risk factors and health status predictors of older persons during a pandemic. The study, therefore, aimed to understand the socio-demographic characteristics that influence the vulnerability of older individuals to COVID-19 in selected slums. The objectives of the study are to: compare the risk factors predisposing older persons to COVID-19 in selected slums of Lagos State, and analyze the health status predictors of older persons during the COVID-19 pandemic in selected slums of Lagos State. The study's hypothesis tested the association between the

vulnerability of older persons to COVID-19 and the economic, social, lifestyle, communal association, emotional, and health status of older persons.

3. Materials and Methods

3.1 Study Area

Kosofe is one of the twenty local government areas in Lagos State. In October 2003, the Lagos State Government created 37 local council development areas (LCDA) for administrative effectiveness. Kosofe Local Government Area is located in the northern part of the state on Long 3°25' and 3°30' E and Latitudes 6°35' and 6° 45'' N of the equator. Its jurisdiction comprises 10 wards and encompasses an area of about 178.85 sq/km. It is bounded by three other local government areas, namely Ikeja, Ikorodu, and Shomolu, as well as the Lagos Lagoon in the south. It also shares a boundary with Ogun State. The population is relatively high, with few amenities to support. According to the national population census of 2006, Kosofe Local Government Area has the third largest population in Lagos State. Based on the 2006 national population census, Kosofe houses 682,772 people (358,935 males and 323,837 females). The population density based on the population figure from the national population census is about 3,913. The land use is mainly residential, with scattered commercial buildings and lock-up shops. There are over 35 well-planned and organized as well as poor and densely populated settlements in the Kosofe Local Government Area. The pattern of settlement is nucleated or clustered, with some streets tarred while others are not tarred. These settlements are delineated into seven wards by the Independent National Electoral Commission (INEC). The wards are: Oworonshoki, Orile, Araromi, Ifako, Soluyi, Anthony Village, Ajao Estate, Mende, Ojota, and Ogudu. Despite being one of the highly developed LGAs in Lagos State, there is evidence of improvised, squalid, deprived, poor, and densely populated slum settlements with a glaring absence of basic services and social infrastructure. These conditions are precarious for the slum dwellers, especially the older persons, during COVID-19, which is a motivation for the paper. Three slum communities, which were part of a larger survey, namely Idia-Araba, Mosafejo, and Ajegunle Ikorodu, were purposively selected for the paper.

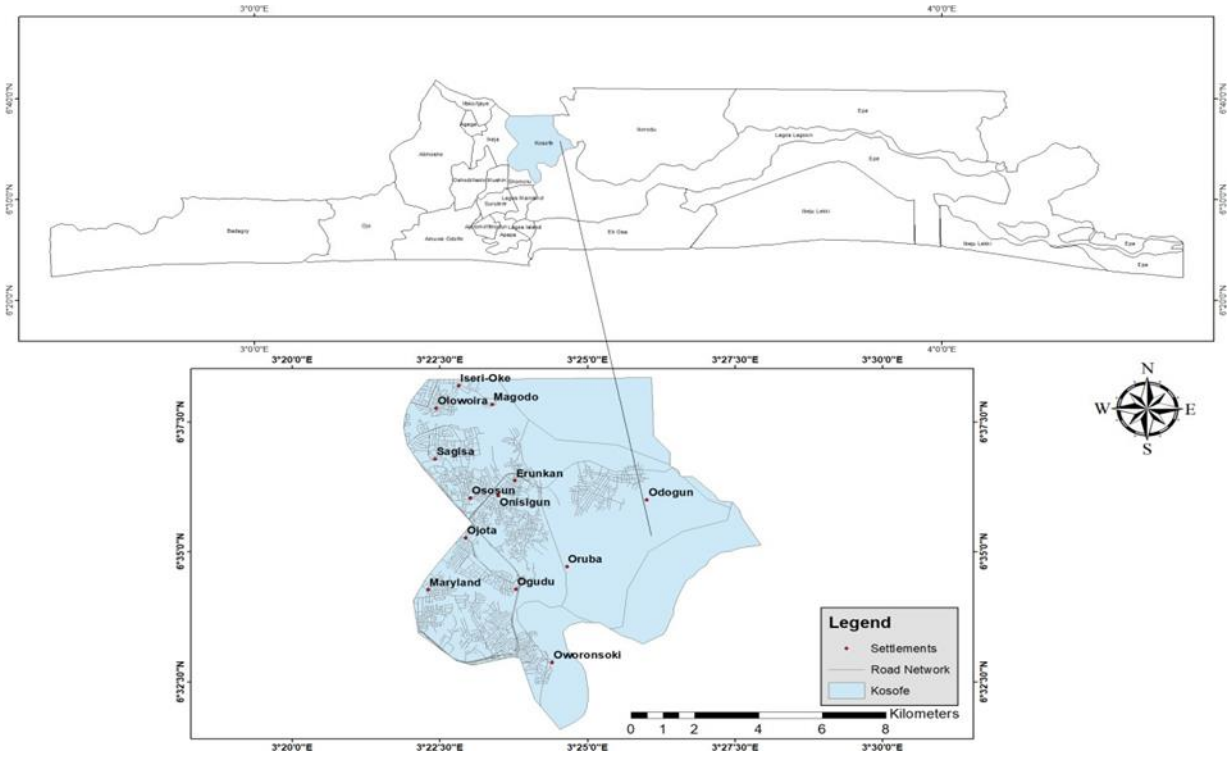

Figure 1: Map of Lagos State showing Kosofe Study Area (Source: Author)

3.2 Methods

The data employed for this study were obtained from Secondary and Primary data. The secondary data were obtained from relevant literature, the internet, journals, and base maps of Kosofe LGA at the scale of 1:50000 collected from the office of the Surveyor General of Lagos State in 2015. The population data was from the National Population Census in 2006 while the primary data involved field surveys and key informant interviews conducted to elicit the perspectives and lived experiences of older persons in slum communities to deepen understanding about their vulnerability and responses to COVID-19 including socio-demographic characteristics, risk factors and health-seeking behaviors-This is the socio-demographic data was gotten from a complete survey of 130 household heads who are older persons aged 60 years and above which was conducted in the selected slum communities. The sample size population is 130 household heads who are older persons aged 60 years and above, extracted from a larger work with household survey data of 754 households. A structured questionnaire was used to collect data for the study. The questionnaire was loaded on mobile phones using the KoboCollect app and administered to older persons in the selected slum communities. About thirty people from the communities were recruited and trained to use the KoboTool for the social survey. The questionnaire was divided into 5 Sections (A-E) comprising questions on the study objectives. In section A, the study elicited responses on the socio-demographic characteristics of the older persons. Section B contains housing characteristics and ownership details. Section C contains the environmental health of older persons. Section D contains access to basic services and infrastructure. Section E contains the health condition profile. The study adopts a survey research design, which involves the use of both quantitative and qualitative data collection and analysis. One hundred thirty older persons 60 years and above were extracted from 754 household heads involved in a larger survey. The quantitative method involved the use of a

questionnaire administration to elicit socio-demographic information about the older persons in the selected slums of Lagos State. Qualitative data were collected through focus group discussions and key informant interviews. Three informal urban communities in Kosofe Local Government were selected based on deliberate criteria such as their location, condition, information, knowledge, understanding, and experience on the subject of the study, purposive Sampling was used for focus group discussion, six people were in the focus group discussion comprising artisans, women leaders and nurses for key informant interviews Some key members of the communities were selected based on age, gender, occupation, role in the community, and length of stay in the community. There are traditional rulers, a medical doctor, community health assistants, and market women. In addition, field studies were conducted to understand the perspective of older persons about their vulnerability and responses to COVID-19, including health behaviors and risk factors, to obtain ground information. A complete survey of 130 household heads who are older persons aged 60 years and above was conducted in the selected slum communities.

Data analysis involves using different statistical techniques to analyze the data in response to the aim and the objectives of the study. Data was extracted from the questionnaire, focus group, and key informant interviews; the data was then collated, edited, and integrated into the operation. Descriptive analysis was used to study the distribution of some variables and to present information for further analyses. These involve the use of tables and charts for quantitative data and simple percentages. The only hypothesis tested in this study was derived from the first objective. To test the hypothesis that the association between the vulnerability of older persons to COVID-19 and the economic, social lifestyle, communal association, emotional, and health status of older persons, the Chi-square (χ^2) was carried out to statistically analysis the association between the vulnerability of older persons to COVID-19 and the economic, social lifestyle, communal association, emotional, and health status of older persons. The chi-square test of association operates on a contingency table, also known as a cross-tabulation (or crosstab, for short). It is a two-way table consisting of rows and columns, where the rows represent the categories of one variable and the columns represent the categories of the other variable. The table displays the frequencies or counts of combinations of categories for the two variables being analyzed. The chi-square model is given as:

The chi-square test statistic (χ^2) is calculated as follows: $x^2 = \sum \frac{(0_{ij} - E_{ij})^2}{E_{ij}}$ ..... (1)

Where:

- O_{ij} is the observed frequency in cell (ij).
- E_{ij} is the expected frequency in cell (ij), assuming two variables are independent, and it is computed as: $E_{ij} = \frac{RT_i.CT_j}{GT}$.....(2)

The size of the contingency table determines the degrees of freedom (df) for the chi-square test. For an n × m table, the degrees of freedom are given by df = (n−1) × (m−1). The p-value, which measures the strength of the evidence against the null hypothesis, is computed for a given significance level, α. If the p-value is less than α, reject the null hypothesis. Otherwise, you accept it. Chi-square was used in this analysis because the study seeks to know the relationship between the categorical variables used in the study**.** The variables in the study are mostly categorical.

For the second objective, the logistic regression model was used to analyse the relative influence of health status predictors of older persons, which include age, sex, religion, illness such as typhoid, cold/cough/catarrh, diarrhea, malaria, cooking with firewood, residential structure, and water source. Toilet type, health facilities, treatment energy-electricity marginalization, neglect, deprivation, cheating, abuse, emotional trauma, dishonor, disrespect, etc. The study used this technique because the dependent variables are binary. They have only

two categories - health status: healthy and unhealthy. The study modeled the probability of the outcome of the health status of older persons as a linear combination of the independent variables.

Given a binary dependent variable (*y*), the logistic regression model is defined as

$$\pi_i = \pi(x_i) = \frac{1}{1+e^{-(x_i'\beta)}} \quad i = 1,2,...,n \qquad \text{(iii)}$$

where x_i It is a set of independent variables for the *i*th observation, β Is the regression coefficient and $y_i \sim Ber(\pi_i)$ The binary response is on the dependent variable (i = 1 for desired response and i = 0, otherwise), and πi is the probability that the response is *i* = 1. The logit transformation can be written as

$$g(x) = \ln\left(\frac{\pi(x)}{1-\pi(x)}\right) = \beta_0 + \beta_1 x_{1i} + ... + \beta_p x_{pi}. \qquad \text{(iv)}$$

The parameters, β's in the logistic regression model presented in (2) are estimated by the method of maximum likelihood estimator (MLE).

Weighted Logistic Regression was used because the data used for this research is survey data. Since the responses vary, we introduced weights to each data point. This gives different data points varying levels of influence in the parameter estimation process based on their importance or reliability. This is done by modifying the likelihood function.

Weighted Likelihood Function:

The likelihood function in weighted logistic regression is modified as follows: $Maximun\ L(\beta) = \prod_{i=1}^{n}[P(Y_i - 1)^{w_i}.(1 - P(Y_i = 1)^{w_i}]$ ……*(v)*

Where:

L(β) is the weighted likelihood function.

n is the number of data points.

Wi is the weight assigned to data point *i*.

P (Y_i=1) is the probability of event occurrence for data point *i* as predicted by the logistic model.

The weights allow for the adjustment of the contribution of each data point to the likelihood function.

Justification for Model Choice

I. Weighted Logistic Regression was used because the data used for this research is extensive survey data. Since the responses vary, we introduce weights to each data point. The reason is to give different variables varying levels of influence in the parameter estimation process based on their importance or reliability.

ii Logistic Regression was used because the response variable in the analysis is binary. Logistic Regression meets the analysis assumption. It was adopted for this analysis because of its flexibility and ease of use. The response variable used in the study is health status, others such as living and coping strategies of older persons, and was categorized into two: healthy and unhealthy, hence the use of logistic regression

4. RESULTS

4.1 Asses the Risk Factors that Predisposes Older Persons to COVID-19

The health status of older persons was cross-tabbed with some risk factors that exposed them to the COVID-19 pandemic. The results are presented in Table 1. The calculated p-value (<0.01) is less than the given significance level (α=0.05) for all the variables. This suggests that there is a significant association between the risk factors and the health status of older persons during COVID-19. This is to say that all independent variables impacted the health status of older persons during the COVID-19 pandemic. According to the result of our study, 99.2% of the older persons' primary source of drinking/cooking water is from boreholes or uncovered wells. This is a very unhealthy source of drinking/cooking water, making them more susceptible to contracting COVID-19. The kind of toilets used by older persons is essential as it can expose older people to COVID-19. This is so because of the sanitary conditions of the toilets used by the older persons in their locations. The

result shows that 89.2% use pit toilets, while 8.5% and 2.3% use water systems and open defecation, respectively.

Table 1. Result of Chi-Square Test of Association

	The primary source of cooking water for your household	What kind of toilet is your household using the most	type of health facilities visits when ill	A type of illness visits the health center for	The type of school children attend
Chi-Square	247.662	183.523	30.154	111.538	45.985
Df	3	2	5	4	2
Sig.	.000	.000	.000	.000	.000
	Sources of energy for lighting/ Electricity	How many times do you shop for food in a month?	news consumption	Kind of social media you engage with	How often do you use social media
Chi-Square	99.969	260.585	100.631	202.231	56.523
Df	1	3	2	6	3
Sig.	.000	.000	.000	.000	.000

Source: Author's analysis, 2024

4.2. Analyzing Health Status Predictors of Older Persons during the COVID-19 Pandemic

Table 2 shows the output of the weighted logistic regression where health is the response variable. The result shows that older persons between the ages of 61 and 70 years were 1.0404 times more likely to be healthy than older persons who were not within this age group, with a coefficient value of 0.0397. Furthermore, older Persons who were 70 years of age and above were 0.3139 times less likely to be healthier than those below 70 years of age, with a coefficient of -1.1588. This research has shown older males were 1.3382 times more likely to be healthier than older females, with a coefficient of 0.2914. In agreement with a study on older persons conducted in China during the COVID-19 pandemic, it was shown that the emotional response of older women is higher than that of men. Thus, older women experience more anxiety and depression. This assumption shows

that females are more likely to be unhealthy than males, similarly older Persons of the traditional religion are less than 0.01 times less likely to be healthier than Christians and Muslims put together, with a coefficient of -16.0571. The assumption is that traditional religious people do not believe in COVID-19. Likewise, older persons who showed the signs of Typhoid were 1.1822 times less likely to be healthier than the people who did not show signs of Typhoid, with a coefficient of 0.1674. Meanwhile, older persons who showed signs of cold/cough/catarrh were 1.1419 times more likely to be healthy than older persons who did not show any signs, with a coefficient of 0.1327. Additionally, older persons who showed signs of diarrhea were 5.5792 times less likely to be healthier than those who did not show any signs, with a coefficient of 1.7191. Moreover, older persons who showed signs of Malaria/Typhoid were 0.3567 times less likely to be healthier than older persons who showed signs with a coefficient of -1.0310. Finally, older persons who cook with firewood are 1.8467 times less likely to be healthier than those who do not cook with firewood, with a coefficient of 14.4289. To this end, older persons who cook with gas are less than 0.01 times more likely to be healthier than those who do not cook with gas, with a -14.4896 coefficient.

Table 2. Coefficients and Odds Ratio of Weighted Logistic Regression

Variables	Coefficients	Odd ratio	Percentage Odd
Intercept	-1.3436	0.2609	26.09%
Age 61-70	0.0397	1.0404	104.04%
Age 70+	-1.1588	0.3139	31.40%
Sex-Male	0.2914	1.3382	133.82%
Religion -Muslim	-0.0290	0.9714	97.14%
Religion -Traditional	-16.0571	<0.01	0%
Illness - Typhoid	0.1674	1.1822	118.22%
Illness - cold/cough/catarrh	0.1327	1.1419	114.19%
Illness - Diarrhea	1.7191	5.5792	557.92%
Illness - Malaria/Typhoid	-1.0310	0.3567	35.67%
Cooking - Firewood	14.4289	1.8467	184.67%
Cooking - Gas	-14.4896	<0.01	0%

Source: Author's analysis, 2024

4.3 Contribution of Basic Services to the Health Status of Older Persons

Table 3 shows the analysis of the logistic regression explaining the contribution of basic services to the health status of older persons during the COVID-19 pandemic. The odds ratio of older persons who live in permanent structures was 0.001 times less likely to be unhealthy than those who live in temporary structures. This, therefore, means that the health status of the respondents during COVID-19 depends on the type of residential structure they occupy. The odds ratio for quality water showed that older persons who have access to good quality water are 0.001 times less likely to be unhealthy than those who do not have access to quality sources of water. The odds ratio of the type of toilet showed that older persons who do not have access to good toilet facilities are 31.23 times more likely to be unhealthy than older persons

who have access to good toilet facilities. The odds ratio of older persons not having access to health facilities is 1.024 times more likely to be unhealthy than older persons who have access to health facilities. The odds ratio for treatment showed that older persons who have treatment are 0.516 times less likely to be unhealthy than older persons who do not have treatment. The odds ratio about illness shows that older persons who do not have existing illnesses are 0.779 times less likely to be unhealthy than older persons who have existing illnesses during the COVID-19 pandemic. The odds ratio of energy-electricity showed that older persons who have access to energy-electricity are 0.001 times less likely to be unhealthy than older persons who do not have access to energy-electricity.

Table 3: Coefficients of the Logistic Regression

	B	S.E.	Odd Ratio	Percent Odd
Residential Structure	-37.658	15023.166	0.001	0.1%
water source	-15.982	4179.361	0.001	0.1%
Toilet type	19.552	9709.796	31.232	3123.2%
Health facilities	.024	.149	1.024	102.4%
Treatment	-.663	.552	0.516	51.6%
Energy-Electricity	-19.080	12196.644	0.001	0.1%
Constant	14.651	15593.569	23.108	2310.8%

Source: Author's analysis, 2024

5. Discussion of Findings:

The socio-economic conditions of older persons in selected slums of Lagos state are deplorable as a result of their income, occupation, and level of education. Also, the level of access to sanitation and good sources of water supply is challenging. To this end, 99.2% of them get their water from the uncovered public well, and 2.3% from the stream or river. 89.2% of them use pit toilets, and 2.3% maintain open defecation in this age and time. This shows that the communities are very vulnerable to any epidemic or pandemic. 77.7% of respondents used public electricity as their primary source of energy, which is not always regular. One of the essential human rights that strengthens the existence of human beings and helps them to increase basic capabilities is their health and well-being. The study shows that available health facilities are few, and primary health centers with few health personnel at the time were not adequate to cater to the frail health of older persons. This causes 39.2% of older persons to visit roadside drug sellers, which is very dangerous to them, adversely affecting older persons in slum communities at risk of contracting COVID-19 and any future pandemic. Additionally, the presence of underlying diseases in older persons, as well as the changes caused by the aging process in various body systems, is a concern. The immune system can affect the nature and severity of the disease in older persons. Again, this research has shown that

older males are 1.3382 times more likely to be healthier than older females in the event of a pandemic; this means that the emotional response of older women is higher than that of men. Older women experience more anxiety and depression and are more exposed to environmental hazards during the pandemic because they go out to look for what to buy, cook with firewood, and engage in more house chores, etc. Similarly, the high vulnerability of older persons to the COVID-19 pandemic in selected slums is due to their socio-economic conditions, which form the background information to understand the level of risks, vulnerability, and responses during COVID-19. Age, income, occupation, state of health facilities, and unavailable health personnel are the primary health risk factors of older persons in selected slums. Key health status predictors are the prevalent illnesses, gender, and basic services. The three slum communities fall within low and medium vulnerability. Mosafejo and Idi-Araba have higher vulnerabilities. Older persons relied on water treatment, traditional medicine, social media, and spirituality as coping strategies.

6. Conclusions

This study analyzes the risk factors and health predictors of older people to COVID-19 in selected slums of Lagos State. It also aims to understand the socio-demographic characteristics that contributed to the vulnerability of older persons to the COVID-19 pandemic and the associated responses in selected slums of Lagos State. Existing health challenges and other comorbidities of older persons were analyzed. The vulnerability of older persons to the sudden COVID-19 pandemic was due to aging, health status, poor environmental conditions, neglect by interest groups, poor government intervention schemes, low income, poverty, and the lockdown. Older persons resorted to various coping strategies to address their boredom, ill health, social seclusion, hunger, and information. Finally, the study established the gap between what is and what ought to be in slums amid COVID-19 and developed a community-level Resilience Strategy for Sudden pandemic (CReSSP)**.** With more support from the government and other agencies, older persons in slums can survive any adverse social and economic conditions, including a pandemic. Though COVID-19 has its drawbacks, the resilience of older persons in slums, as well as the self-reporting rich data, will help to assess health equity, urban renewal, and regeneration.

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