RESEARCH ARTICLE

REVISED COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships

[version 5; peer review: 1 approved, 1 approved with reservations, 1 not approved]

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v5 **First published:** 09 Jun 2022, **7**:168
https://doi.org/10.12688/wellcomeopenres.17841.1
Second version: 13 Dec 2023, **7**:168
https://doi.org/10.12688/wellcomeopenres.17841.2
Third version: 12 Mar 2024, **7**:168
https://doi.org/10.12688/wellcomeopenres.17841.3
Fourth version: 19 Jun 2024, **7**:168
https://doi.org/10.12688/wellcomeopenres.17841.4
Latest published: 20 May 2025, **7**:168
https://doi.org/10.12688/wellcomeopenres.17841.5

Abstract

Background

The COVID-19 pandemic and the non-pharmacological prevention methods have affected the wellbeing of older people. In this paper we focus on the wellbeing, and vulnerability, of older people in rural northern KwaZulu-Natal, South Africa during the first year of the pandemic.

Methods

We conducted monthly in-depth interviews for up to four months with 26 people aged 57 years and older. A total of 86 interviews were conducted by telephone, because of restrictions on face-to-face contact, and digitally recorded. After transcription and translation, the data were coded thematically, with analysis guided by a wellbeing theoretical framework.

Results

Open Peer Review

Approval Status ✗ ✓ ?

	1	2	3
version 5 (revision) 20 May 2025			
version 4 (revision) 19 Jun 2024	✗ view		? view
version 3 (revision) 12 Mar 2024	? view	✓ view	
version 2 (revision) 13 Dec 2023	? view		
version 1 09 Jun 2022	✗ view		

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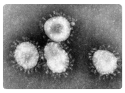
Having access to food, to healthcare and to somewhere they felt safe to stay, was essential for everyone. For many managing expenses became more of a struggle as adult children who had lost their source of employment came home to stay. However, despite the shortages of money, the importance of relationships, whether they are familial or the close community of neighbours, was highlighted in the accounts of many participants. Older people not only got help with day-to-day life from others, but also found solace in the company of others. The sense of community, from family and neighbours, helped to ease some of the stress experienced because of the lockdowns.

Conclusions

The COVID-19 pandemic and the restrictions imposed to limit the spread of the virus impacted the wellbeing of older adults in rural KwaZulu-Natal. Our findings show how the importance of relationships with family and friends contributed to nurturing wellbeing for older people.

Keywords
ageing, infection, non-pharmacological measures, COVID-19, SARS-CoV2, relationships, family, South Africa

This article is included in the Africa Health Research Institute (AHRI) gateway.



This article is included in the Coronavirus (COVID-19) collection.

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Any reports and responses or comments on the article can be found at the end of the article.

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Author roles: Manyaapelo T: Conceptualization, Formal Analysis, Writing – Original Draft Preparation, Writing – Review & Editing; **Edwards A**: Conceptualization, Formal Analysis, Investigation, Project Administration, Writing – Original Draft Preparation, Writing – Review & Editing; **Mpanza N**: Formal Analysis, Investigation, Writing – Review & Editing; **Nxumalo S**: Formal Analysis, Investigation, Writing – Review & Editing; **Nxumalo Z**: Formal Analysis, Investigation, Writing – Review & Editing; **Gumede N**: Formal Analysis, Writing – Review & Editing; **Ngwenya N**: Investigation, Writing – Review & Editing; **Seeley J**: Conceptualization, Formal Analysis, Funding Acquisition, Methodology, Writing – Original Draft Preparation, Writing – Review & Editing

Competing interests: No competing interests were disclosed.

Grant information: This work was supported by Wellcome [201433; https://doi.org/10.35802/201433, a Strategic Core award to Prof. Deenan Pillay].
The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

How to cite this article: Manyaapelo T, Edwards A, Mpanza N *et al.* **COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships [version 5; peer review: 1 approved, 1 approved with reservations, 1 not approved]** Wellcome Open Research 2025, **7**:168 https://doi.org/10.12688/wellcomeopenres.17841.5

First published: 09 Jun 2022, **7**:168 https://doi.org/10.12688/wellcomeopenres.17841.1

REVISED **Amendments from Version 4**

In this new version we expanded to add more details to the inclusion criteria. We then further clarified the process of participant selection and added an explanation for the data analysis framework used. We also included a few participant quotations that speak to the relational dimension of wellbeing to help better explain this aspect. Lastly, we included implications for future research in the discussion.

Any further responses from the reviewers can be found at the end of the article

Introduction

Writing in April 2020, Esther Choo (2020) talks of the societal fault lines that COVID-19 has exposed, concluding that once the pandemic has passed, we should remember `how intimately our fates are interconnected, even when we don't have a virus to bring the point home' (p. 1333). Our fates are indeed interconnected in a pandemic where an airborne pathogen can be shared from one person to another in a short space of time, if no preventive measures are taken; but those links, our connectedness, have been, and continue to be, felt in many other ways. We begin with an account of the experience of Gogo, aged 88 years, during the first year of the COVID-19 pandemic:

Gogo lives with her daughter in a homestead in uMkhanyakude District, in northern KwaZulu-Natal Province, South Africa. Her son moved back home after he lost his job when the lockdowns started in March 2020. Gogo has hypertension and diabetes which has made it difficult for her to walk. She relied on her family members to collect her medication from the local clinic. Her grandson helped to collect her monthly old age government pension and he also bought groceries for her. During the lockdown she, her grandson and another of her daughters fell ill with COVID-19 but all recovered. Sadly, another family member, who does not stay with her, who was looking after others who were sick, caught COVID-19 and died. Gogo was sad to not be with the wider family to bury their dead. She missed the visits from the members of her church, which stopped when the pandemic struck. She commented how much people missed being able to go to church, to share and pray together.

In this paper we explore the impact of the COVID-19 pandemic on the wellbeing of older people, like Gogo, in rural northern KwaZulu-Natal. We focus on the wellbeing, as well as the vulnerability, which come from their connections and relationships.

> `Human lives are typically embedded in social relationships with kin and friends across the life span. Social regulation and support occur in part through these relationships […]. The misfortune and the opportunities of adult children, as well as their personal problems, become intergenerational.' (Elder, 1994, p. 6)

Our lives are linked to others across our life-course, as Elder reminds us here. Those links move beyond the family and span friends, co-workers, others in our community, our region and country. COVID-19 has lain those links bare both as strengths but also as risks to wellbeing (Team & Manderson, 2020). We use the word 'strength' in this paper to refer to the qualities that promote positive cognition, emotions and behaviour (Park *et al.*, 2004).

While the connections between people, for example, of a family staying in cramped conditions together, have been of concern in the biomedical literature because of the mode of spread of the pathogen, there has been a particular focus on the vulnerability of 'risk groups' such as older people (Biswas *et al.*, 2021; Brooke & Jackson, 2020; Hassan-Smith *et al.*, 2020; Mueller *et al.*, 2020). Throughout the pandemic there has been considerable concern about the vulnerability of older people to severe illness and death as a result of SARS-CoV2 infection, with good reason: analysis of excess death data for 2020 for South Africa showed that two thirds of these deaths were in people over the age of 60; with the highest death rate among those aged 60–69 years (Bradshaw *et al.*, 2021). Levasseur *et al.* (2022) refer to 'situations of vulnerability' which focuses on 'a set of circumstances in which one or more individuals experience, at a specific moment in time, one or multiple physiological, psychological, socio-economic or social difficulties' which increases their risk of being harmed or being unable to cope with the challenges they face (p.275). During the pandemic a number of factors came together to create 'situations of vulnerability' for older people.

The risk of severe morbidity and mortality amongst older people was recognised early in the pandemic (Jordan *et al.*, 2020; Wolff *et al.*, 2021), but so too were other forms of vulnerability: social, psychological and economic (Manderson & Levine, 2020). Of particular concern was isolation, and risks to care because of distance from kin and limited access to health services (Lloyd-Sherlock *et al.*, 2020). There also emerged discussion of other risks, other areas in which vulnerabilities were exposed, for different age groups – not only older people -- because of financial, mental as well as physical challenges (Napier, 2020; The Lancet, 2020). Indeed, some argued that older adults should not be labelled as vulnerable only on the basis of medical criteria, given they have greater psychosocial strength because they have `lived through past challenges in their own lives and having lived through many decades of historical time' (Lind *et al.*, 2021, p. 47) and, as a result, are less vulnerable to some areas of risk than younger people; Carstensen *et al.* (2020) refer to this as older people's `emotional experience'.

A focus on specific age groups of people being particularly vulnerable to different threats from the pandemic diverts attention away from the relationships between those people of different ages, people like Gogo described above, and their interdependence and the ways in which situations of vulnerability and strength may be shared. The value of interpersonal

relationships – the value placed on recognising `linked-lives' – is a part of the African philosophical framing of Ubuntuism, found in most of East and southern Africa which provides a set of values and practices to live by (Ramose, 1999). Ubuntu is the southern African word among people classified as Bantu language speakers often translated into English to mean 'I am because you are', stressing the connection of one person to another (Mbiti, 1969). Ubuntu as a philosophical paradigm as said to include the nature of social reality (ontology), way of knowing (epistemology) and ethics and value systems (axiology) (Chilisa, 2012). Ubuntuism provides a way in which people see the world and their connections to others and how they interact with their material and metaphysical realities as inter-dependent beings. Because Ubuntu is seen as rooted in the community and in relationships Chigangaidze *et al.* (2021) call for people to embrace Ubuntu as a guide to the social and psychological response to COVID-19. They note that the emphasis that Ubuntu places on interconnectedness, on relationships, highlights a need to protect each other from infection, but also to respond 'with generosity, caring and consideration towards others' (p. 6) when they are in need, and to recognise the ways in which social isolation can harm a person, mentally, physically and socially.

We build from these concerns about social isolation and the threat of disease to suggest that reflecting on the situations of vulnerability and strengths of older people, through the lens of wellbeing, allows us to look at the impact of COVID-19, and the measures put in place to manage the spread, not by viewing an age group of people in isolation, in this case older people in northern KwaZulu-Natal, South Africa, but by recognising an older person's place in a family and a community. As Hoffmann and Metz (2017, p. 159) describe in their discussion of the lessons an 'Ubuntu ethic' holds for development theory, 'our need to take care of others, as much as our need to be cared for, is central to living well.'

Ageing and wellbeing

The process of ageing and the pressures caused by life events have multiple interrelated implications for older people's health and general wellbeing. There is no single definition of wellbeing but there is some consensus that wellbeing includes a general satisfaction with major components in one's life such as work, having more positive emotions compared to negative feelings or moods and having an overall life satisfaction that encompasses social relationships (Diener, 2000; Ryff & Keyes, 1995).

Building from Ubuntu, an ethic `which prizes relationships' (Ewuoso & Hall, 2019, p. 101), we were guided in our thinking by a wellbeing framework that offers a holistic definition of wellbeing, encompassing three key dimensions: material, relational and the subjective/human components (White, 2010). Other frameworks focus more on individualism and subjective wellbeing (Das *et al.*, 2020; Diener, 2000; El-Krab *et al.*, 2022). The **material dimension** comprises assets, welfare, and standards of living. The **relational dimension** is divided into two, social relations and access to public goods; and the **subjective/human dimension** includes capabilities, attitudes to life, and personal relationships. Each of the three dimensions is in turn sub-divided into objective and subjective aspects. The objective dimension examines the tangible objects which make a life better or worse, while the subjective dimension examines how people evaluate the effect of things or actions on their lives. Taking the example of income, the money a person earns can be described as being a part of the objective material dimension of wellbeing, but the satisfaction or dissatisfaction that someone feels about that income is a subjective dimension.

In setting out this framework, White (2010) refers to and emphasizes the role that culture plays in helping to understand how wellbeing is constructed. She notes that wellbeing is grounded in both a particular social and cultural location or context. Culture provides the environment, the context, within which wellbeing develops and shapes not only the way people talk or behave, but also how they think about their needs and wants and assess the material dimensions of wellbeing. This also underlies the values and beliefs they may hold (Thin, 2018). The cultural context influences how people relate to each other, who lives with whom, how goods are distributed, and needs are met (White, 2015). To know something about the place where a person lives their life is therefore important in order to understand local beliefs and understandings around wellbeing (Bond *et al.*, 2021).

The study setting

The social and cultural context of our study, uMkhanyakude District, is in northern KwaZulu-Natal, South Africa. In 2016 the district had a population of 689,090 people, with four percent aged over 65 years old. It is one of the poorest districts in South Africa (Fransman & Yu, 2019). About 22 percent of the population has access to piped water, and 10 percent of households live within 15 minutes travel time (driving) to a health clinic (Sharman & Bachmann, 2019). Most people in the area access health services through the public sector District Health System, which includes one referral hospital and 17 primary care clinics. Only five percent of the population holds medical insurance, which results in the majority of people being dependent on the public sector hospital and clinics for health-care (McIntosh *et al.*, 2021). The level of HIV prevalence in 2018 was 40 percent (Gareta *et al.*, 2021). In addition, there are high rates of non-communicable diseases in adults in the population (Wong *et al.*, 2021). Most households depend on small holder agriculture, state grants and remittances from migrant members of their families. The unemployment rate in the area is high, with 58 percent of adults with no formal employment (Wong *et al.*, 2021).

Although South Africa is a democratic republic, the district is dominated by traditional structures, which inform and shape the local value systems and norms (Beall *et al.*, 2005). These structures include local councils overseen by AmaKhosi and Induna (traditional leaders who are the AmaZulu King's representatives in the community) who preside over defined areas and oversee the community.

The study from which the data are drawn for this paper was located within the Population Intervention Programme

Demographic Surveillance Area (PIPSA) of the Africa Health Research Institute (AHRI), in uMkhanyakude District. In mid-2018, the population of the PIPSA was estimated to be 140,000 individuals living in approximately 20,000 households (Gareta *et al.*, 2021). The majority of the people living in this area identify as belonging to the AmaZulu ethnic group, sharing customs and cultural practices. These cultural practices include isiZulu traditional rituals for the rite of passage at coming of age (on reaching puberty), for weddings, for funerals and for communicating with ancestors during these events to ask for blessings. These rituals are usually marked by social gatherings, including sharing of food and celebrations to mark the occasion.

An important part of the setting for this paper was the trajectory of the pandemic in South Africa up to the end of our data collection in March 2021. We describe that briefly in the next section.

COVID-19 in South Africa

In South Africa a 'national state of disaster' was declared due to the COVID-19 pandemic with lockdown regulations proposed according to the Disaster Management Act: alert levels one (normal activities) to five (drastic measures taken to contain the virus). From 26th March 2020, a 21-day national lockdown at the highest alert level of five was implemented. The lockdown was extended until 30th April 2020. The imposed restrictions included closures of businesses classified as non-essential, closures of schools, tertiary institutions and the sale of tobacco and alcohol was suspended during this period. There were also restrictions on large gatherings and the movement of people: people were expected to stay in the location where they lived, with movement for essential work requiring a permit. Non-pharmacological interventions were put in place which included physical distancing, wearing face masks in public places, establishing quarantine sites for people with the infection, promoting regular handwashing and running community education campaigns. The restrictions were eased in stages and this was guided throughout by the infection rates as reported daily by the public health authorities. By the end of August 2020, the country was under 'level 2' of the lockdown, with movement allowed but continued physical distancing and mandatory use of face masks in public spaces.

In December 2020, a second wave of COVID-19 hit the country, and lockdown was again imposed on 29th December 2020, which was eased on 1st March 2021. The period of our data collection coincided with the opening up of the country after the first wave, and the reimposition of lockdown measures in response to the resurgence of cases. Therefore, the lockdown measures and the waves of COVID-19 infection form the backdrop to the information participants shared as hopes of a swift end to the pandemic receded and learning to manage life with this new infection became accepted as a necessary accommodation everyone needed to make. AHRI staff have been working in the study area for over 20 years, including conducting research with older people. When the restrictions on movement were put in place the Institute staff were able to build on this long standing relationship to investigate the impact of the COVID-19 pandemic on the wellbeing of older people in the area.

Methods

We conducted a series of up to four monthly in-depth interviews with 26 people aged 57 years and older. The aim was to investigate how the COVID-19 pandemic affected the wellbeing of these older people during the period between October 2020 and February 2021. The interviews, which were conducted by telephone because of restrictions on face-to-face contact, took the form of an oral diary, with the participant sharing with the interviewer what had been happening in their life over the previous week – a recall period that we had found to be appropriate in other studies using this method with older people (Wright *et al.*, 2012). During the first interview, the participant was invited to share their experience of the first six months of the pandemic (from March 2020) and the associated periods of lockdown. The inclusion criteria for our participants included the following: 1) over the age of 55 years, 2) had access to a mobile phone, 3) had adequate hearing levels to be able to hear the interviewer and follow the conversation, 4) willingness to participate in at least four interviews over a six-month period. These criteria were developed to consider the constraints imposed on data collection during the pandemic.

A randomly selected list of eligible participants with contact details in the database was extracted by a PIPSA data manager for research assistants to recruit into the study. An effort was also made to select people from across the PIPSA area to ensure a spread of people from more and less remote locations. After each of the calls made to the participants, airtime (time paid for a set amount of mobile phone use) would be loaded onto each of the participants mobile phones as a token of appreciation for their time.

Ethical approval

Ethical approval for this project was obtained from the University of KwaZulu-Natal Biomedical Research Committee in South Africa (BREC Ref No: 00001642/2020) and the London School of Hygiene & Tropical Medicine Ethics Committee (Ref. 22666). All methods, including oral informed consent, were performed in accordance with the relevant guidelines and regulations. All participants gave verbal consent to participate in the study. Each participant was asked to confirm their name, surname and identification number or their date of birth to the interviewer and asked to repeat the phrase, 'Yes, I consent to participate' or 'No, I do not consent to participate'. The ethics approval made provision for verbal consent especially since this was during the imposed lockdown and physical contact was discouraged. All names used in this paper are pseudonyms.

Data collection

All participants had experience of the regular demographic and health surveillance conducted by staff from AHRI, and some had taken part in a study with older people in 2018, so they

were familiar with the research organisation. For the recruitment into this study, two experienced social science research assistants, fluent in isiZulu the local language, rang prospective participants and explained the purpose of the study, and invited people to take part. If the person was interested in participating, they then sought their consent to participate in the study. During this initial call, an appointment was made for the actual interview, and for some people who were eager to move forward that appointment followed immediately. The same two social science research assistants conducted all the interviews in isiZulu over the telephone.

The interviews lasted between thirty minutes and one hour. A topic guide (Manyaapelo *et al.*, 2022b) was used as an aid to guide the discussion over the time period covered in the interview to reflect on any physical changes and social changes in the participant's life over recent times, and also any emotional high points (something that may have made them happy) or low points (when they were sad).

All the interviews were conducted from the AHRI 'call centre' established during the pandemic to support remote data collection from a secure and private location. Interviews were conducted using a Mitel IP phone system using a handsfree Single Ear Noise Cancelling headset that automatically recorded the conversation. Participants were encouraged to find a quiet and private location from which to take the call.

Data analysis

This study used the framework approach for data analysis (Gale *et al.*, 2013). This is a systematic, flexible, iterative and interactive method to analyze qualitative data where the whole study data collection team can participate. Data analysis was a 5-step process, 1) transcription and translation, 2) coding and coding framework, 3) analytical memos, 4) thematic matrix, 5) wellbeing framework orientation. All interviews were transcribed and then translated into English. The same people who conducted the interviews were responsible for the transcriptions and translations. Following translations, a senior research assistant conducted quality checks of all the transcripts to ensure that the meaning conveyed in the isiZulu version was retained in the English version. The transcripts were given a unique identity number as a label; names of participants and people they mentioned during the interview, were not included. The label assigned was also used to denote which interview was which in the series, for example *TIDI01* was for the first round of interviews while *TIDI04* was from the fourth round. The coding of the transcripts was managed by a team of two social scientists using NVivo 12 (Open-source alternative software is Taguette 1.3.0). A coding framework was drafted after the first two interviews, as themes emerging from the data were identified and added to those which were drawn from the topic guide (drawn both from the topic guide used and themes emerging from the data). The coding framework was agreed amongst the team, made up of the authors of this paper, before being used to code the data, with the team practicing 'constant comparison' to cross check that the coding conducted by different people maintained the same approach to how the codes were interpreted. Analytical memos, by theme, were developed and used as an aid to discussion during debriefing meetings with the principal investigator and wider team. For each of the main themes a thematic matrix was produced using Excel to bring the data on a particular theme together for sharing within the team. This framework approach to analysis allowed us to work together to gain an overview of the information on each theme and to discuss the differences between participants in the information pertaining to particular themes (Gale *et al.*, 2013). Using this approach we could compare and contrast the information emerging from our analysis as well as look for relationships between themes. This is how we began to see `wellbeing' as an important factor in people's lives.

The analysis process resulted in seven themes being highlighted that related to the concept of wellbeing. These included: livelihood activities during lockdown, household composition, family traumas, medical needs, methods of (COVID-19) prophylaxis, sources of income and sources of happiness. These themes were then further grouped under the three dimensions of wellbeing: material, relational and subjective. Livelihood activities during lockdown (material), household composition (relational), family traumas (relational/subjective), medical needs (relational), methods of (COVID-19) prophylaxis (subjective), sources of income (material) and sources of happiness (subjective). We present our findings under the three wellbeing dimension headings (material, relational and subjective). In order to improve transparency of this research study, the Standards for Reporting Qualitative Research checklist was completed (Manyaapelo *et al*., 2022c).

Results

Twelve men and fourteen women between the ages of 57 and 88 years participated in a total of 86 interviews over a period of four months (see Table 1). It was not possible for all the participants to manage a call every month for four months (which accounts for the shortfall of 18 interviews), but for all those who took part we were able to trace with them their sense of wellbeing across the study months. An anonymized summary of the interviews is available (Manyaapelo *et al*., 2022a).

Material dimension (livelihood activities, sources of income)

Having access to food, to healthcare and to somewhere they felt safe to stay, was essential for everyone. However, some people saw their source of income fall away as the first lockdown was imposed. For example, a man in his 60s had been earning some money taking children to school in his private vehicle, as soon as the schools closed this source of income stopped. His adult children stepped in to support him, and he also got some financial support from his nephews and nieces. The role of an uncle is an important one in local culture, and he was grateful that his nieces and nephews recognized their responsibility by supporting him. He did his best to keep the car in working order during lockdown in case of need by the

Table 1. Demographic profile of participants and interviews conducted.

	Sex	Age	Interview 1	Interview 2	Interview 3	Interview 4
1	Male	67	Yes	Yes	Yes	Yes
2	Female	62	Yes	Yes	Yes	Yes
3	Male	66	Yes	Yes	Yes	Yes
4	female	65	Yes	Yes	Yes	Yes
5	Male	69	Yes	Yes	Yes	Yes
6	Male	61	Yes	Yes	Yes	Yes
7	Male	68	Yes	Yes	Yes	Yes
8	Female	74	Yes	Yes	Yes	Yes
9	Female	76	Yes	Yes	Yes	Yes
10	Male	80	Yes	Yes	Yes	Yes
11	Male	75	Yes	Yes	Yes	Yes
12	Male	61	Yes	Yes	Yes	Yes
13	Male	75	Yes	Yes	Yes	Yes
14	Male	75	Yes	Yes	Yes	Yes
15	Female	63	Yes	Yes	Yes	No
16	Female	62	Yes	Yes	Yes	No
17	Male	66	Yes	No	No	Yes
18	Female	74	No	Yes	Yes	Yes
19	Female	63	Yes	Yes	Yes	No
20	Female	57	Yes	No	Yes	No
21	Female	88	Yes	Yes	Yes	No
22	Female	81	No	Yes	Yes	Yes
23	Female	61	No	No	Yes	Yes
24	Female	67	No	Yes	Yes	No
25	Female	71	No	Yes	Yes	Yes
26	Male	68	No	Yes	No	No

family, even though he could not get help with repairs at that time. He felt this service was something he could offer the family when there was a need.

For most people in this study, the old age pension received from the government was their primary source of income which was then supplemented by a remittance from their adult children or small retail activities: "*Yes…yes…we receive the pension grant then we get money from the sugarcane. I also get some cents after I make sales from the mats"* (man, 62 years).

During the period of lockdown, the government had also pledged to give qualifying people the Special COVID-19 Social Relief of Distress amount of R350 ($20) a month. Some of the participants spoke about how they had received this grant while some had spoken about how they were still waiting and there was no indication if they would receive it or not. They mentioned how this money would be used to buy food.

Additional income was also received in the form of child support grants for those who qualified. Keeping livestock and maintaining vegetable gardens for homestead consumption was a very common thing among most of the people interviewed in this study. For some, the standard of living could be seen as very low. A 67-year-old man described his happiness as being brought about by never running out of food.

> "*What I can say made me happy, you see as from the last time I talked with you, this month we never run out of food in this home, we are eating with the children and we get full"*.

This statement suggests that he was used to not having enough food. The month before we spoke to him, with his family around who could provide food for themselves and for him, they had had enough to eat.

Relational dimension (household composition, medical needs, family traumas)

People respond and deal with hardships in different ways. Some people found the strength to cope despite extended periods of isolation from loved ones. A 75-year-old gentleman, Baba, in the initial conversations spoke about how he was living by himself since his wife had been away to look after a sick child. *"Yes, my wife would collect treatment for me at S_ (name of the clinic). When she has given me the treatment she goes back home because she left the child alone, she stays with the child it is just the two of them"* In the later interviews he started to open up about his life circumstances and confided to the interviewer that his wife was in the process of divorcing/leaving him. He showed a strong sense of resilience considering the recent separation from his spouse, which meant he now needed to cook, clean, and buy groceries for himself. *"I clean the house myself; I do the washing myself, I mow the yard, you can see how I planted, you will say no, there are many people in this home, but I am alone"* His adult children had not visited him throughout the lockdown, which left him vulnerable and lonely in his isolation. In the final interview with us, when he had grown to know and trust the interviewer, he expressed his need for company and friendship.

The importance of relationships, whether they are familial, or the close community of neighbours was also highlighted by the 78-year-old woman, Thembi, who was taking care of her sick husband. This caring role restricted her movement and she could not leave her house very much. Her husband subsequently succumbed to his illness and passed away. Some of her adult children who worked as casual labourers came home after their employment ended to stay with their mother. Their mother, Thembi, received an old age pension, which was enhanced for a period of time during the pandemic, which helped the family to manage. The grandchildren who were at home assisted with the household chores and errands. Thembi was on hypertension medication and the neighbour's son had been helping to refill her prescriptions since he worked at the local clinic. *"I am on BP treatment, my neighbour's child helped me to refill on my behalf because he works at the clinic, even now he helps me with refills. He started to refill on my behalf because I could not leave my husband alone"* The sense of community, from family and neighbours, helped to ease some of the stress experienced as result of the lockdowns.

A 63-year-old man, Thabo, was approached by their neighbour to ask if they could use his car to drive their adult child, who was mentally unwell, to the hospital because the child was in need of treatment. This happened at night. His car had problems with the lights, so they went together to a second neighbour who had a car but no petrol. They decided to siphon petrol from the car with no lights to the second neighbour's car so they could use that car. The process took some time, sadly, by the time the car was ready it was too late, the person they were trying to help had committed suicide.

This sense of community and neighbourliness can also be seen in how some small groups of church members would visit some of their members for prayer and communion when the restrictions eased to allow some movement in the open air in the neighbourhood (even though large gatherings in church were still banned). These visitations also served to deliver food parcels to the congregants who missed the opportunity to attend church because of the restrictions.

Subjective/human dimension (moral support needs, family traumas, sources of happiness)

A 60-year-old man, Sphe, had initially been sceptical about the pandemic in the first few weeks after the news broke and had not considered that the pandemic would affect him. However, as time went on things changed and he said: *"I started believing it when I started hearing from the radios that people are dying and even now my fear is escalating, I am still very scared"*. He had reason to be scared; at the time he told us this South Africa was experiencing the second wave of infections and people were once again dying from COVID-19 in the community. Other tragedies affected him too: during the pandemic one of his neighbour's daughters committed suicide and he also had a death in the family (not connected to COVID-19). He was also deeply saddened that he was unable attend funerals, *"So, it is painful, even animals gather if there is death"*. The fact of not being allowed to view the body of the deceased, because he could not attend the funeral, left a deep impression on Sphe. However, for Sphe even during this difficult time, he was still very grateful for those around him and was able to find joy from the support he got from his children and extended family. The importance of supporting relatives and honouring the dead by being present at funerals was often mentioned by the older people. There was a deep sense of unease at missing these important rites of passage. One man told us that he was very distraught when he was unable to attend a funeral of a relative and, as the eldest in the family, he had important cultural duties to perform.

The fundamental need to relate is at the core and driver of human interactions and of particular significance is the personal relationships. These personal relationships help to understand psychological wellbeing. Similar to the situation of Baba (described above), a 66-year-old man, Dumisani, was separated from his spouse. He had been working far away from home and only noticed when it was too late that things were not going well at home. The problems at home arose partly from the loss of his daughter, who was shot and died. All this happened before COVID-19. During the pandemic he stayed with a new partner who would often leave him by himself for extended periods when she went to visit her own family. His partner subsequently contracted COVID-19 and was initially very sick, but later recovered. He spoke about the difficult relationship with his ex-wife, which he said had also strained relations

with his children who he rarely saw as result. Dumisani complained of being lonely, especially when his current partner went away.

Most of the people in this study found things that made them joyous despite the hardship they were living through. The phone call with the study interviewer was one such event, in addition the airtime received from the study as a token of appreciation, was welcomed with much gratitude.

The support received from the adult children in the form of groceries or in some cases money which they sent, was very much appreciated. It was clear that most older people did not have any expectation that their adult children should support them, so when an unexpected gift arrived they were filled with happiness.

Social connectedness can also be cultivated in communion. A celebration of life events usually makes it possible for family and friends to meet and share life experiences. A 63-year-old woman, Thulile, was excited because her daughter had become engaged to be married. These events are marked by slaughtering of animals and the presence of family and friends from far. Thulile observed that:

> *"There is nothing that worried me because my daughter's fiancé came home and asked for a umkhehlo [engagement party] so my daughter will have umkhehlo and memulo [rite of passage celebration].*

In the midst of all the worries over COVID-19, such celebrations lifted people's spirits.

Discussion and conclusions

We found that the wellbeing of older people in northern KwaZulu Natal was affected by COVID-19 in a variety of ways, which highlighted the importance of relationships. These relationships are those between older people and their children, their grandchildren, their spouses/partners, their peers, and their community at large. While COVID-19 had impacted on the physical health, income, interaction with family and friends, physical activity and psychological health of older people, some of these effects were alleviated or exacerbated by the relationships the older people had with other people in their lives.

Social relationships have been found to have a significant impact on health and the manner through which this happens can be behavioural, psychosocial and physiological (Umberson & Karas Montez, 2010) as situations of vulnerability shift. During the lockdown the inability to travel freely affected older people's wellbeing as they experienced social isolation when they were cut off from friends and the opportunity to attend social gatherings.

Most of the participants in this study did not live with their adult children. The restricted mobility imposed by the lockdowns prevented some of the adult children from going home to the rural area to visit or to be with their parents for extended durations. The support that could have resulted from these visits was removed leaving the older people vulnerable to a range of challenges which affected their wellbeing. Telephone calls may have helped to alleviate some of this stress. Research in the United States has shown that older people who had phone calls with family or friends at least twice a week showed lower odds of a mild cognitive impairment (MCI) or dementia (Gardener *et al.*, 2021). The authors also found that those who were socially isolated and lonely showed increased odds of MCI or dementia compared to those who were socially isolated but not lonely, as well as those who were lonely but not isolated. Social relationships foster social connectedness, which is critical for good mental health and wellbeing in South Africa and elsewhere (Geffen *et al.*, 2019; Luo *et al.*, 2020).

Cultural practices and traditions help to orientate and locate social relationships. This is particularly important in a setting such as northern KwaZulu-Natal where the self is understood to be interdependent/collectivist, where individuals are seen as interconnected with others, both the living and the ancestors. Ubuntu becomes central to how relationships are formed and maintained meaning that the life experiences of individuals are told through their relationships with others and their place within their communities (Okoro, 2015). One of the most important customs that displays this interconnectedness is in death and the days of mourning observed, which culminate with a burial where the family, friends and community congregate. The days leading up to the funeral where the extended family is often present from afar makes it possible to disperse some of the grief and offer comfort. These days of mourning are characterized by communal tasks of food preparation and general preparation of the household to welcome those arriving to pay their respects. The lockdown restrictions prevented people from burying their dead in the customary manner. A sudden death because of COVID-19 was compounded by the inability to perform funerary rights, in South Africa and elsewhere (Cardoso *et al.*, 2020; Simpson *et al.*, 2021).

Cultural practice also speaks to the social structure and positioning of the individual by age, gender and social designation (younger father or younger mother etc.). In isiZulu custom, as among other ethnic groups in South Africa, there are roles and responsibilities assigned to these positions (Sooryamoorthy & Makhoba, 2016). For example, *rangwane* (father's younger brother), *mangwane* (mother's younger sister), *rakgadi* (father's sister) and *malome* (mother's brother) are automatically assigned parental roles to the children born by their siblings and are expected to fulfill these roles to co-parent the children (Mokuoane, 2018). This ensures that there is never a parental void in the event a parent, for any number of reasons (away for work, death), is absent. The socialization of children among AmaZulu and other ethnic groups in South Africa, ensures that they are brought up with an appreciation for the role in their parenting of others kinship group their parents. Thus, it was not surprising to hear of the pride and joy an uncle felt in being appreciated by the nephews and nieces, as noted above in our findings, who he would have considered his children. Another man was distraught at not being able to perform his customary role at a relative's funeral, which highlights the importance of not only caring for the living but also honouring the dead who, as ancestors, remain a part of the family. These examples of linked lives provide examples of the

social relationships, which older people, cherish and illustrate a sense of duty experienced in these relationships, either in the family or community, which are very important to wellbeing (Schatz & Gilbert, 2012).

Previous studies with older people in South Africa emphasized the positive impact of structural factors such as the pension grants on quality of life (Ralston *et al.,* 2019). However, the growing population of older people is predicted to negatively impact the health budget due to an increased burden of chronic conditions (Solanki *et al.*, 2019). While structural factors are important, more research is needed to understand the psycho-social factors which affect older people in daily life in South Africa. The findings of this study will assist future research to investigate policies that are more holistic and community centred.

This study has limitations. Due to the lockdown restrictions and to also limit exposing this vulnerable group to infections, all the interviews were conducted by telephone. It was difficult to cultivate a strong rapport over the phone and it is not possible to observe non-verbal cues which can sometimes assist in an interview. There were also instances when the poor mobile phone network connection interrupted some of the interviews thereby making some interviews unnecessarily longer.

The COVID-19 pandemic and the restrictions imposed to limit the spread of the virus and to ultimately reduce morbidity and mortality have impacted the wellbeing of older adults in rural KwaZulu-Natal. We have illustrated the importance of relationships and while some relationships had in some instances caused distress, more often these relationships had been a source of strength to help older people withstand the hardships during the pandemic.

Consent

Oral informed consent for publication of the participants' details was obtained from the participants. Oral informed consent was obtained because the study was conducted during the COVID-19 lockdown and the University of KwaZulu-Natal Biomedical Research Committee made provision for verbal consent given the strict lockdown regulations at the time of the data collection. Oral consent was documented by using a Mitel IP phone system using a handsfree Single Ear Noise Cancelling headset that automatically recorded the conversation.

Data availability

Underlying data

Figshare: Underlying data for 'COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships'. https://doi.org/10.6084/m9.figshare.19738477 (Manyaapelo *et al*., 2022a)

Extended data

Figshare: Extended data for 'COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships'. https://doi.org/10.6084/m9.figshare.19738507 (Manyaapelo *et al*., 2022b)

Reporting guidelines

Figshare: SRQR checklist for COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships'. https://doi.org/10.6084/m9.figshare.19738438 (Manyaapelo *et al*., 2022c)

Acknowledgements

We offer our gratitude to AHRI Public Engagement Unit and all those who supported us in the conduct of this study through the difficult months of the COVID-19 pandemic. We are very grateful to our participants for their time, their kindness and for sharing their experiences with us.

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Open Peer Review

Current Peer Review Status: ✗ ✓ ?

Version 4

Reviewer Report 20 November 2024

https://doi.org/10.21956/wellcomeopenres.24776.r107920

?

Esther Williamson
University of Oxford, Oxford, England, UK

A very interesting study exploring the experiences of older people during the COVID-19 pandemic who are living in a rural area of South Africa. The authors provide a comprehensive description of the area to give context to the study.

Page 6 – "From 26th March 2020, a 21-day national lockdown at the highest alert level of five was implemented. The lockdown was extended until 30th April 2022" Is April 2022 correct?

Study inclusion/exclusion criteria – please state clearly the inclusion and exclusion criteria for participants in your study. This is not clear. For example, you mention an age criteria but not what the criteria was. Page 6. It looks like additional participants were recruited after the first interviews were done. Why was this?

You say participants were randomly selected by a PIPSA data manager. Did you have a database of people living in the area? Please explain how this was done. From how many people was your sample selected?

Data analyses – what method of data analyses was used? This should be stated at the start of the analyses section. Was it a framework analyses? And should be referenced – I see this is done later on in the paragraph.

What processes were put in place to check the trustworthiness of the analyses?

The findings are summarized clearly, but one section (relational dimension) has no supporting quotes and I notice previous reviewers have asked that these be included. This would improve the quality of the paper.

Discussion – what are the implications of the findings of this study? For example is there a potential impact on public policy or areas of further research? The authors should include this in the discussion.

Is the work clearly and accurately presented and does it cite the current literature?
Yes

Is the study design appropriate and is the work technically sound?
Yes

Are sufficient details of methods and analysis provided to allow replication by others?
Partly

If applicable, is the statistical analysis and its interpretation appropriate?
Not applicable

Are all the source data underlying the results available to ensure full reproducibility?
Partly

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Physiotherapy, qualitative research, randomised controlled trials, older people

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Author Response 26 Apr 2025

Thabang Manyaapelo

REVISED - COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships *Thank you for the insightful and constructive comments.* **Reviewer 3 Comment 1:** A very interesting study exploring the experiences of older people during the COVID-19 pandemic who are living in a rural area of South Africa. The authors provide a comprehensive description of the area to give context to the study.
Page 6 – "From 26th March 2020, a 21-day national lockdown at the highest alert level of five was implemented. The lockdown was extended until 30th April 2022" Is April 2022 correct? **Response: Thank you. This date has been corrected to April 2020** **Comment 2:** Study inclusion/exclusion criteria – please state clearly the inclusion and exclusion criteria for participants in your study. This is not clear. For example, you mention an age criteria but not what the criteria was. Page 6. It looks like additional participants were recruited after the first interviews were done. Why was this? **Response: Thank you. The inclusion criteria were included in the Methodology section and read as follows: The inclusion criteria included the following: 1) over the age of 55 years, 2) had access to a mobile phone, 3) had adequate hearing levels to be able to hear the interviewer and follow the conversation, 4) willingness to participate in at least four interviews over a six-month**

period. No, we did not recruit additional participants after the first interviews. Not all the participants who were recruited for the first interview were able to participate in the interview at that time. The same participants were called again for the subsequent interviews. This means that for all four interviews scheduled for each participant, the majority were available for all four.

Comment 3: You say participants were randomly selected by a PIPSA data manager. Did you have a database of people living in the area? Please explain how this was done. From how many people was your sample selected? **Response: Under the heading "Study setting" in paragraph 3 we describe the Population Intervention Programme Demographic Surveillance Area (PIPSA) database of the Africa Health Research Institute (AHRI), in uMkhanyakude District. In mid-2018, the population of the PIPSA was estimated to be 140,000 individuals living in approximately 20,000 households.**
The following sentence has been edited for clarity: ***A randomly selected list of eligible participants with contact details in the database was extracted by a PIPSA data manager for research assistants to recruit into the study.***
Comment 4:
Data analyses – what method of data analyses was used? This should be stated at the start of the analyses section. Was it a framework analyses? And should be referenced – I see this is done later on in the paragraph.
Response: The following sentence was added at the start of the paragraph to state the method of analysis. ***This study used the framework approach for data analysis (Gale, et al, 2013). This is a systematic, flexible, iterative and interactive method to analyze qualitative data where the whole study data collection team can participate.*** **Comment 5:**
What processes were put in place to check the trustworthiness of the analyses? **Response: Thank you. The framework approach we used in this study is designed to include credibility and confirmability, which are some of the key pillars of trustworthiness. We had regular peer debriefs and reflexive journaling which aided in our analysis process.**
Comment 6:
The findings are summarized clearly, but one section (relational dimension) has no supporting quotes and I notice previous reviewers have asked that these be included. This would improve the quality of the paper. **Response: Thank you. Quotations which relate to the relational dimension of the analysis were added to the text as suggested.**
Comment 7: Discussion – what are the implications of the findings of this study? For example is there a potential impact on public policy or areas of further research? The authors should include this in the discussion. **Response: We have revised our discussion to include a paragraph on the potential impact on public policy and future research and included the references in the Bibliography.**

Competing Interests: No competing interests were disclosed.

Reviewer Report 15 July 2024

https://doi.org/10.21956/wellcomeopenres.24776.r87197

Elfriede Derrer-Merk
University of Liverpool, Liverpool, UK

COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships

4th feedback

Dear authors,

this is the fourth feedback on this manuscript, and I would suggest reading and addressing the previous versions of my recommendations. As far as I could see in the new version, the authors did not address the other aspects repeatedly demanded, except for providing a demographic table and recalculating the number of participants.

As the authors refuse to address the trustworthiness of the data management (e.g., inconsistent labelling, the naming of participants, and numbering in the demographic table and the table provided as Excel files do not match), explain why they recruited more participants in the second round of interviews, add more evidence (quotes) to the findings (requested also from reviewer 2), and explain the purpose of the longitudinal approach and what the findings were, as suggested in review 3, I decided to reject the paper.

Furthermore, I would suggest not using the classification of resilience if you don't provide the definition, you are drawing on. This concept is contested and needs further thoughtful consideration if used.

Best wishes Elfriede Derrer-Merk

Is the work clearly and accurately presented and does it cite the current literature?
Yes

Is the study design appropriate and is the work technically sound?
Yes

Are sufficient details of methods and analysis provided to allow replication by others?
Yes

If applicable, is the statistical analysis and its interpretation appropriate?
Yes

Are all the source data underlying the results available to ensure full reproducibility?
Yes

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Gerontology, COVID-19 pandemic research, qualitative methodology, risk communication, cross-cultural studies

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

Version 3

Reviewer Report 03 May 2024

https://doi.org/10.21956/wellcomeopenres.23492.r79127

Gabriella Meltzer
Columbia University Mailman School of Public Health, New York, USA

Thank you for the opportunity to review the study, "COVID-19 and older people's well-being in northern KwaZulu-Natal - the importance of relationships." I appreciate that the authors contributed to the qualitative literature on the non-biomedical vulnerability of older adults during COVID-19, particularly in a LMIC and rural setting when most studies have taken place in higher income settings. The authors argue, and I agree, that it is important to consider older adults' wellbeing holistically, beyond simply prophylactic measures to protect them from severe morbidity and mortality from the COVID-19 virus itself. The authors do a nice job of grounding the paper in extant literature and relevant, culturally appropriate theory. They framed their paper and organized their results around the southern African philosophy of Ubuntuism, or "linked lives," which is comprised of the material dimension, relational dimension, and subjective/human dimension, in order to describe older adults' wellbeing during periods of lockdown in rural South Africa. I feel that the authors gave the reader of a good sense of the study setting, did a good job describing their methodology, and the results were organized in a nuanced way.

I have no major comments for improvement at this time. The authors did a nice job of incorporating previous reviewers' comments.

Minor comments:
-I would recommend that the authors include a table of the sociodemographics of the study participants
-At the end of the Introduction, the authors should say 29th December 2020 rather than 2021
-I feel that the results section would be strengthened with more direct quotes from participants

Is the work clearly and accurately presented and does it cite the current literature?
Yes

Is the study design appropriate and is the work technically sound?
Yes

Are sufficient details of methods and analysis provided to allow replication by others?
Yes

If applicable, is the statistical analysis and its interpretation appropriate?
Not applicable

Are all the source data underlying the results available to ensure full reproducibility?
Yes

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Qualitative research; disaster studies; life course

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 13 April 2024

https://doi.org/10.21956/wellcomeopenres.23492.r76533

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Elfriede Derrer-Merk
University of Liverpool, Liverpool, UK

COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships
Dear authors, thanks for clarifying further some aspects of your study.
However, some questions are not answered yet, please see below.

I asked to clarify the number of participants who took part in each interview over four months. You added some information but it is still unclear. Please see the attached information in the files section below.

I made the effort to create a table myself to see who was interviewed and at which point, where

the 17 interviews could not be conducted. Having a total of 87 interviews 14 participants took part in all four interviews, one participant only once. This information is experienced as confusing and messy. Despite asking for clarity your representation does not give a sufficient overview.

I coloured the participants labelling in the four interviews who did not take part in all interviews to see where the shortfall is coming from. Unfortunately, this was difficult. I would recommend the authors make it clearer. Additionally, the transparency of the sample and design of the study (longitudinal?) aims to provide trustworthiness of the analysis as an important quality criterion for qualitative research.
Unfortunately, the given page numbers in the revised version do not match when the document is accessed via PDF.

I understand why the longitudinal approach is important as this design looks at changes over time. But this is not reflected in the feedback nor the latest version. Given that 14 participants took part in all 4 interviews, 1 only once, according to the provided tables, some participants did not join the first or the last interview see my table above. Did the authors find any changes over time how could this be related to lockdown or easing the lockdown?
This data collection raises the question of why the authors added more participants to their sample after the first round of interviews. When was theme saturation reached? The question of trustworthiness and how the data was handled arose.

Additionally, the labelling does not provide transparency: the participants' names are pseudonyms in the manuscript, that’s fine; then the labelling has been described including the numbering of the interview this would be fine as well but the output matrix shows some different labelling. If the authors have concerns about anonymity this can be assured with various methods, in this manuscript it is not clear how they are connected with the provided output matrix.

Please see my table below [in files] and the description in the manuscript:
Response: The label assigned was also used to denote which interview was which in the series, for example TIDI01 was for the first round of interviews while TIDI04 was from the fourth round.
The authors added information about the disaster measures and broad information on how the interviews were related to the lockdown, but a timeline Figure would have helped to understand the circumstances much better.
Page 10 are references so I can’t really see the changes.

I asked for more evidence based on the data instead of interpretation to enhance the trustworthiness of the analysis. The history that qualitative research was long seen as not scientific with low scientific quality, should be pushed back by having criteria for quality and trustworthiness. Naming that they adhered to the Standards for Reporting Qualitative Research checklist is not sufficient, particularly when asked to provide more evidence.
Scientifically appropriate would have been a reasoning of why this is not appropriate for this method and how you assured that your interpretation is appropriate and not biased.
You used mainly your interpretation of the data for your reasoning. From an academic point of view I would have expected to see a justification in your response based on the method you used or any other scientific reasoning. The provided argument from the authors “overly quote heavy” does not reflect an academic reasoning. Please clarify this to achieve the quality criteria of trustworthiness of the analysis.

I hope my feedback encourages the authors to improve the paper.

Is the work clearly and accurately presented and does it cite the current literature?
Yes

Is the study design appropriate and is the work technically sound?
Yes

Are sufficient details of methods and analysis provided to allow replication by others?
Yes

If applicable, is the statistical analysis and its interpretation appropriate?
Yes

Are all the source data underlying the results available to ensure full reproducibility?
Yes

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Gerontology, COVID-19 pandemic research, qualitative methodology, risk communication, cross-cultural studies

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Version 2

Reviewer Report 19 February 2024

https://doi.org/10.21956/wellcomeopenres.22906.r71274

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Elfriede Derrer-Merk
University of Liverpool, Liverpool, UK

Dear authors, I appreciate your efforts to incorporate the cultural aspects of the African philosophical framework Ubuntu, in the paper. This helps the reader to understand the study much better and strengthens the manuscript.

As it is challenging to see what the authors changed in a new version without highlighting the changes, I compared the two versions and found that some aspects from the first feedback are missing.

This is the case in the method section, findings, and discussion. I would stress that the authors are looking at the feedback 1 again and change accordingly.

Abstract:
Please add as suggested the Ubuntu philosophy into the background.

Method:
There is still no clarity for how many participants took part when and how often. The Table you provided as appendix does not give an overview. I suggest to combine the four separate sheets into one table. Please provide one table with all the information.

I suggested to create one table included into the manuscript which can give an overview. The table in the appendix is not transparent enough. This should include demographics and living situation as you mentioned in the discussion and if you think it helps to add the themes with quotations as suggested in feedback 1.

If the following source is the evidence of how many participants took part when, then it needs to be clarified in the findings who's quote is whom and from which interview 1-4 it was taken.

Underlying data for 'COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships'. https://doi.org/10.6084/m9.figshare.19738477 (Manyaapelo *et al.*, 2022a)

Second, your way of analysis is not clear. You mentioned that you used a framework coding approach and thematic matrix. Please explain in detail what this includes and please provide examples and explain in more detail, as the reader might be interested and would want to learn more about the method you used. The description you provided does not provide transparency of your analytic process. Please see the reference you cited and how they suggest to present the analytical process.
"A spreadsheet is used to generate a matrix and the data are 'charted' into the matrix. Charting involves summarizing the data by category from each transcript. Good charting requires an ability to strike a balance between reducing the data on the one hand and retaining the original meanings and 'feel' of the interviewees' words on the other. The chart should include references to interesting or illustrative quotations." Gale *et al.* (2013[1]). This could be part of the analysis.

The question why you used different interview points - understood as longitudinal study - is still not answered. This might be challenging as you intended to explore the experience over time, I assume, with a shortfall of 17 participants (how many took part in all 4 interviews). What does this actually mean?

How did you deal with the short fall and theme saturation? Did you include more participants over time or did you relay on the ones that agreed at the first time?

The results:
The following should go into methods and be more detailed. The provided summary is insufficient and should be more detailed:
"Eleven men and fifteen women between the ages of 61 and 88 years participated in a total of 87 interviews over a period of four months. It was not possible for all the participants to manage a call every month for four months (which accounts for the shortfall of 17 interviews), but for all those who took part we were able to trace with them their sense of wellbeing across the study months. An anonymized summary of the interviews is available (Manyaapelo *et al*., 2022a)."
I suggested to revise and to provide examples of your description to clarify and provide evidence for your interpretation. Unfortunately, this is not visible in the 2nd version. It is important to make the reader experience the trustworthiness of your analysis. Please make sure you are supporting your arguments with quotations. Please see my feedback in version 1.

These articles might help:

1. Eldh *et al.* (2020[2]).

2. Lingard (2019[3]).

3. Sheard (2022[4]).

I would also suggest to strengthen the paper to link the philosophical aspects of Ubuntu with the findings.

Discussion:
The following statement can have a substantial impact on people's wellbeing and should be transparent in a demographic table and explained why this might impact the participants wellbeing.
"Most of the participants in this study did not live with their adult children."

Overall, the authors did only consider some aspects of the previous feedback related to the manuscript. Please check again and change accordingly.
The changes the authors made have strengthened the paper but some questions are still open and need to be addressed before the manuscript is ready to be approved.
I would also suggest to highlight the changes either in the manuscript or comment in detail in the feedback.
I am looking forward to seeing the suggestion of transparency to gain trustworthiness included into the paper.

References
1. Gale NK, Heath G, Cameron E, Rashid S, et al.: Using the framework method for the analysis of qualitative data in multi-disciplinary health research.*BMC Med Res Methodol*. 2013; **13**: 117 PubMed Abstract | Publisher Full Text
2. Eldh A, Årestedt L, Berterö C: Quotations in Qualitative Studies: Reflections on Constituents, Custom, and Purpose. *International Journal of Qualitative Methods*. 2020; **19**. Publisher Full Text
3. Lingard L: Beyond the default colon: Effective use of quotes in qualitative research. *Perspectives on Medical Education*. 2019; **8** (6): 360-364 Publisher Full Text
4. Sheard L: Telling a story or reporting the facts? Interpretation and description in the qualitative analysis of applied health research data: A documentary analysis of peer review reports. *SSM -*

Qualitative Research in Health. 2022; **2**. Publisher Full Text

Is the work clearly and accurately presented and does it cite the current literature?
Yes

Is the study design appropriate and is the work technically sound?
Yes

Are sufficient details of methods and analysis provided to allow replication by others?
Yes

If applicable, is the statistical analysis and its interpretation appropriate?
Yes

Are all the source data underlying the results available to ensure full reproducibility?
Yes

Are the conclusions drawn adequately supported by the results?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Gerontology, COVID-19 pandemic research, qualitative methodology, risk communication, cross-cultural studies

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Author Response 11 Mar 2024

Thabang Manyaapelo

Dear authors, I appreciate your efforts to incorporate the cultural aspects of the African philosophical framework Ubuntu, in the paper. This helps the reader to understand the study much better and strengthens the manuscript.
As it is challenging to see what the authors changed in a new version without highlighting the changes, I compared the two versions and found that some aspects from the first feedback are missing.
This is the case in the method section, findings, and discussion. I would stress that the authors are looking at the feedback 1 again and change accordingly.
Dear Elfriede Derrer-Merk, we would like to thank you for taking time to review and for the helpful feedback on our manuscript. As with the first round of feedback, we have made attempts to address each point however where we did/do not agree with your suggestions we responded to that effect. We still maintain that the Ubuntu philosophy is better placed in the Introduction and Discussion since we do not wish for it to steer focus from the wellbeing framework discussed this paper. You seek for clarity on ‘how many participants

took part when and how often' in the methods section of your review and but later you correctly mention that participants took part in 4 interviews'. As this indicates we had included the information on numbers etc. The detail of our responses are listed below.
Abstract:
Please add as suggested the Ubuntu philosophy into the background. **Response:** Thank you for the suggestion however we feel that adding anything about the Ubuntu philosophy will steer the reader away from the framework underpinning our analysis of the paper, which is the wellbeing framework. Although the Ubuntu philosophy is key to in helping to explain the context of our participants, we think that it should not be emphasized in the abstract

Method:
There is still no clarity for how many participants took part when and how often. The Table you provided as appendix does not give an overview. I suggest to combine the four separate sheets into one table. Please provide one table with all the information.
I suggested to create one table included into the manuscript which can give an overview. The table in the appendix is not transparent enough. This should include demographics and living situation as you mentioned in the discussion and if you think it helps to add the themes with quotations as suggested in feedback 1. **Response:** We interviewed a total of 26 people at four time intervals as noted in the Results section. Our target was 104 interviews but we only managed 87 with a shortfall of 17. The quotations and summaries are incomplete deliberately to retain anonymity of the research participants. The informed consent obtained assured participants that we would maintain confidentiality and assured them that we would not use their names or any identifying information. We presented the data as summaries deliberately to avoid attributing quotations to participants to maintain confidentiality as mentioned above.
If the following source is the evidence of how many participants took part when, then it needs to be clarified in the findings who's quote is whom and from which interview 1-4 it was taken.

Underlying data for 'COVID-19 and older people's wellbeing in northern KwaZulu-Natal – the importance of relationships'. https://doi.org/10.6084/m9.figshare.19738477 (Manyaapelo *et al*., 2022a)

Response: The question of assigning quotations to participants is addressed above. Second, your way of analysis is not clear. You mentioned that you used a framework coding approach and thematic matrix. Please explain in detail what this includes and please provide examples and explain in more detail, as the reader might be interested and would want to learn more about the method you used. The description you provided does not provide transparency of your analytic process. Please see the reference you cited and how they suggest to present the analytical process.
"A spreadsheet is used to generate a matrix and the data are 'charted' into the matrix. Charting involves summarizing the data by category from each transcript. Good charting requires an ability to strike a balance between reducing the data on the one hand and retaining the original meanings and 'feel' of the interviewees' words on the other. The chart should include references to interesting or illustrative quotations." Gale *et al.* (2013[1]). This could be part of the analysis. **Response:** We first developed a coding framework which was a combination of the emerging data and topic guide. The next step was developing the

analytical memos which were organized along the emerging themes. The thematic matrix is represented by the Excel spreadsheet (https://doi.org/10.6084/m9.figshare.19738477). Wellbeing came out strong from these initial analyses. The seven themes were then further organized by the three dimensions of wellbeing explained by White, 2010. We added the sentence below to the Data analysis section to help explain these steps: Data analysis was a 5-step process, 1) transcription and translation, 2) coding and coding framework, 3) analytical memos, 4) thematic matrix, 5) wellbeing framework orientation.
The question why you used different interview points - understood as longitudinal study - is still not answered. This might be challenging as you intended to explore the experience over time, I assume, with a shortfall of 17 participants (how many took part in all 4 interviews). What does this actually mean?

How did you deal with the short fall and theme saturation? Did you include more participants over time or did you relay on the ones that agreed at the first time?
Response: We interviewed a total of 26 people at four time intervals as noted in the Results section. Our target was 104 interviews but we only managed 87 with a shortfall of 17. The shortfall of 17 was not of the participants but of the intended interviews since it was not possible to get hold of every single participants for each of the interview rounds. We did not include more participants over time, we remained with the initial 26 participants.

The results:
The following should go into methods and be more detailed. The provided summary is insufficient and should be more detailed:
"Eleven men and fifteen women between the ages of 61 and 88 years participated in a total of 87 interviews over a period of four months. It was not possible for all the participants to manage a call every month for four months (which accounts for the shortfall of 17 interviews), but for all those who took part we were able to trace with them their sense of wellbeing across the study months. An anonymized summary of the interviews is available (Manyaapelo *et al*., 2022a)."
I suggested to revise and to provide examples of your description to clarify and provide evidence for your interpretation. Unfortunately, this is not visible in the 2nd version. It is important to make the reader experience the trustworthiness of your analysis. Please make sure you are supporting your arguments with quotations. Please see my feedback in version 1.
Response: The above-mentioned summary cannot be included in the methods section since it summarized the findings. As stated in the Methods below this is how we arrived at the sample as we presented: The sample was selected randomly by a PIPSA data manager, based on the age criteria and records of access to a mobile telephone. An effort was also made to select people from across the PIPSA area to ensure a spread of people from more and less remote locations. After each of the calls made to the participants, airtime (time paid for a set amount of mobile phone use) would be loaded onto each of the participants mobile phones as a token of appreciation for their time.

These articles might help:
1. Eldh *et al.* (2020[2]).

2. Lingard (2019[3]).

3. Sheard (2022[4]).

I would also suggest to strengthen the paper to link the philosophical aspects of Ubuntu with the findings.

Discussion:
The following statement can have a substantial impact on people's wellbeing and should be transparent in a demographic table and explained why this might impact the participants wellbeing.
"Most of the participants in this study did not live with their adult children."
Overall, the authors did only consider some aspects of the previous feedback related to the manuscript. Please check again and change accordingly. **Response:** Thank you. We incorporated the aspects of the previous feedback that were in line with our intended focus for this manuscript and revised where we could. The editorial process of the journal does not allow for the manuscript to be published in tracked changes therefore we are unable highlight the changes as requested. This why the changes are detailed in the response to the reviewer. Thank you again for the very helpful comments and suggestions in both rounds, these have strengthened this manuscript immensely.
The changes the authors made have strengthened the paper but some questions are still open and need to be addressed before the manuscript is ready to be approved.
I would also suggest to highlight the changes either in the manuscript or comment in detail in the feedback.
I am looking forward to seeing the suggestion of transparency to gain trustworthiness included into the paper.

Competing Interests: No competing interests were disclosed.

Version 1

Reviewer Report 15 September 2023

https://doi.org/10.21956/wellcomeopenres.19754.r65929

Elfriede Derrer-Merk
University of Liverpool, Liverpool, UK

Dear authors, thank you very much for exploring the important aspect of older adult's well-being

related to relationships in KwaZulu-Natal, South Africa. I am convinced that this study is an important contribution not only to the research community but also to the country and people in KwaZulu-Natal itself. The decision to use a qualitative approach adds value to the research, while also enhancing the breadth of coverage for early pandemic-related research.

However, I have important suggestions for changes to be made before considering the manuscript for indexing.

The main aspect of the manuscript focuses on intergenerational, diagonal and community relations and the importance of how people are embedded into society but were disrupted to enact their ubuntu values during the pandemic. But what does this mean for the people and researchers?
Can you make clear what the ubuntu values and ethical framework are and how this is related to wellbeing? As the material, social and individual aspects are drawn from a wellbeing concept.
I suggest separating these concepts into paragraphs and then finding where they are linked or differ.

Please provide more detail about the cultural aspects as you mentioned they are crucial to understanding the experiences of older adults in South Africa. What kind of rituals are enacted, and what values are important and could not be lived during the pandemic? You are referring to it throughout the manuscript, but I would suggest explaining it in the introduction, so you can refer to it, rather than giving examples at the discussion.

Abstract:

- You mentioned in the title and sequentially in the introduction, results, and discussion the importance of relationships. Please consider this in the abstract.

- I suppose you undertook a longitudinal study, the phrase ‘up to four monthly’ does not clarify how often at which time points you interviewed an x amount of participants. Please clarify this.

- Something is missing ‘and to somewhere they’. Please check.

- You are referring to the wellbeing framework, please mention the Ubuntu framework here.

Introduction:

- The following citation is missing in the references - Esther Choo (2020) is not named in the references (Choo, 2020[1]).

- I thank the authors for illustrating the lived experiences of the Gogo case.
- The quote includes family living situation, job loss of her son, medical and health conditions, support from grandson, illness and death of family members, funeral challenge, connectivity with church members and missing religious practises.
- As this section provides an example of the broad impact on older adults' lives I would suggest discussing this.

- You are then continuing with aspects of wellbeing and vulnerability related to relationships.

- The aspect of vulnerability of older adults (common stereotype) and the excess death rate needs to be critically explained. You might consider using Baltes and Baltes and/or Carstensen or others. Please define vulnerability, what are social, psychological etc. vulnerability. Can you explore this with examples, please?

- Why is this sentence relevant? I would suggest deleting it or explaining the importance: "The growing literature on the mental health impacts of the pandemic on young people has focused on a different age group, a different generation that are a group at risk (Álvarez-Iglesias *et al*., 2021; Banati *et al*., 2020)."

- What does it mean, what do you want to say here?
"Yet, when we reflect on the links that exist between people, the focus on specific age groups of people diverts attention away from the relationships between those people, people like Gogo described above, their interdependence, and the ways in which vulnerability and strength may be shared."

- When you refer to the strength of older people, what do you mean, can you explore this and reference it, please?

- I would suggest looking at Antonuccis 2013's convoy model, how does this differ from the Ubuntu framework? If you are describing the Ubuntu framework at the beginning, this might help you strengthen the argument as to why social connectedness is important for social wellbeing?

- I would suggest having a section where you describe in detail the Ubuntu framework, how it differs from the convoy model and why it is important for the wellbeing of older adults embedded in the Kwazulu-Natal society.

Ageing and wellbeing:

- If you want to pursue the concept of wellbeing, please describe the links to relationships and the Ubuntu framework, and why it is important. Please rethink this section.

- If you want to continue with the wellbeing concept then the section ageing and wellbeing needs to include the aspect of purpose in life as this is a very important aspect of wellbeing. This study might help to find the link to the Ubuntu framework: Steger *et al.* (2008[2]).

Study setting:

- Please consider the justification of the study. Why have you chosen this area? Please describe the background.

- The study setting provides socio-economic information not to describe socio and culture. Please provide more aspects of the culture, like funerals, celebrating weddings, helping with health care, beliefs and traditions.

- You are talking about it briefly in the discussion, but I would suggest including these examples in the study setting section.

- It could help to put the socio-economic data in a table to make it better readable and then explain the consequences and why you have chosen this area.

- How is this shaped, what does it mean? Can you explain the structures as the reader might like to learn more about them?
"Although South Africa is a democratic republic, the district is dominated by traditional structures, which inform and shape the local value systems and norms (Beall *et al*., 2005)."

COVID in South Africa:

- Please provide more details on what the disaster measures included and how often and long this lasted. This could be demonstrated in a figure with a timeline of disaster measures and data collection.

- You are continuing then with data collection, despite the section being named later. Please re-organise the section.

- I would suggest providing more details of the process of the analyses from codes to categories and themes and how this is related to the Ubuntu wellbeing framework.

- This part should be moved to the method section.

Method:

- Please clarify when and how many participants were interviewed and at which point, were they the same?

- What is the second sample, why did you undertake the focus group discussion, and how did this differ from the other sample? Please provide a table with the two different samples and some socio-demographic data like age, gender, living circumstances, distance to the hospital, income (if available) etc. which could give more detail under the specific circumstances. The data you provided are incomplete and do not give an oversight.

- The tables you provided are not clear enough, please combine the four interview times in one table as this makes it easier to read.

- I could not find the focus group socio-demographic table, please add this to the manuscript. I would suggest to integrate the tables into the manuscript.

- I understand you have chosen a longitudinal approach. Please justify why and what your aim was. Please clarify this.

Data analysis:

- How was the transcription undertaken, who did it and how was the translation undertaken? Did the person who interviewed participate in the analysis? How did you manage the challenge of keeping the meaning of the original quotes? I would suggest adding a table

with the translated quotes you are using in the manuscript.

- The table you provided with some quotes and the summary you provided, is incomplete and the summary does not reflect the associated quote. I would suggest rethinking about it. Your analysis is more likely to be descriptive rather than analytical, please rethink your analysis.

- What analysis method did you use, it seems to be grounded theory, but you mention 'coded thematically', please provide more details.

- Was your analysis inductive, deductive, or both? (reference it please).

- What is a thematic matrix and can you provide an example? Can you make transparent how you came from codes, and categories to themes, please?

- How did you undertake the analysis from the focus group? Please provide more details.

Findings:

- Overall, please provide evidence for your statements. All your arguments need evidence from the participants. Describing the background of your argument helps to understand but does not meet the requirement of evidence-based analysis. I suggest adding more quotes for evidence.

- If you are using grounded theory, I would suggest looking at the meaning, please check Charmaz. If you use another analysis method please draw on this in your analysis. (including referencing it) (this is part of the Method section).

- Were there aspects that did not fit into the framework of wellbeing?

- I could not see the findings from the focus group, are they different or similar, why do they matter?

- I would suggest going back to your findings and thinking carefully if the framework you used fits the data or better what is your data telling you.

- The following examples might highlight the importance of re-analysing.

- There are inconsistencies in the analysis e.g. the important aspect seems to me not that the participant was sceptical initially, but the official news that people died increased his fear and said he is still very scared. Please refocus on the analysis.

- A 60-year-old man, Sphe, had initially been sceptical about the pandemic in the first few weeks after the news broke. *"I started believing it when I started hearing from the radios that people are dying and even now my fear is escalating, I am still very scared"*.

- What does the quote mean, and what is the participant's experience with it? Was it worth looking for help with the car, whilst the son took his own life?

"Thabo, was approached by their neighbour to ask if they could use his car to transport their adult child, who was mentally unwell, to the hospital".

- This is a bit confusing, as it is not clear what happened nor why he had the food. Please clarify:
"This statement suggests that he perceived a state of lacking enough food as his normal situation. The month before we spoke to him, with his family around, they had had enough to eat."

- Did the restrictions allow to visit the church members?
- This sense of community and neighbourliness can also be seen in how some church groups would visit some of their members for prayer and communion. These visitations also served to deliver food parcels to the congregants who could no longer attend church because of the restrictions.

- The importance of relationships during the pandemic is striking, however, have you found that all relationships are equal, or tell your data that the importance is not the number or variety of contact, but how meaningful they were to the participants?

Discussion:

- How did your categories link to your findings?

- You are talking in general about social relations like this Social relationships have been found to have a significant impact on health and the manner through which this happens this could go into the introduction.
- I would suggest checking for consistency in your categorisation. You are now talking about the impact of social relations on behavioural, psychosocial and physiological (Umberson & Karas Montez, 2010).

- Did you find any evidence of the cognitive decrease in your study? And why is this relevant to the discussion? It could go into the introduction to highlight the importance of relationships/loneliness and cognitive decline.

- The authors also found that those who were socially isolated and lonely showed increased odds of MCI or dementia compared to those who were socially isolated but not lonely, as well as those who were lonely but not isolated.

- Where are you referring to in this example? Please clarify (name the participant and make sure your discussion is mentioned earlier.
"This ensures that there is never a parental void in the event a parent, for any number of reasons (away for work, death), is absent. We have noted above the pride and joy an uncle felt in being appreciated by the nephews and nieces, while another man was distraught at not being able to perform his customary role at a relative's funeral."

- When speaking about the funeral and how people could not enact their traditions, what does this mean for the participants and the society with the ubuntu values? Did people not feel well? What is your data telling you?

- Please name all participants, are the mentioned names origin and did participants agree to be named, or were the names created? (please explain briefly in the method section).
- Please check plain English and the consistency of your citation within the text and in the reference section.
- What is airtime and how much did everyone get? This could go into the method section.
- Overall, the manuscript needs to be restructured, clarified in the methodological approach, and re-analysed. I would like to encourage the authors to provide transparency in the whole research process.
- You could use the CASP tool to check the transparency of your revised manuscript (Long *et al.*, 2020[3]).

I am looking forward seeing the suggested changes included in the manuscript.

References

1. Choo EK: COVID-19 fault lines.*Lancet*. 2020; **395** (10233): 1333 PubMed Abstract | Publisher Full Text
2. Steger M, Kashdan T, Oishi S: Being good by doing good: Daily eudaimonic activity and well-being. *Journal of Research in Personality*. 2008; **42** (1): 22-42 Publisher Full Text
3. Long H, French D, Brooks J: Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*. 2020; **1** (1): 31-42 Publisher Full Text

Is the work clearly and accurately presented and does it cite the current literature?
No

Is the study design appropriate and is the work technically sound?
Partly

Are sufficient details of methods and analysis provided to allow replication by others?
No

If applicable, is the statistical analysis and its interpretation appropriate?
Not applicable

Are all the source data underlying the results available to ensure full reproducibility?
No

Are the conclusions drawn adequately supported by the results?
Partly

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Gerontology, COVID-19 pandemic research, qualitative methodology, risk

communication, cross-cultural studies

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

Author Response 05 Dec 2023

Thabang Manyaapelo

Dear Elfriede Derrer-Merk, Thank you for your comments. We have revised our paper accordingly and respond to many of the comment below. We have assigned a lose numbering system to your comments to make this response easier to follow. Where we refer to page numbers, we are referring to the track changed version of the paper.

1. Dear authors, thank you very much for exploring the important aspect of older adult's well-being related to relationships in KwaZulu-Natal, South Africa. I am convinced that this study is an important contribution not only to the research community but also to the country and people in KwaZulu-Natal itself. The decision to use a qualitative approach adds value to the research, while also enhancing the breadth of coverage for early pandemic-related research.

However, I have important suggestions for changes to be made before considering the manuscript for indexing. The main aspect of the manuscript focuses on intergenerational, diagonal and community relations and the importance of how people are embedded into society but were disrupted to enact their ubuntu values during the pandemic. But what does this mean for the people and researchers? Can you make clear what the ubuntu values and ethical framework are and how this is related to wellbeing? As the material, social and individual aspects are drawn from a wellbeing concept. I suggest separating these concepts into paragraphs and then finding where they are linked or differ. Please provide more detail about the cultural aspects as you mentioned they are crucial to understanding the experiences of older adults in South Africa. What kind of rituals are enacted, and what values are important and could not be lived during the pandemic? You are referring to it throughout the manuscript, but I would suggest explaining it in the introduction, so you can refer to it, rather than giving examples at the discussion.
Response: Thank you – your comments made us realise that we had had not explained Ubuntu properly for readers unfamiliar with African philosophy. We provide detail on our response on this below.

2. Abstract: You mentioned in the title and sequentially in the introduction, results, and discussion the importance of relationships. Please consider this in the abstract.
Response: The abstract was revised to reflect this suggestion. Please see page 1.

○ 3. I suppose you undertook a longitudinal study, the phrase 'up to four monthly' does not clarify how often at which time points you interviewed an x amount of participants. Please clarify this.
Response: We have rewritten this.

4. Something is missing 'and to somewhere they'. Please check.
Response: This has been corrected, thank you.

5. You are referring to the wellbeing framework, please mention the Ubuntu framework here. Response: The study uses the wellbeing framework to guide the analysis of the findings. The concept of Ubuntu was introduced to put the findings into an African context and to explain the importance of interconnectedness. It was not intended as a framework for the analysis therefore we have not included it in the abstract. As we note above, your comments made it clear to us that the concept of Ubuntu may not be familiar to people from outside sub-Saharan Africa, so we have explained the concept in more detail in the paper. Please see page 6.

6. Introduction: ○ The following citation is missing in the references - Esther Choo (2020) is not named in the references (Choo, 2020).
Response: This was already included in the references.

7. I thank the authors for illustrating the lived experiences of the Gogo case. ○ The quote includes family living situation, job loss of her son, medical and health conditions, support from grandson, illness and death of family members, funeral challenge, connectivity with church members and missing religious practices. ○ As this section provides an example of the broad impact on older adults' lives I would suggest discussing this. ○ You are then continuing with aspects of wellbeing and vulnerability related to relationships. ○ The aspect of vulnerability of older adults (common stereotype) and the excess death rate needs to be critically explained. You might consider using Baltes and Baltes and/or Carstensen or others. Please define vulnerability, what are social, psychological etc. vulnerability. Can you explore this with examples, please?
Response: We have provided a definition of vulnerability – focusing on the concept of `situations of vulnerability' from Levasseur et al. (2022) which we find helpful when thinking about the combination of factors which contributed to vulnerability during the pandemic. This takes the emphasis away from an individual to look at the combination of circumstances which may increase the risk of harm for a person or groups of people. During the pandemic older people were in a situation of vulnerability not only because they were more susceptible to severe disease than younger people, but also because of the isolation caused by needing to stay at home and being preventing from meeting friends and attending church and other places they were used to meeting other people.

8. Why is this sentence relevant? I would suggest deleting it or explaining the importance: "The growing literature on the mental health impacts of the pandemic on young people has focused on a different age group, a different generation that are a group at risk (ÁlvarezIglesias *et al*., 2021; Banati *et al*., 2020)."
Response: We have deleted that sentence.

9. What does it mean, what do you want to say here? "Yet, when we reflect on the links that exist between people, the focus on specific age groups of people diverts attention away from the relationships between those people, people like Gogo described above, their interdependence, and the ways in which vulnerability and strength may be shared."
Response: We have rewritten this sentence. This sentence connects to the information on linked lives above, but also leads into the information on Ubuntu which follows.

10. When you refer to the strength of older people, what do you mean, can you explore this and reference it, please?
Response: We have now included a definition for strength on page 4.

11. I would suggest looking at Antonuccis 2013's convoy model, how does this differ from the Ubuntu framework? If you are describing the Ubuntu framework at the beginning, this might help you strengthen the argument as to why social connectedness is important for social wellbeing?
Response: Thank you. While the Convoy model is a very useful model that seeks to integrate research conducted on social relations, and has been used to understand the predictors and consequences of social relations across the life course, it is not a substitute for our explanation of Ubuntuism. As we explain above the concept of Ubuntu is taken from African philosophy. Ubuntu is therefore the manner in which peoples can be seen to interact with the world, we do not use it as a theoretical framework in this paper.

12. I would suggest having a section where you describe in detail the Ubuntu framework, how it differs from the convoy model and why it is important for the wellbeing of older adults embedded in the Kwazulu-Natal society.
Response: We have not used the Convoy model, as explained above it is not a substitute for Ubuntu. The concept of Ubuntu is now explained in more detail.

13. Ageing and wellbeing: If you want to pursue the concept of wellbeing, please describe the links to relationships and the Ubuntu framework, and why it is important. Please rethink this section. ○ If you want to continue with the wellbeing concept then the section ageing and wellbeing needs to include the aspect of purpose in life as this is a very important aspect of wellbeing. This study might help to find the link to the Ubuntu framework: Steger *et al.* (2008[2]).
Response: We agree that purpose of life is an important aspect to consider when investigating wellbeing. We have however not used it for this study since our objective was to investigate wellbeing through the lens of the wellbeing framework explained on page 7.

14. Study setting: Please consider the justification of the study. Why have you chosen this area? Please describe the background.
Response: We conducted this study to document the experiences of older people during the COVID-19 pandemic lockdowns and the impact these mandatory restrictions had on their wellbeing. This area was purposely chosen because the Africa Health Research Institute has been working with this community for over 20 years. The study was intended to explore possible avenues that could lead to intervention development aimed at improving living conditions for older people in this community. We have clarified this is on page 11.

15. The study setting provides socio-economic information not to describe socio and culture. Please provide more aspects of the culture, like funerals, celebrating weddings, helping with health care, beliefs and traditions.
Response: We had included some additional information on this on page 9.

16. You are talking about it briefly in the discussion, but I would suggest including these examples in the study setting section. It could help to put the socio-economic data in a table

to make it better readable and then explain the consequences and why you have chosen this area. How is this shaped, what does it mean? Can you explain the structures as the reader might like to learn more about them? "Although South Africa is a democratic republic, the district is dominated by traditional structures, which inform and shape the local value systems and norms (Beall *et al*., 2005)."
Response: We have added the text to explain traditional structures on page 9.

17. COVID in South Africa: Please provide more details on what the disaster measures included and how often and long this lasted. This could be demonstrated in a figure with a timeline of disaster measures and data collection.
Response: Thank you for the suggestion. We have provided additional information on the response to COVID-19 on page 10.

18. You are continuing then with data collection, despite the section being named later. Please re-organise the section.
Response: This is included here because it is situating the timing of our data collection relative to the lockdown restriction measures.

19 I would suggest providing more details of the process of the analyses from codes to categories and themes and how this is related to the Ubuntu wellbeing framework. This part should be moved to the method section.
Response: The process of the analysis is described on page 14 and 15 in the Methods section. As we have already explained we have not used Ubuntu as a framework.

20. Method: Please clarify when and how many participants were interviewed and at which point, were they the same?
Response: This information had been included at the beginning of the findings on the previous version – please see page 15. We have augmented this information to make it clearer.

21. What is the second sample, why did you undertake the focus group discussion, and how did this differ from the other sample? Please provide a table with the two different samples and some socio-demographic data like age, gender, living circumstances, distance to the hospital, income (if available) etc. which could give more detail under the specific circumstances. The data you provided are incomplete and do not give an oversight.
Response: We realise mention of the focus group is confusing, so we have removed that from this paper, since those data are not used here.

22. The tables you provided are not clear enough, please combine the four interview times in one table as this makes it easier to read.
Response: We assume this is in reference to the supplementary file. We find this approach allows the user to see the examples more easily than have one very large file.

23. I understand you have chosen a longitudinal approach. Please justify why and what your aim was. Please clarify this.
Response: The longitudinal approach was used to see how the lockdown restrictions impacted on the wellbeing of older people over the duration of mandatory restrictions since

normal services had been interrupted.

24. Data analysis: How was the transcription undertaken, who did it and how was the translation undertaken? Did the person who interviewed participate in the analysis? How did you manage the challenge of keeping the meaning of the original quotes? I would suggest adding a table with the translated quotes you are using in the manuscript.
Response: The translations were conducted by the same people who conducted the interviews. This has been revised on page 14.

25. The table you provided with some quotes and the summary you provided, is incomplete and the summary does not reflect the associated quote. I would suggest rethinking about it. Your analysis is more likely to be descriptive rather than analytical, please rethink your analysis.
Response: As we say above, the quotations and summaries are incomplete deliberately to retain anonymity of the research participants. The informed consent obtained assured participants that we would maintain confidentiality and assured them that we would not use their names or any identifying information.

26. What analysis method did you use, it seems to be grounded theory, but you mention 'coded thematically', please provide more details. ○ Was your analysis inductive, deductive, or both? (reference it please). ○ What is a thematic matrix and can you provide an example? Can you make transparent how you came from codes, and categories to themes, please?
Response: The thematic analysis is explained in page 14 and 15 and we have expanded our explanation on the approach to our analysis in that section.

27. How did you undertake the analysis from the focus group? Please provide more details.
Response: As noted above, this has been deleted.

28. Findings: Overall, please provide evidence for your statements. All your arguments need evidence from the participants. Describing the background of your argument helps to understand but does not meet the requirement of evidence-based analysis. I suggest adding more quotes for evidence.
Response: We respectfully disagree – and generally in much of what we write prefer a combination of paraphrasing to bring out the points in what people say with quotations to illustrate where helpful. This provides evidence of the points we make without making a paper overly quote heavy.

29. If you are using grounded theory, I would suggest looking at the meaning, please check Charmaz. If you use another analysis method please draw on this in your analysis. (including referencing it) (this is part of the Methods)
Response: We did not use grounded theory – we had a predefined research question, and the topic guides were framed before data collection to explore that question. This shaped the data collection. We are very familiar with the work of Charmaz, Glazer and Strauss – we did not, in Kathy Charmaz's words, `construct theories from the data themselves…' we went into the data collection with a specific focus to find out about the impact of the COVID-19 restrictions on older people's lives. Yes, we gained additional insights into the topic from the data as in recognising `wellbeing' as an overarching theme, through inductive analysis,

but this is very different from a classic grounded theory approach because it augmented the deductive approach.

30. Were there aspects that did not fit into the framework of wellbeing?
Response. No we did not have any aspects that did not fit into the framework, all the emerging themes were categorized under the three dimensions of the framework for wellbeing.

31. I would suggest going back to your findings and thinking carefully if the framework you used fits the data or better what is your data telling you. ○ The following examples might highlight the importance of re-analysing. ○ There are inconsistencies in the analysis e.g. the important aspect seems to me not that the participant was sceptical initially, but the official news that people died increased his fear and said he is still very scared. Please refocus on the analysis. ○ A 60-year-old man, Sphe, had initially been sceptical about the pandemic in the first few weeks after the news broke. *"I started believing it when I started hearing from the radios that people are dying and even now my fear is escalating, I am still very scared"*. ○ What does the quote mean, and what is the participant's experience with it? Was it worth looking for help with the car, whilst the son took his own life? "Thabo, was approached by their neighbour to ask if they could use his car to transport their adult child, who was mentally unwell, to the hospital". ○ This is a bit confusing, as it is not clear what happened nor why he had the food. Please clarify: "This statement suggests that he perceived a state of lacking enough food as his normal situation. The month before we spoke to him, with his family around, they had had enough to eat." ○ Did the restrictions allow to visit the church members? ○ This sense of community and neighbourliness can also be seen in how some church groups would visit some of their members for prayer and communion. These visitations also served to deliver food parcels to the congregants who could no longer attend church because of the restrictions. The importance of relationships during the pandemic is striking, however, have you found that all relationships are equal, or tell your data that the importance is not the number or variety of contact, but how meaningful they were to the participants?
Response: Thank you for all your suggestions – we have provided some additional information to clarify the text on the points you raise. We are not going to reanalyse our data.

32. Discussion: How did your categories link to your findings? ○ You are talking in general about social relations like this Social relationships have been found to have a significant impact on health and the manner through which this happens this could go into the introduction. ○ I would suggest checking for consistency in your categorisation. You are now talking about the impact of social relations on behavioural, psychosocial and physiological (Umberson & Karas Montez, 2010).
Response: We have provided some additional details in the discussion. The categorizations explain the three domains of material, relational and subjective which wellbeing is defined under. The behavioural, psychological and physiological aspects are not separate from this definition. Our data are organized to reflect these three domains and also show how relationships cut across there three domains.

33. Did you find any evidence of the cognitive decrease in your study? And why is this

relevant to the discussion? It could go into the introduction to highlight the importance of relationships/loneliness and cognitive decline. The authors also found that those who were socially isolated and lonely showed increased odds of MCI or dementia compared to those who were socially isolated but not lonely, as well as those who were lonely but not isolated.
Response: This study did not measure any cognitive impairment. We are making the argument that social isolation can have an impact on measurable cognitive attributes as demonstrated by the article we cited. This then links back to the definition of wellbeing that includes material, relational and subjective components. We further argue that relationships cut across all three components of this definition. Our findings show that the relationships people had an impact on their state of wellbeing.

34. Where are you referring to in this example? Please clarify (name the participant and make sure your discussion is mentioned earlier. "This ensures that there is never a parental void in the event a parent, for any number of reasons (away for work, death), is absent. We have noted above the pride and joy an uncle felt in being appreciated by the nephews and nieces, while another man was distraught at not being able to perform his customary role at a relative's funeral."
Response: We have added some additional information to the text to clarify.

35. When speaking about the funeral and how people could not enact their traditions, what does this mean for the participants and the society with the ubuntu values? Did people not feel well? What is your data telling you?
Response: We hope that the additional information we have provided on Ubuntu makes this clearer. Given the sense of being a part of a much larger whole – connected to both the living and the dead. We found that some of our participants were distressed by the inability to perform some of their cultural practices through which they could show respect to those who have died.

36. Please name all participants, are the mentioned names origin and did participants agree to be named, or were the names created? (please explain briefly in the method section).
Response: Where names are used in this article they are pseudonyms. This is stated in the Methods > Ethical Approval section.

37. Please check plain English and the consistency of your citation within the text and in the reference section.
Response: The citations have been checked as suggested, thank you.

38. What is airtime and how much did everyone get? This could go into the method section.
Response: Airtime is the mobile phone voice calling minutes which people access by paying for vouchers to load. We realise many people in the Global North may have mobile phone contracts so not worry about loading airtime – hence this is a term which is not in common usage. We have explained the term.

39. You could use the CASP tool to check the transparency of your revised manuscript (Long *et al.*, 2020[3]).
Response: We used the Standards for Reporting Qualitative Research checklist tool, please see in Methods > Data Analysis

Competing Interests: No competing interests were disclosed.