

## GENDER DISPARITY AND CHALLENGES OF CAREGIVING AMONG THE ELDERLY IN KOGI STATE, NIGERIA

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### Abstract

*Provision of care services for the elderly in Nigeria is in a recent time characterized by some challenges. This paper x-rayed Gender disparity and challenges of Caregiving among the Elderly in Kogi State, Nigeria. The study adopted a survey research design. A multistage selection sampling process involving cluster and simple random sampling method was used in the selection of three hundred and fifty two (352) elderly within the age of sixty years (60) and above, from six Local Government Areas, which covers the three Senatorial districts in Kogi State, Nigeria. Primary and Secondary data were utilized in the study. The primary data gathered through questionnaire were analyzed quantitatively, while the data gathered through in-depth interview were qualitatively analyzed to complement and support the quantitative analysis. Data were presented in simple percentage tables. The major findings of the study indicate that, caregiving for the elderly in Nigeria has been characterized by some challenges, and the elderly had to adopt coping strategies to combat these challenges. Premised on these observations, the study recommends that there is need for the establishment of National Agency for the Care of the Elderly (N.A.C.E) in Nigeria. The agency to be established will be charged with the responsibility of identifying locations of the elderly in communities as well as designing a regulatory framework on modalities to which family members who want to keep and care for the elderly could operate since the primary responsibility of this agency will among other things house and care for the elderly.*

**Keywords:** Caregiving, Elderly, Disparity, Socio-Economic Wellbeing, Coping Strategies

### Introduction

All over the world women are the predominant providers of care, women experience greater mental and physical strain, greater caregiver-burden, and higher levels of psychological distress while providing care for the elderly member of the family.

*Declining fertility rates and increasing survival have led to an increase in the elderly population across the globe. Moreover, life expectancy at birth has risen substantially*

*across the world. Globally, the proportion of the elderly population has been on the increase in recent time. According to the United Nations Population Division Projections (2002), in 1950, there were 205 million persons aged 60 years and above in the world. By 2012, the number of elderly persons increased to almost 810 million. Again, it is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion (United Nation Population, 2016). The United Nation has not adopted a standard criterion for the elderly population; but generally uses 60+ years to refer to the elderly population (WHO 2015). More so, in 2000, the Minimum Data Set (MDS) Project collaborators agreed at the Harare MDS Workshop to use the chronological age of 60 years as a guide for the working definition of “elderly”; however, this definition was revisited during this meeting.*

Lack of government-supported care services makes the caregiving by family members as the mainstay of care provided to the dependent elderly population in many Low and Middle-Income Countries, including Nigeria, make caregiving for the elderly a socio-economic challenge. Caregivers in the context of this study refer to family/family members, friends and neighbours. In traditional Nigeria society, the family has been the most natural and conducive social organization for the care and support for the elderly. The elderly were happy to be cared for, and connected with the family unit. This caregiving was backed not only by emotional bonds emerging out of blood relationship but also by the force of traditional ethic values, norms and behaviours (Gore, 2017) with the support and care provided by the family members, the quality of life of the elderly has substantially increased.

However, as a result of industrialization and modernization, (influence by foreign culture) there was a rapid change in the structure of Nigeria family system which led to the disintegration of the concept of extended family system, where the traditional functions of the family-like care and social support for the elderly are gradually collapsing. These have brought an increase in the range and intensity of their problems and needs. Consequently, an elderly person in Nigeria now suffers neglect and hardship in an increasingly hostile, competitive and intolerant Society. This group of people now constitutes the poorest group in Nigerian society. The inability of the government to cope with the regular payment of pensions to the retired workforce among them (the only welfare policy for the elderly by Nigerian government), the inadequate social services and health facilities to cater for the needs of the elderly population, as well as a predominantly rural agrarian population all, pose new threats to food security, social security and national

security, which are characterized by the growing inadequacies in customary and family supports, social exclusion and non-existent social security for the elderly, thus making them very vulnerable to poverty and diseases (Ugbaje 2015). Consequently, the elderly had to strategize to adopt coping technique to meet their socio-economic wellbeing.

In Kogi State, the total number of the elderly, that is, those aged 60 years and above went up slightly from 91,417 (male 44,607 and female 46,810) in 2006 to the estimated 159,947 (77,958 and female 81,989) in 2018 (NBS, 2018). By implication, the number of elderly to be supported and cared for in the State has grown

*A PUBLICATION of the Department of Science Education, Al-Hikmah University, Ilorin, Nigeria* significantly. The elderly are highly valued and celebrated as ‘they remain the hub of wisdom and teaching, the elderly are highly respected as the repositories of inherited wisdom and experience; they are the principal decision-makers in the society. More so, despite the effort by caregivers to cater for the elderly in Nigeria and Kogi State, in particular, there seems not to be adequate care for them as the elderly are still faced with persistent socio-economic challenges ranging from poor access to food, health care, basic amenities etc. more so, the elderly women among them felt more of these challenges than their men counterpart, therefore, the need to critically evaluate the causes and effects of this adverse circumstances to proffering a lasting solution.

The care services for the elderly in Kogi State are provided by the caregivers, most of whom are spouses, older children, extended family, friends and neighbour. Caregiving is provided in a range of areas, such as medical services, financial, emotional and socio-economic support, other support services by the caregivers are in the activities of daily living like washing, dressing, household management etc.

Nowadays, because of the constantly changing societies and family structure occasioned by industrialization and urbanization, the accumulated knowledge of the elderly which was viewed in the past as the source of wisdom and an asset to the society; is now commonly regarded as something outdated and obsolete (Rajan, 2010). Okwoli (2017) observed that the experience and attitude of caregivers towards caregiving of the elderly are grossly inadequate for their socio-economic wellbeing. Therefore, the elderly now suffer neglect from their families due to the exodus of their older children to the cities, leaving agricultural employment for the growing wage-economy in the city, affecting the capacity of most families to sufficiently cater for them in the society. The high mortality rates from accidents and the HIV/AIDS pandemic is also limiting the ability of families (the main stay of caregiving) to provide traditional support for the elderly. More so, for the less than one percent of the elderly population who receives pensions in Kogi State, it is, however, sad to note that the benefits that accrue to elderly pensioners, from the public pension scheme are bitter-sweet in nature as pensions are not paid on schedule, though, it is not all the elderly that benefit from pensions, it is those who were civil servant; those who never had paid employment of any form do not benefit from pensions, which are even not paid regularly. The elderly without any paid employment does not have any form of social security at old age. It is, therefore, an irony that the only scheme that is meant to support the elderly people so as not to suffer after disengagement from public service has turned to be a sour experience (Chang & Jaegar, 2016).

Basis on these harrowing experiences amidst frustrating structural strains, the elderly in Kogi State are more likely to face with the challenges of deteriorating health conditions, poor nutrition, isolation, boredom, housing, safety/security need, and dependence on their children and community for their financial need. More so, they may experience loss of social roles, loss of self-esteem, limited economic resources, and depleted social and psychological network. Government at all levels have failed to recognize the elderly in the society, neither have they put in place a-robust programs geared at providing the elderly with health care services and social security or support for their economic independence. Again, there are no appropriate legislation or political will by the government to implement policy meant to protect or provide for the welfare and socio-

economic needs of the elderly in Nigeria. Besides, there is not enough literature on this subject matter. It is against this backdrop that this study is being carried out to examine Gender Disparity and Challenging of Caregiving among the Elderly in Kogi State, Nigeria.

### **Objective of the Study**

The study shall accomplish the following objectives

- i. To investigate the challenges of caregiving among the elderly in Kogi State, Nigeria
- ii. To examine the coping strategies adopted by the elderly to ameliorate their socio-economic wellbeing in Kogi State, Nigeria.

### **Conceptual Review**

Under this concept, available literature relevant to the elderly and caregiving is reviewed to provide a detailed understanding of the problems under study.

#### **Concept of Elderly**

Elderly is a continuous process from birth to death but this continuum varies from society to society (Rosmas, 1983). The concept of the elderly has no universally accepted definition. This is because there is no universally accepted acceptable criterion for defining certain categories of people as elderly. For example, the United States Social Security Act of 1935 held that individual assumes an elderly position at 60 years of age. This was later increased to 70 in 1979, and by 1986, the retirement age was abolished altogether. (Tout, 1989). In Britain, the retirement age was 60 for women and 65 for men, while in Denmark and France; it was 67 and 60 respectively. Hernandez (1992) added that to be regarded as an elderly, social scientists generally agree that a person must be 65 years or above. Julsen & Marchall, (1980) makes three (3) clarifications in this regard- the first comprised the young elderly persons – within the age of 60-74. This young is regarded as still being healthy and active. The second includes persons of <sup>81</sup>75 years and above who are more likely to require support and the third group which he tagged frail elderly is made up of people above 85 years who for health and economic reasons cannot fend for themselves without support. Owoloye (2017) argued that the concept of elderly is a relative term as some people within the age of 75-85 may still be strong and even engage in other economic activities, while some within the age of 60-74 may not be strong to engage in any activity but only relied on the assistance from families and friends for survival.

World Health Organization (2011) noted that most developed countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person; the age at which one can begin to receive pension benefits if one qualifies for it. The chronological age of 55 or 65 years as a definition of an elder or 'elderly' person does not adapt well to the situation in Africa because most often the actual birth dates are not known. In 2000, the Minimum Data Set (MDS) Project collaborators agreed at the Harare MDS Workshop to use the chronological age of 60 years and above as a guide for the working definition of "old" or the elderly people. The United Nations defines elderly persons as "those aged 60 years and above". In many

African countries, the UN definition appears inappropriate as formal retirement age from formal sector service range between 55 and 60 years (Help Age International, 2017). In Nigeria, there are different retirements aged in various Professions. Nevertheless, the provisions of the Nigerian Civil Service Act (laws of the Federation of Nigeria) recommended thirty five-years (35) of service or sixty years (60) of age for compulsory retirement. Moreso, National Bureau of Statistics (1999) recognized sixty years plus (60+) as elderly. As such this study will refer to the elderly population as those within the age of sixty years plus (60+).

Elderly is the process of becoming older. This traditional definition was recently challenged in the new encyclopedia of Gerontology (Birren, 2006), where the elderly was specifically defined as the process of a system's deterioration through time. Another definition of the elderly is the progressive loss of physiological functions that increases the probability of death (Gómez, 2000). The definitions of the elderly differ between the biologists and behavioural scientists. Biologists regard elderly as reflecting the sum of multiple and typical biological decrements occurring after the sexual maturity; nevertheless, behavioural scientists view it as reflecting regular and expected changes occurring in genetically representative organisms advancing through the life cycle under normal environmental conditions (McGue, Vaupel, Holm, & Harvald 1993).

### **Concept of Caregiving**

Caregiving has been studied by gerontologists, nurses, sociologists, and social workers to understand the care provided by caregivers such as family members, friends, or neighbours to the elderly population. Caregivers are individuals who provide ongoing care and assistance, without pay, for family members and friends in need of support due to physical, cognitive, or mental conditions (Canadian Caregiver Coalition, 2009).

Caregiving as a formal study has evolved to become a multidisciplinary field, involving nursing, public health, sociology, psychology and economics. The contribution from the various fields has strengthened and improved the understanding and practice of caregiving (Hermanns & Mastel-Smith, 2012; Kyei-Arthur, 2013). Drentea (2007) defined caregiving as the act of providing unpaid assistance and support to family members or acquaintances who have physical, psychological, or developmental needs. Such support or care, according to her, could be instrumental, emotional and informational and is directed at maintaining or improving the recipients' present condition. In the same vein, Hermanns & Mastel-Smith (2012) see caregiving as a process of helping people who are unable to do so for themselves, in a manner that encompasses fulfilling the physical, mental, emotional and social needs of the recipient.

Caregiving, also known as familial care, may be explained as the provision of care to a friend or family member with little or usually no training; This means informal caregiving has no defined limits, and the caregiving experience could get worse rapidly or get better, often depending on changing circumstances of the recipient. It is also a situation rife with stress, social tension, financial distress and even depression, especially in caregivers of people with chronic illnesses (Borg & Hallberg, 2006). The quality of care provided by informal caregivers may be poor relative to what a professional caregiver could provide, but the low cost,

alongside socio-cultural norms, means that it remains the most popular option of caregiving (Cross & MacGregor, 2010). Every instance of informal caregiving is unique, as differences exist on many fronts such as the relationship between the care recipient and the caregiver, the intensity of care offered, the gender of the caregiver and socio-economic elements like race, income, geographical location, level of education and, of course, age (Magaña, Ramirez-Garcia, Hernández, & Cortez, 2007).

Although informal caregivers are usually family members of the person receiving the care, there are many variations to the relationship between the caregiver and care-receiver, even within the context of family members (Montgomery, Rowe, & Kosloski, 2007). Caregiving differences exist by gender, with two out of every three informal caregivers being female (Suthers, 2006). The sex of caregivers changes with age as there are in some way, more male caregivers than female at ages above 75 due to men usually having better health in old age (Organisation for Economic Co-operation and Development, 2011).

### **Empirical Review**

There have been several kinds of research and studies in the area of caregiving for the elderly by scholars in the area. Also, this review contains studies and researches on caregiving among elderly in Nigeria and elsewhere; which provide a detailed understanding of this work.

### **Socio-economic well-being of the elderly**

World Bank (1991) announced that stable economic policies and progress, developing productivity; upsurge the income and the buying power are the main determinants of socio-economic well-being. While job satisfaction, health & safety, financial and social securities are identified as significant factors to individual socio-economic well-being. Also, addition, adequate food and Housing is accepted as a universal need for socio-economic well-being with clothes, health care services, and schooling.

The Determinants of the socio-economic well-being of individuals and households in developing societies are mostly linked with a financial background, job satisfactions, food/shelter, social support services and health which are further found to be as significant determinants of the general satisfaction of people (Van-Praag, 2003). Diener et al., (1999) also explained that household income, employment status, marital status, household structure, external life, religion, daily and environmental factors can influence the socio-economic well-being. The very close social relationships such as working together as a team are expected to have a significant influence on the socio-economic well-being due to provision of imperative assets for people to satisfy their requirements (Lucas & Dyrenforth, 2006).

### **Challenges of Caregiving among the elderly**

Caregiving for the elderly populations presents a challenge to all regions of the world. However, the challenge is particularly significant in Africa, heightened by the concurrent issues of the highest global levels of poverty and the HIV/AIDS pandemic, which affect the quality of life of millions of individuals and particularly impact on elderly people (Economic Commission for Africa (ECA), 2007). Given the unique

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position Africa holds, highly impoverished and heavily stricken by HIV, governments within have come to recognize the global call for action on the elderly and the challenges it is posing or likely to pose. The ECA (2007) reports that many countries in Africa have adopted a range of international and regional policy instruments to guide and support national policies and programmes to address the needs and challenges of the elderly people aged 60 and over.

A study carried out by Stabby & Lyles,(2009) on the financial challenges faced by the elderly population in Gboko Communities of Benue State, showed that the majority of the elderly persons experienced financial difficulties resulting from loss of jobs, nonpayment salaries/pension, social contacts and interaction, financial dependence, cognitive disorders, etc. Though, the study limited itself to mainly rural areas without considering urban areas where the condition of the elderly is well taken care of when compared to rural communities in most developing societies.

Animasahun and Chapman (2017) explained that the absence of national social security schemes also makes it difficult for the elderly to receive care. Without additional funding from the government into programs for the elderly population, they are left at a disadvantage. Adejumo (2012) acknowledged that the decline in the economy, gradual disintegration of the extended family system, unemployment, lack of state provision of caregiving for the aged population in Nigeria, as well as rural-urban migration all contribute to the noticeable decline in the level of caregiving provided by the family in recent times. Abiodun, Adekeye and Iruonagbe (2011) noticed that a lot of policymakers, lawmakers, the elderly persons and members of the society have begun to see elder abuse as a menace that needs the attention of all especially as elderly persons become more vulnerable in the countries with economies in transition.

For the individual, caregiving for the health of the elderly means having a sense of wellbeing, the capacity for independent activity, meaningful involvement, supportive community and positive attitude towards the wellbeing of the elderly, being healthy is seen as having the resources for everyday life that is satisfying to self and others” (Bartlett & Peel, 2005). Health is not merely the absence of disease or disability. Health, as defined by the World Health Organization (WHO, 2011), is a state of complete physical, mental and social well-being. This implies that it is the interaction and integration of body, mind and spirit.

### **Coping Strategies of the Elderly**

Folkman (1984) were the first researchers to extensively study coping strategies for the elderly, he defines it as ‘constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the elderly person.

Coping for the elderly is a progressive change in cognitive and behavioural ability to control certain external or internal needs considered to have exceeded the resources of the elderly person in question (Birkeland & Natvig, 2009). Many things affect the possibility to live at home while approaching the age of 60 years and above, this includes health, functional abilities, financial up-keep, daily nutritional diet food and good family relationship, availability and quality of home care services (Backman & Hentinen, 1999). Absent of these variables make life uncomfortable and difficult to cope with for the elderly at home. Moreso, the

factors that promoted coping among the elderly in everyday life are social, physical and psychological (Pietila & Tervo, 1998). Feelings of life are different among elderly people. Some elderly people feel that life is mundane, meaningless, boring and even miserable, while others feel happy and confident to live at home. Elderly need a peaceful life. Previous life experiences are very important for them to cope with daily life in the process of growing old. (Pietila & Tervo, 1998)

Mariana (2017) researched the Coping strategies used by the elderly regarding ageing and death: an integrative review. An integrative review was performed in seven databases with the following descriptors: psychological adaptation, the elderly, death and ageing. From the result, 73 articles were identified. After applying the inclusion and exclusion criteria, six articles that identified multiple losses experienced by the elderly and included coping strategies were selected and analyzed. The main losses were: loss of health; physical capacity and functionality; loss in quality of emotional relationships; the death of loved ones; reduced social integration; fewer material goods; financial loss; lower cognitive resources; lower perceived mastery; loss of feeling useful; reduction in subjective well-being and quality of life. We also identified the following coping strategies used to deal with losses related to elderly and finitude: anticipated grieving; wish to die; isolation; submission; negotiation; acceptance; accommodation; support seeking; living in the moment; seeking spiritual comfort. The research concluded that, the elderly experience ageing and finitude with coping strategies that can generate both unfavourable and favourable health outcomes. In this context, some coped through anticipated mourning and the desire to die, while others looked for spiritual comfort, social support and acceptance.

### **Research Methodology**

Kogi state has a population of 4,473,500 as of 2018 (National Bureau of Statistics, 2018). However, the target for this study is not the entire population of the State but the elderly persons from 60 years and above in six (6) selected local government areas in Kogi State which include; Ajaokuta, Ibaji, Idah, Ijumu, Lokoja and Okene. Two local government areas each were selected from the three (3) senatorial districts in the State. The total population of elderly persons in the selected local government areas is forty-eight thousand eight hundred and twenty-six (48,826) according to National Bureau of Statistics (2018) population projections.

Godden (2004) statistical formula for sample size determination was used. Details of Godden statistical technique in the determination of sample size are given below:

$$SS = \frac{Z^2 (P)(1-P)}{C^2}$$

$$\text{New } SS = \frac{SS}{1+(SS-1)}$$

Where SS = Sample Size



$Z =$  Confidence level of 95%

$C =$  Confidence Interval = 5%

$P =$  Percentage Population (50%)

$$SS = \frac{1.96^2 (0.5) (1-0.5)}{0.05^2}$$

$$SS = \frac{38416 (0.5) (1-0.5)}{0.05^2}$$

$$SS = \frac{0.9604}{0.0025}$$

$$SS = 384$$

Population = 48,826

$$\text{New } SS = \frac{384}{\frac{1+(384-1)}{48,826}}$$

$$SS = \frac{384}{384}$$

$$= 1 + 0.008$$

$$= \frac{384}{1.008}$$

Hence, the sample size is 381.

However, out of the total number of 381 questionnaires distributed, only three hundred and fifty two (352) were duly completed and returned giving response rate of 92%. The cross-sectional Survey design was adopted for this study. This technique according to Kothari (2009) involves collecting data from respondents for the purpose of analysis. The study generated data via the primary and secondary sources. A multistage selection sampling process involving cluster and simple random sampling method were used in the selection of 352 elderly within the age of 60 and above, for questionnaire administration in six local government area council, which covers the three Senatorial district in Kogi State. Primary and Secondary Data were utilized in the study. Data generated in the course of this study was first collated, coded and analyzed using both the descriptive and inferential statistics. The descriptive statistics was presented in tables showing frequencies distributions and simple percentages.

**Data Presentation and Analysis**

Information collected from the field were coded and analyzed **Table 1 Respondents view on easy access to balance diet food daily**

Responses	Male	%	Female	%	All	%
(N=352)						
Yes	46	22	33	22	79	22
No	156	78	117	78	273	78
<b>Total</b>	<b>202</b>	<b>100</b>	<b>150</b>	<b>100</b>	<b>352</b>	<b>100</b>

**Source: Field Survey, 2019**

Table 1 revealed that majority of the respondents do not have access to a balanced diet which I represented by 78% for male 78% for female. This means that the elderly are exposed to a non-balanced diet which will eventually lead to other health complication for the elderly.

The information from the informant interview agrees with the questionnaire as they observed that, the elderly in the community do not have access to adequate balance diet food daily in the study area as there have been persistent request/complaints by the elderly in this regard, thus, they find it difficult to access three square meals daily let alone accessing balanced diet food. Consequently, considering their age, they need s dietary meal to keep them sound and healthy. One of the health professionals from Ajaokuta interviewed asserted that:

*Majority of our elders and the people that care for them here do not know the meaning and importance of balanced diet except few educated ones among them, all they know is to see the food to eat to their satisfaction and the major food they eat daily are fufu, akpu and sometime rice which is are all starch food.*

Hence, it can be concluded that most elderly do not access balance diet food daily, since most of the respondents agreed that, they do not have easy access to a balanced diet daily.

**Table 2 Respondents view on easy access to quality health care services as at when due**

Responses	Male	%	Female	%	All	%
(N=352)						
Yes	67	33	50	33	117	33
No	135	67	100	67	235	67
<b>Total</b>	<b>202</b>	<b>100</b>	<b>150</b>	<b>100</b>	<b>352</b>	<b>100</b>

**Source: Field Survey, 2019**

Table 2 shows that majority of the respondents do not have access to quality health care services which is represented by 67% for male 67% for female. This means that the elderly are vulnerable to health risk which will eventually lead to other health complication for the elderly.

The information from the informant interview agrees with the questionnaire as they observed that, they live far away from their health centre; some of them are not strong to walk for long-distance as they do not have means of transportation that will take them to hospital. The health professionals interviewed confirmed that;

*We can stay a week without seeing any elderly patient to attend to, they prefer local herbal home and self-medication because most of the complicated issues we always have are as a result of the inability of the herbal home to treat them*

Though, both male and female respondents agreed that they do not have easy access to quality health care services as at when due, the male respondents seem to be more affected. A religious leader in Idah interviewed responded specifically that:

*Most elderly don't go to the hospital because even if they do the only medicine (drug) they give them is panadol tablet or they will prescribe for them the drug they can't afford to buy, most of the times our elderly are being abandoned by health workers un-attended to, even in the government hospital because they don't have money to pay their medical bills.*

Therefore, it can be concluded that most respondents do not have easy access to quality health care services. This report is in tandem with the work of Malarcy (2013) which asserted in his work that, 85% of the elders in Igbo Eze North and Ezeagu Local Government area that, the elders in this area do not have access to good health care services because of their low economic status and negative attitude of health workers toward those elderly seeking health care services.

**Table 3. Respondents view on whether they have challenges receiving care services in their community**

Responses	Male	%	Female	%	All (N=352)	Percentages %
Yes	134	66	100	66	234	66
No	68	34	50	34	118	34
<b>Total</b>	<b>202</b>	<b>100</b>	<b>150</b>	<b>100</b>	<b>352</b>	<b>100</b>

Source: Field Survey, 2019.

Table 2 shows that majority of the respondents do have challenges receiving care services in their community which is represented by 66% for male and 66% for female. This means that the elderly could not access services like health care, balanced diet food, good/clothing shelter etc. that will better their life in their community, which will eventually affect their socio-economic wellbeing.

The information from the informant interview agrees with the questionnaire as most of the respondents pointed out that, the challenges being encountered include, inadequate food, poor financial up-keep and health care support services as well as clothing. Hence, it can be concluded that most respondents do encounter challenges in receiving caregiving services. A traditional ruler interviewed explained that:

*The elderly do encounter challenges of accessing quality health care services, balance diet food, good clothing and shelter; these challenges affect their socio-economic wellbeing. They also have challenges*

*of adequate financial up-keep in meeting their needs, making them to be at the mercy of family members and other donor agencies before they could meet their financial obligations.*

**Table 4 Respondents view on how they cope with the challenges of health care**

Option	Male	%	Female	%	All (N=352)	%
Regular exercise	26	13	20	13	46	13
Regular check-up	25	12	19	12	44	12
Divine intervention	30	15	22	15	52	15
Appeal	97	48	72	48	169	48
Others	24	12	17	12	41	12
<b>Total</b>	<b>202</b>	<b>100</b>	<b>150</b>	<b>100</b>	<b>352</b>	<b>100</b>

**Source: Field Survey, 2019**

Table 2 shows that majority of the respondents cope with the challenges of health care services through appeal which is represented by 48% for male and 48% for female. The information from the informant interview agrees with the questionnaire as most of the respondents revealed that they cope through appeal to religious bodies, non-governmental organization, individual philanthropists, and in most cases, family members for medical assistants, and daily upkeep. Hence, it can be concluded that most respondents adopt appeal as the coping strategies.

### **Conclusions**

Based on the foregoing analysis, the study found that elderly in the study location is faced with challenges of meeting their socio-economic needs, these challenges are in the area of poor access to good health care services, poor nutritious food diet, poor housing, the economic burden to the caregivers and non-payment of salaries/pensions etc. To this end, the elderly has adopted various coping strategies, among which are divine intervention, entrepreneurial ventures, appeal to religious and philanthropist organization, family support, teaching in private schools, hoping etc.

### **Recommendations**

Based on the findings of this study, the following recommendations are offered.

- i. In other to ameliorate the challenges faced by the elderly and the attendant effects, there is a need for the establishment of the National Agency for the Care of the Elderly (N.A.C.E) in Nigeria. To this end, the agency will be charged with the responsibility of identifying locations of the elderly in Communities as well as designing a regulatory framework on modalities to which family members who want to keep and care for the elderly could operate since the primary responsibility of this agency will among other things house and care for the elderly. Moreso, the agencies should be giving periodic reports to all critical stakeholders such as family members, community, government agencies on their operations as well as likely challenges being encountered during the period of reporting.

- ii. The inability of elderly members of the family to cope with caregiving can lead to frustrations which may translate to abuse of the elderly person. This, however, is not so in developed countries where community-based services are available to cater for these home-bound elderly persons. This study, recommends that the government should consider providing community-based intervention programmes for elderly persons in Nigeria. This community-based intervention approach could be informed of organizing a town hall meeting where issues that affect the elderly will be discussed and solutions would be collectively given. This will also be carried out through community soliciting for funds from its members with the specific objectives of caregiving for the elderly.

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