

## Familial Expectation and Social Support for the Elderly in Yoruba Communities of South Western Nigeria

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**ABSTRACT** The cross-sectional study examined the major social problems confronting the elderly as well as, sources of income and priority needs of the elderly as a result of social and cultural change in various rural Yoruba societies. The study area was spatially clustered into, while the target group was stratified by age consisting of 530 frail elderly aged 70 years and above. Both quantitative and qualitative data were obtained for the study and analyzed utilizing descriptive statistical procedure. Findings of the result revealed that spatial separation of family members lack of fund, care are support social isolation and loneliness were major social confronting problems of the elderly. While valued needs of elderly ranged from respect to informativeness. The findings indicate that there is an urgent need to review all health personnel various curricula to include, principle of care and management of old people so as to be able to cope with the increasing rate of hospital admissions of the abandoned frail elderly individuals due to failure of families to provide care and support.

### INTRODUCTION

The role of family and other informal social network in meeting the needs and caring for frail elderly has received very little attention in literature in this part of the world. Meaningful social relationship that provide a sense of security and opportunities for companionship and intimacy are important for the being of old people. Among the frail elderly, that is people 70 years and above that are in weak state of health, reduced functional ability in performance of activities of daily living may influence the opportunity for social contacts (Berg et al., 1981). Older people may experience diminished vitality and health at the same time as they experience relational losses, such as loss of a spouse, relatives and friends. Any or all of these situations may contribute to social isolation and loneliness. Life within the family also poses many problems. These problems are that of social relationship arising out of changing values, limited space, and state of fam-

ily income and economic dependence of the elderly. Although, this social problems may affect physical health but more commonly they express themselves in strained relations, mental tensions, and a loss of interest in life (Fajemilehin, 1996).

In traditional Nigerian society, the aged knew no poverty, deprivation, malnutrition, neglect or isolation. The society was based on descent and kinship ties, which enhanced group solidarity and reverence for the elderly. The bond between children and parents was very strong thereby ensuring security in old age (Oyeneye, 1989). It was a cultural imperative for children to support and respect the elderly. The elderly could move freely among members of the extended family and be assured of the best of care. The social relationship and structure of the extended family was such that promoted closeness among members thus reducing the problem of isolation and loneliness among the elderly. The elderly enjoyed a privileged position in the society and were accorded high status because of their knowledge and wisdom. They were respected for their knowledge of the laws and traditions of the society. The elderly took all the decisions concerning the governance of the society. Young members of the society looked to or sought advice from the elderly on important matter (Peil, 1988). The general situation that prevailed at that time and the care coupled with support which the elderly enjoyed made people to aspire to old age (W.H.O, 1996). Even when they had no surviving children they were sure that members of the extended family would give necessary support to alleviate their suffering.

Although traditional family values of respect for the elders and acceptance of responsibility for them to some extent still persist in developing countries, the changing social and economic context is raising new problems.

The process of modernization, urbanization and industrialization as well as the introduction of local government administration have undermined the position of the aged in the Nigerian society. All the structural changes associated with these processes have made the aged powerless and left-out of the decision making process in the society. The aged now feel a loss of self-esteem as they do not fully participate in the social structure any more.

Modernization has progressively weakened the extended family system and tradition that one should care for his aged parents is disregarded. Today, there are situations in which children abandon their aged parents. Some parents have lost contact with their children and do not know whether these children are alive or dead. In some cases, aged parents are abandoned because their children too are economically unable to support them. This neglect has created a lot of problems for the aged, especially those who have no incomes or pensions to support themselves. Some of them have turned into destitute roaming the streets and markets in the big cities begging for food and money (Oyeneye, 1989). Those of them who are still able to do some work earn incomes that are too small for the level of inflation in the country old age, which used to be a blessing is now characterized by insecurity and misery.

The society has no formal structure of care and support for the elderly and there has been a consistent decline in the economy over a period of time. Effects of change as mentioned above had resulted in a marked weakness in the traditional extended family system in the society. Hence, there is a need to undertake more studies on the elderly with a view to determining what the elderly assessed as lacking familial needs, so as to be able to understand their situation against the background of change.

The study therefore sought to:

- a. Find out the major social problems confronting the elderly as well as sources of income for them.
- b. Determine their priority needs in relation to familial network (Children, spouse, relatives, others, etc.).
- c. Document the implications of such findings for primary health care.

### Methodology

Data on perception of familial needs by elderly in some selected rural Yoruba communities were cross-sectional and drawn from the Obafemi Awolowo University research on ageing supported grant. Aged who were 60 years and above in three states (Ekiti, Osun and Oyo) of the South Western Nigeria were the focus of the study. The sample was spatially clustered and age stratified. Persons aged 70 and over were purposely over sampled to ensure adequate representation of particular subgroups especially the frail elderly. The final participants of 795 who gave their informed consent, comprised 265 people in the youngest age stratum (60 - 69), 287 in the second stratum (70 - 79) and 243 in the oldest group (80 plus). In all, the sample was made up of 48 per cent male and 52 per cent female.

### Data Collection

Quantitative and qualitative data were obtained for the study. The selected communities (Ikere in Ikere local government of Ekiti state, Ifetedo in Ife South Local Government of Osun state and Oko in Surulere local government of Oyo state) were sensitized on the research objectives through individual group discussions prior data collection. The actual data collection span a period of three weeks (Mid March to early April 1995). Data were collected through the use of semi-structured, open ended questionnaires. The structured questionnaire addressed issues connected with major social problems confronting the elderly, expected family members obligations and sources of finance of the elderly people.

The content validity of the quantitative instrument was established through a test retest using a sample ten randomly selected elderly persons. Modifications to the interview guide were made based on feed back from the test retest report.

In addition, in-depth interviews were conducted by the researcher within the participants' home environments of some selected elderly people after obtaining their consent. Each interview took between 30-45 minutes.

### Data Analysis

A descriptive statistical procedure (percentages) was used to analyze the quantitative data

generated through the responses to the question. With respect to the qualitative data, audio tapes of in-depth interviews coupled with field notes were first transcribed verbatim by the investigator to create a textual data base. Content and context of interviews were analyzed.

## RESULTS

### (a) Respondents' Socio-demographic Characteristics

Table 1 showed the distribution of the respondents by socio-demographic characteristics. Of the 530 elderly respondents aged 70 years and above, 287 (54.2%) were in the age sub group 70-79 years and 243 (45.8%) were aged 80 years and above. There were slightly more female respondents in both age sub groups. Generally in the sampled population, male respondents constituted 41.4% and female respondents 58.6% as presented in panels 1 and 2. Panel 3 showed that the majority (67.7%) were still married at the time of the study; 30% were widowed while the remaining 3% were either divorced or separated. It is worth to observe that while more of the male respondents were still married, a reasonable percentage (42.8%) of the female were widowed. It

**Table 1: Socio-demographic characteristics of the respondents**

Characteristics	Male %	Female %
<b>Age Respondents</b>		
70 - 79 years	119 (41.5)	168 (58.5)
80 years +	99 (40.7)	144 (59.3)
<b>Sex of respondents</b>	218 (41.1)	318 (58.9)
<b>Mental status</b>		
Currently married	192 (88.1)	167 (52.5)
Widowed	24 (11.0)	136 (42.8)
Divorced/Separated	2 (0.9)	15 (4.7)
<b>Educational level</b>		
No formal education	106 (48.6)	281 (88.4)
Primary	78 (35.8)	32 (10.1)
Secondary	25 (11.5)	03 (0.9)
Teachers certificate	9 (04.1)	02 (0.6)
<b>Type of marriage</b>		
Polygamy	163 (74.8)	268 (84.3)
Monogamy	55 (25.2)	50 (15.7)
<b>Present Occupation</b>		
None	105 (48.2)	81 (25.5)
Petty trading	14 (6.4)	159 (50.0)
Subsistence farming	92 (42.2)	68 (21.4)
Others	07 (3.2)	10 (3.1)

is indeed reported that many of the male respondents had lost or divorced one spouse one time or the other but were still comfortable with more than one wife, an issue which serves as basis for the gender variation in the percentage that are widowed. With respect to level of education panel 4 showed that majority (73%) had no formal education and of the 387 without formal education 72.6% were female. An issue which explains the belief then that female folks were least considered for formal education in their days. Panel 5 revealed that majority (81.3%) were in polygynous type of marriage which indicates an expression of acceptance of such orientation in the respondents' culture. The presentation in panel 6 on occupation indicated that 35% were not doing any type of work at the time of survey; these categories of respondents had either fully retired or were too old to engage in any activity. 32.6% were engaged in petty trading to boost their income, and 30 per cent major in subsistence farming (*Agbe aroje*) to assist with feeding.

Data on major social problems confronting the participants as presented in table 2 indicated that spatial separation of family members and lack of fund ranked first among others and it is closely followed by lack of familial care and support. Of importance were issues of social isolation and loneliness which were in 3rd and 4th positions respectively. Inability to walk which took fifth position and hunger occupied the 6th position and noise was ranked list in ninth position. Table 3 showed that elderly priority needs were numerous, among which were respect concern, cooperativeness, attentiveness to needed usefulness, nurturance friendliness, willingness to listen,

**Table 2: Major social problems confronting the elderly respondents**

Social Problems	Frequency	Score	Percentages
Spatial separation of family members	795		100.0
( <i>ebi ti rin kakiri</i> )			
Lack of fund ( <i>oda owo</i> )	795		100.0
Lack of familiar care and support	780		98.1
Social isolation	700		88.0
Loneliness	692		87.0
Inability to work	601		75.6
Hunger	566		71.2
Sleeplessness	496		62.4
Thirst	285		35.8
Noise	156		19.6

**Table 3: Priority needs of the elderly respondents**

Priority needs	Frequency	Percentages
Respect	791	99.5
Concern	790	99.4
Cooperativeness	787	99.0
Attentiveness to need	787	99.0
Cheerfulness	785	98.7
Nurturance	784	98.6
Friendliness	784	98.6
Willingness to listen	782	98.4
Availability	778	97.9
Dependability	767	96.5
Informativeness	729	91.7

**Table 4: Sources of income of the elderly respondents**

Sources	Percent score
Children	66.4
Present personal occupation (Trading and subsistence farming)	62.1
Good Samaritan	6.4
Relatives	6.4
Spouse	4.9
Former employer	3.5
Present employer	3.5
Friends	1.9

availability, dependability and informativeness as presented in rank order. With respect to sources of income table 4 showed that children and present personal occupation were major sources of income.

The responses to questions on factors in change in table 5 revealed that, generally, the elderly individuals were not happy with the increasing state of neglect of the elderly and weakened state of the extended family system in our society.

The first major confronting social problem of the elderly today is lack of care (*kosi itoju mo, igi a komu ko se oje mo*) meaning that the individuals to look up to for care could not no longer meet his own family demands. The social status of the family, particularly the poor finance state of the family has not only worsen the state of the elderly, but is also responsible for the failure of the family members to support their needing elderly ones (*nitori eniti ma a da aso fun ni torun re ni a maa nko wo*). In this days that money is an essential commodity for all. More so, hardship of our economic collapse had broken apart every family system. A general remark is that an average house in Nigeria now can hardly feed,

**Table 5: Responses to questions on factors in change by the elderly**

- |   |  |
|---|--|
| (i) What are the major social problems confronting the elderly today? | Lack of care and attention ( <i>ko si itoju mo</i> )<br>Lack of Fund ( <i>owo ko si enia ko sunwon</i> )<br>Lack of social support<br>Broken family system ( <i>inira ti pin ebi niya</i> )<br>Kinship ties among family members have become served  |
| (ii) What are the reasons for your answer in I?                       | The world is in confusion and without true relationship ( <i>Aye ti dojuru ko si oluto</i> )<br>The earthly world is revolving and the human elements are just following ( <i>aye nyi a ntoo</i> )<br>Family members are no longer one, due to problem of modernization.<br>Family has become spatially divided ( <i>olomu do mu iya re gbe lo ku</i> )<br>People that are to care are even struggling to survive ( <i>eni ti o da so fun ni sebi ti orun re i a maa nwo</i> )<br>Prompt payment is the basis of service and care for elderly today ( <i>owo lowo ehin nile ni itoju ogbo ode oni da</i> )<br>Children no longer care or serve parents<br>Wives are no longer loving and available<br>Relational losses - (Loss of spouse, children, relative and friends) |

nor to talk of send money to elderly ones left at home. Pa Williams an informant in Ilesa remarked that money has become the basis of all services today and elderly too much struggle to obtain it so as to be able to meet his daily needs (*owo lowo, ehin nile ni itoju ogbo oni da*). Of importance are issues of losses of significant ones like children, spouse relatives and friends which had contributed to the frustration of the frail elderly which cause many of those interviewed to weep in between interviews when such past events were brought to memory.

## DISCUSSION

Fundamentally, an aging society is evolving, with views of changes in the more developed countries as well as in the less developed ones. Such changes, particularly population aging, are becoming more pronounced in Nigeria. The distribution of respondents by socio-demographic characteristics in this study lend credence to the belief that women are generally older than men in this part of the world and that cultural factors may be responsible for the differences in longevity. For example, while the elderly women are

culturally favoured to stay with their married children and thus may be protected from the emotional effects of stressful life events, the men are not expected to stay with their married children since that arrangements subjugates their natural authority as the head of the family. Thus, while the women may live under a condition that promote health and longevity, the elderly men were sometimes forced to live under a condition that promotes loneliness and stressful living. Findings here agree with that of W.H.O (1996) that population in the second stage of the gender transition is characterised by increasing proportions of older females. More-so that a high population of these women live along; many are widowed, while others may never have married.

Findings on marital status and type of marriage confirmed that among the Yoruba men, polygyny is a flourishing institution rather than dying one. The group believed that they are by nature, polygynous and in order to satisfy their sexual needs and make for later life support, they tend to marry wives. This position supports all other previous remarks, observations and findings in literature (Fadipe, 1970; Ware, 1983; Orubuloye, 1998 and Oni, 1996).

In addition, findings on educational status are products of socio-cultural orientation. For instance agriculture was the major focus of the respondents in their early days. With advent of education male children that were not able to cope with or strong enough to work on the farm were sent to school as a sort of compensation that he would suffer in the hands of the white men. On the issue of sending female children to school, the culture then saw it as a waste of time and money since the ascribed roles of the women were to bear and rear children and cook for the family. The position here agreed with those of Oni (1996) and W.H.O. (1994, 1996) that the socially desirable role of a woman is that of housewife and mother, without paid work, and dependent on her husband. Findings on the major social problems confronting the elderly also lend credence to the state of the nation since it could not exist in isolation of the macro community. The macro situation of economic recession coupled with the human face structural adjustment programme has made for increased migration of people in the rural to urban in search of

job and possible way to make ends to meet. The resultant effects on the elderly were lack of familial care and support, social isolation and loneliness. The elderly in an attempt to keep body and soul together makes for extra efforts in form of activity, complicating the more, the already degenerated organistic structures of old age. It is even worse when society services are now money focus, a situation which renders the state of the elderly seriously hopeless. The position here in part agrees with (10), (5) that elderly exist in conditions of relatives if not absolute economic poverty, unable to meet minimal needs in many areas such as nutrition, shelter etc. were to unstable political and economic state of the nation. The finding also indicated that meaningful social relationships provide a sense of security and opportunities for companionship and intimacy which are important for the well being of older people. Among the frail elderly aged 70 years and above reduced functional ability in performance of activities of daily living may be responsible for diminished vitality and health at the same time as they experience relational losses, such as loss of spouse, relatives, and friends. Any or all of these situations may contribute to social isolation and loneliness. This portion of the findings agrees with the findings of Berg et al. (1981) and Kivett (1979) that infirmity such as limitation of movement and tendency for dizziness and falling, may impose limits on the ability to maintain social activities and may be contributing to loneliness.

With respect to priority needs of the frail elderly, majority of the highly scored factors were emotionally related while a few were in the area of social. The findings here expressed the need for a close intimate attachment to family members or person. The second portion is pointing to lack of a network of social relationships referred to a seclusion from family and society which urbanization migration and financial incapability had caused. Findings here in part agreed with Oyeneye (1989) who observed that aged parents are abandoned because their children are economically unable to support such parents. Weiss (1973, 1974) identified four categories of relational provisions that could be used to explain phenomena of the elderly positional needs as follows:

- (i) Attachment is a need provided by relationships from which the person gains a sense of safety and security. Absence of such relationships according to him may result in loneliness of emotional isolation.
- (ii) Social integration is provided by a network of relationships in which the person shares common interests and concerns and if not present result in loneliness of social isolation.
- (iii) Opportunity for nurturance presents the sense that others rely on one for their well being. A position that tallies with the remarks of Pa Phillip and others in the course of the survey that the elderly by culture, look up to the children for care and support (Bi okete ba dagba tan omun omo re ni maa nmu).
- (iv) Assurance of worth, is provided by relationships in which the person's skills and abilities are acknowledged. Lack of support regarding one's sense of worth may lead to low self regard. Generally, these aforementioned provisions are needed to feel adequately supported and to buffer a sense of loneliness.

Findings on the source of income corroborates the position of children in the care and support of the elderly. Although the level of support may be inadequate to needs but the commitment to such demand is still in place. The elderly too still struggle to complement the supply from the children and others. Put together against the background of leaping prices of commodities and SAP were like a drop of water put into the ocean. The above position supported the views of (4) and (3) that children are economically unable to provide adequate support and elderly who are still able to do some work do try but earn incomes that are too small for the level of inflation in the country.

#### **Implication for primary health care**

In applying the WHO's definition of health to aging and elderly, one must first recognise that aging is a continuing process. Since the health of an elderly in earlier periods of his/her life forms the basis for his/her health in later stages his/her life, it is then essential to consider the health of aging person within a life course perspective; the strategic implication for promoting

the health of aging person is that both primary and secondary prevention must be taken during the later life span. The multi-dimensional determinants of health of older people mean that any strategies to improve and maintain health must be equally broad based. Multi-sectoral action is required not only to address the disadvantaged status of many aging persons, but also to recognise and support their continuing contribution, taking into account the changing social situations in our various communities. Health care services should be made available at affordable price to ensure that aging persons are not denied access to health care because of their inability to pay. Amidst collapsed of the traditional extended family relationships and lineage ties, efforts should be made to promote positive models of healthy older persons participating in all avenues of the society, and self help group, which enable the elderly to use their collective resources and strengthen older people's net works.

Older people are frequently the guardians of religious and spiritual culture and these values become more important to many elderly as they age. Respect for older members of the society is often part of these values, and older women can play a significant role in preventing these mores and transmitting them to other generations for positive change. The adoption of family as the focus of unit of health care service and life course perspective and health, which provides the required need for family health. In conclusion, the position of family today, could serve as basis for more of the elderly being found roaming the street as strail human beings or could lead to more of the frail elderly being abandoned in the hospital to occupy the very limited hospital beds available due to family failure of care and support. In view of this, efforts should be made to review the health care personnel curricula to include, principles of care and management of old people and also create a unit for old people's attention, care and management in our various hospitals. The primary health care centres should also be equipped to organise family group meeting and necessary follow up of care and counselling.

Further research is needed to explore, in detail, how patterns of family system and life influence healthy aging in Nigeria, since family life is implicated at later points in the life cycle and

through subsequent moves.

#### REFERENCES

- Berg, S., D. Mellstrom, G. Persson and A. Svanborg. 1981. "Loneliness in the Swedish Aged," *Journal of Gerontology*, 36: 342-349.
- Fadipe, N.A. 1970. *The Sociology of the Yoruba*. Ibadan: Ibadan University Press.
- Fajemilehin, B.R., M.K. Jinadu, A.A. Ojo and B. Feyisetan. 1996. Social Support Received by Elderly Persons in Ile-Ife, Nigeria. *Nigerian Medical Practitioner*, 31 (5/6): 78-82.
- Kivett, V.R. 1979. "Discriminators of Loneliness among the Rural Elderly: Implications for Intervention," *The Gerontologist*, 19: 108-115.
- Oni, J.B. 1996. "Qualitative Exploration of Intrahousehold Variations in Treatment of Child Illness in Polygamous Yoruba Families: The Use of Local Expressions," *Health Transition Review*, 6: 57-69.
- Orubuloye, T.O. 1994. *Male Sexual Behaviour and its Cultural, Social and Attitudinal Context: Report on a Pilot Survey in a Nigerian Urban Population*. Health Transition Centre, Australian National University Mimeograph.
- Oyeneye, O.Y. 1989. *The Aged and Social Justice in Nigeria*. Conference Proceedings of the Nigeria Anthropological and Sociological Association.
- Peil, M. 1988. "The Experiences of Old Age in South Western Nigeria," paper presented at the Conference of the African Studies Association, Chicago, October 28 - November 9.
- Ware, H. 1983. "Female and Male Life Cycles," (pp.6-31) in O. Christine (ed.), *Female and Male in West Africa*. London: Allen and Unwin.
- Weiss, R.S. 1973. *Loneliness: The Experience of Emotional and Social Isolation*. Boston: MIT Press.
- \_\_\_\_\_. 1974. *The Provisions of Social Relationships*. Englewood Cliffs, NJ: Prentice Hall.
- W.H.O. 1996. *Women, Aging and Health: Achieving Health across the Life Span*. Geneva.
- W.H.O. 1994. *Health in Development: Prospects for the 21st Century*. Geneva.