

Family Support for the Elderly in Delta State of Nigeria

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ABSTRACT Family support for the elderly has become a very important issue in examining the overall well-being of the elderly. It is against this background that the present study examined family support for the elderly in Delta State of Nigeria. The major emphasis in the present study include the sources of support received, the forms of support received, frequency of support received, how adequate are supports received by the elderly, the relationship between the number of wives and children, social distance and the support received by the elderly. Findings from the analysis of data generated in the study revealed that the family still accounts for a large proportion of the support received by the elderly. The study also indicates that support received by the elderly are not regular and adequate. The study also established relationships between the number of wives, children and social distance and support received by the elderly in Nigeria.

INTRODUCTION

Globally, there has being a general increase in the number of older persons in all countries. However, there are regional differences between the developed and the developing nations of the world. There is difference between regions globally in the number of older persons. In the more developed regions of the world, about one-fifth of the population was aged 60 and above in the year 2000; it is expected that by 2050, the proportion would have reached one-third. In the less developed regions of the globe, only 8 percent of the population is currently over 60 years of age, it is expected that by 2050 those within this age group would reach 20 per cent of the population (United Nations 2002). The continued increase in the number of the elderly in our population connotes that there is the need for support for the elderly in Nigeria and needs of the elderly and other types of support they need.

The decline in death rate has led to an increase in the population and high dependency rate of the aged on the rest of the country. A large number of countries in Asia are experiencing a rapid demographic transition, which is attributable to an increase in the number of people aging (United Nations 1999; Bisht 2002; Chaudhury 2004; Mujahid 2006). The above situation is equally the case in most if not all continents in the globe. Coupled with this, many countries are also experiencing significant social and economic changes (Axim and Yabiku 2001).

There has also been physical separation of parents and children due to increase in urbanization and migration from rural to urban centres. This have far reaching implications for the care of the elderly in Africa and in Nigeria in particular.

Scholars and policy makers have demonstrated how demographic and socio-economic transformations have threatened the well-being of the elderly globally by reducing the availability and access to care givers. One of the major significant change is the weakening of the family institution, which has played significant role in the care of the elderly who due to physical disability are unable to care for themselves.

The changes have weakened the respect for the elderly and the commitment to supporting the elderly. Demographic and socio-economic changes have also threatened the well-being of elderly women occasioned by their inferior social position (Knodel and Ofstedal 2003; Mason 1992).

The need for support and the amount of support received by old people has been a major concern for social gerontologists. In the past, the family has always played an important role in determining the status and security of older people. A major reason given for the higher status of the aged in some societies is the respect, authority, economic and social security accorded older people within the extended family system (Simmons 1960; Rosow 1971). Within the context of the extended family structure, older people become the beneficiaries of

reciprocity within a network of mutual dependence.

During the 1950's and 1960s, a number of observers suggested that the extended family system was disintegrating into autonomous smaller nuclear family units (Parsons 1959; Burgess 1960; Goode 1963). This was probably traceable to the consequences of industrialization and urbanization. Cowgill (1974) has suggested that modernization and particularly urbanization and mass education, creates residential, social and intellectual separation of the generations through residential mobility and status inversion, that is children acquiring higher status than their parents. Consequently, if these analyses are correct, old people would increasingly be cut off from family ties and family based supports.

The extended family is partially useful in giving support to older people facing widowhood and bereavement. Studies have shown that the extended family does function effectively at such times by providing emotional, social and financial support. Lopata (1973) in her study found that children, particularly unmarried children were effective as objects of care and attention to replace the deceased husband.

Peil and Sada (1985) saw visit as an aspect of the maintenance of rural-urban contacts and potentiality of social change. Visits serve as occasion for provision of material help. It is also important for social and psychological support derived from the maintenance of kinship ties.

Rural-urban and international migration among the young also reduces the availability of physical support for elderly, particularly when young women are engaged in autonomous movements (Cruz and Obcena 1991).

Living arrangement of the elderly has become an important factor for the understanding of the status of the elderly due to the lack of existing public institutions and social security programmes for the elderly. Living arrangement is a function of various factors such as marital status, health status, financial dependency, as well as cultural traditions like kinship ties and the availability of social support for the elderly (Van Solinge 1994). It therefore becomes an important factor for the overall well-being of the elderly and provides evidence of the extent of support for the elderly available from the family network.

The situation may be x-rayed from a theoretical point of view of the social change or modernization. This is explainable through the effect of industrialization and urbanization by depriving the elderly of their age long traditional status and help (Cowgill 1986). This is also explainable from the point of view of exchange in terms of the inability of the young to return what has been giving to them by the elderly. In traditional societies, the family has been the most natural and conducive social unit for the care and support of the elderly. The care and support was provided by members of extended family. Such care giving attitude and support was not only backed by the emotional bonds of relationship emerging from blood or affinal relationships but by the compelling force of pervasive influence of traditional value and normative system. The care of the elders was a moral imperative which was considered not only a material bliss but also a spiritual salvation (Gore 1992). However, this strong traditional bond between the old people and the younger cohorts of the traditional society has been weakened and threatened in many African societies and in Nigeria in particular. There are difficulties involved in testing these theories and measuring the amount of help received by the elderly, the circumstances under which they receive or are denied help. While the proportion of aged in the population is rising in some African countries and dropping in others, the number of people over 65 is increasing rapidly in most African countries. As life expectancy rises, young couples are more likely to be called upon to provide for elderly parents than emphasis on educating ones' children, rampant inflation and widespread unemployment of young adults make adequate care giving difficult. Differential genetics means that old people who have no living children also tend to have no living siblings, increasing the chance of isolation and lack of support. Personality can make a considerable difference to the help received. The woman who had to get along with and whose children have consequently "disappeared" is more likely to lack support and receive care that the cheerful old woman who gets along well with family and neighbours (Peil 1991).

Population aging is a major by-product of demographic transition, which has occurred in most parts of the world. In the developed

countries where the demographic transition started earlier, the elderly form a significant proportion of the total population. In the developing countries of Africa, ageing has only recently begun to emerge as a problem area. This is so because the elderly are a micro-segment of the entire population.

The family has traditionally been the major source of support and caregiver for the elderly. Contemporary changes in the structure of the family may not provide for old age support.

The proportion and size of the elderly have increased in number than what is used to be due to increase in health facilities and increase in life span. This therefore makes old age an issue and problem.

The increase in longevity of old persons demands care and support which entails high cost of medical health care and other forms of care needed by old persons. The rise in the cost of living and high inflation has often made it difficult for the family to give the necessary care and support for the elderly. Consequently, the rise in number of individuals in modern nuclear families have boosted the selfish and egoistic interest of the individual members of the family. Family care and support for the family is believed to be culturally determined and socially reinforced (Neysmith and Edward 1984; Kalache 1990; Sijuade 1991).

In the context of the present discussion, the paper attempts to analyze the family support and care of the elderly in Delta State of Nigeria.

METHOD

This paper is part of the study which was carried out on the elderly in six urban centres and twelve villages in Delta State. People who are 60 years and above were considered as elderly for the purpose of the study. The samples for the study were identified using two approaches, in the urban centres, the field assistants focused on areas of long established residence, where old people were most likely to live, while in the villages, preliminary contacts with chiefs or leaders were made to help in identifying and making contacts with the elderly. The urban centres and villages were divided into sections to ensure even representative. A total of 90 and 30 elders were selected from each urban and village respectively. The primary data for this study was generated mainly

through the use of a structured questionnaire which was administered with the help of undergraduate students of the Delta State University, Abraka who resided in the selected urban centres and villages. In addition to the use of structured questionnaire, the primary data was also generated through structured interviews and information talks with the elderly. There were some problems encountered during the fieldwork. The problems includes, locating the respondents and convincing them to cooperate with field assistants.

RESULTS AND DISCUSSION

The data generated and analysed in the study related to the support received by the elderly, that is, sources of support, the forms of support received by the elderly, frequency of support, the relationship between the number of wives and the amount of support received by the elderly, the relationship between the number of children and amount of support received by the elderly, and the relationship between social distance and support received by the elderly, and how adequate are the support received by the elderly. The data are interpreted below

Table 1 reveal that majority of the elderly studied received supports from their children. This accounted for 36.79% of the total number of elderly studied. 24.57% received supports from family member which included nephews, nieces and other family relations. 23.07% of the subjects received support from friends and 15.57% of the elderly received no support from any source. This group relied on themselves for survival. Put together 61.36% of the respondents received support from family members, which include children, grandchildren and other relations within the extended family system. The above supports the view expressed by Gore (1992), that care giving was not simply backed by emotional bonds resulting from kinship relationship but by the influence of traditional values, norms and behaviour. The kinship system and the African family system make the family closer to the elderly in terms of support giving. This gives reason for the large number of the elderly who receive support from children and family members.

Table 1: Support received by the elderly

<i>Support from</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Children	105 (32.92%)	87 (27.27%)	73 (22.88%)	54 (16.93%)	319 (36.79%)
Family members	71 (33.33%)	57 (26.76%)	48 (22.54%)	37 (17.37%)	213 (24.57%)
Friends	50 (25.00%)	35 (17.50%)	68 (34.00%)	47 (23.50%)	200 (23.07%)
No support	32 (23.70%)	22 (16.30%)	51 (37.73%)	30 (22.22%)	135 (15.57%)
Total	258 (29.76%)	201 (23.18%)	240 (27.68%)	168 (19.38%)	867 (100.0%)

Table 2 reveal the forms of support received by the elderly. 25.72% of the elderly received monetary supports, 18.45% of the elderly received material support in the form of food items, clothing, drugs etc. 15.11% of the elderly received supports from services rendered by care givers, 15.46% of the elderly received both monetary and materials supports, 9.69% of the elderly received supports from the three major sources, that is, monetary, material and rendering of services to the elderly, while 15.57% of the elderly studied received no support. The form of support received here is determined by distance between where the care giver resides and the location of the elderly. Secondly, is the perceived need for the care giver to hold on to the old age tradition of caring for old people. The table also shows that a good number of elderly received monetary support, materials and support from services rendered by the care giver.

The data analysed in Table 3 reveal that support given and received were not regular. This is shown by an insignificant number 21.91% of the elderly who received support regularly. The smallness in the size of those who received support regularly could be due to proximity between the support givers and the elderly. A large population of the elderly received support occasionally or rarely representing 34.83%

and 27.69% respectively while 15.57% of the elderly received no support. The above supports the view that the old age traditional bond between the elders and younger members of the family is gradually becoming weak as a result of the forces of modernization and social change. This supports the views of Cowgill (1974) who opined that modernization, particularly urbanization and mass education creates separation of generations. This also has a lot of implication for the general well-being of the elderly.

Table 4 reveals that only 34.14% of the elderly studied found the support received by them adequate. 38.75% and 27.11% of the elderly studies found the supports received not quite adequate and not adequate at all respectively. Proximity and economic factors could be responsible for the situation. This will also affect the overall well being of the elderly.

Table 5 shows that the calculated Chi-square of 38.02 to be greater than the critical table value of 15.51, which rejects the null hypothesis. This implies that there is a relationship between number of wives and amount of support received by the elderly. The study revealed that a greater proportion of the elderly who received adequate regular support were those with more than one wife. This is possible when the large number of wives are financially

Table 2: Form of support received by the elderly

<i>Support from</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Monetary	67 (30.04%)	54 (24.23%)	56 (25.11%)	46 (20.63%)	223 (25.72%)
Material (foods, clothing, drugs etc.)	52 (32.50%)	39 (24.37%)	42 (26.25%)	27 (16.88%)	160 (18.45%)
Rendering of services	35 (26.72%)	26 (19.85%)	40 (30.33%)	30 (22.90%)	131 (15.11%)
1 and 2	43 (32.09%)	34 (25.37%)	33 (24.63%)	24 (17.91%)	134 (15.46%)
1, 2 and 3	26 (30.95%)	24 (28.57%)	17 (20.24%)	17 (20.24%)	84 (9.69%)
No support	33 (24.44%)	21 (15.56%)	51 (37.78%)	30 (22.22%)	135 (15.57%)
Total	256 (19.53%)	198 (22.84%)	239 (27.57%)	174 (29.06%)	867 (100.0%)

Table 3: Frequency of support received by the elderly

Frequency of support	Urban		Rural		Total
	Male	Female	Male	Female	
Regular	64 (33.68%)	52 (27.37%)	43 (22.63%)	31 (16.32%)	190 (21.91%)
Occasional	93 (30.79%)	85 (28.15%)	69 (22.85%)	55 (18.21%)	302 (34.83%)
Rare	62 (25.83%)	43 (17.92%)	84 (35.00%)	51 (21.25%)	240 (27.69%)
No support	32 (23.70%)	22 (16.30%)	51 (27.78%)	30 (22.22%)	135 (15.57%)
Total	251 (28.95%)	202 (23.30%)	247 (28.49%)	167 (19.26%)	867 (100.0%)

Table 4: How adequate are supports receive by the elderly

How adequate are support receive	Urban		Rural		Total
	Male	Female	Male	Female	
Very adequate	96 (27.36%)	81 (32.43%)	68 (22.97%)	51 (17.24%)	296 (34.14%)
Not quite adequate but okay	108 (32.14%)	92 (27.38%)	83 (24.70%)	53 (15.78%)	336 (38.75%)
Not adequate at all	62 (26.38%)	42 (17.87%)	81 (34.46%)	50 (21.29%)	235 (27.11%)
Total	266 (30.68%)	215 (24.80%)	232 (26.76%)	154 (17.76%)	867 (100.0%)

Table 5: Chi – square analysis showing the relationship between number of wives and amount of support received by the elderly

No. of wives	Amount of support				Df	χ^2 Critical	χ^2 Calculated	Remark
	Low	Middle	High	Total				
1	09	16	13	38	8	15.51	38.02	Significant
2	83	30	53	166				
3	70	42	61	173				
4	53	10	22	85				
Above 4	11	08	17	36				
Total	226	106	166	498				

P>0.05

well to do and willing to support their aged spouse. The implication of this is that number of wives is a major determinant of the amount of support and the frequency of support received by the elderly in the study.

Table 6 reveals that the calculated Chi-square (χ^2) of 111.82 is greater than the critical table value of 9.49, which rejects the null hypothesis in the study. The implication of this is that there is a relationship between number of children and the amount of support received

by the elderly. This is however possible when the children are financially well to do and also willing to provide support for their aged parents. There are however three major factors to be considered here, economic, proximity and willingness on the part of the children who are the major support givers in this study. The study also reveals that a large proportion of the elderly in this study had large number of children who were economically strong and willing to support their aged parents.

Table 6: Chi-square analysis showing the relationship between number of children and support received by the elderly

No. of Children	Amount of support received				Df	χ^2 Critical	χ^2 Calculated	Remark
	Low	Middle	High	Total				
1-5	48	69	51	168	4	9.49	111.82	Significant
6-10	103	100	205	408				
Above 10	168	63	60	291				
Total	319	232	316	867				

P>0.05

Table 7: Chi-square analysis showing the relationship between social distance and support received by the elderly

Social distance	Amount of support			Total	Df	χ^2 Critical	χ^2 Calculated	Remark
	Low	Moderate	High					
Regularly	47	53	115	215				
Occasionally	39	48	109	196				
Rarely	168	73	57	298	6	12.59	86.06	Significant
Not at all	65	58	35	158				
Total	319	232	316	867				

P>0.05

Table 7 shows the calculated Chi-square of 86.06 is greater than the critical table value of 12.59 which rejects the null hypothesis implies that there is a relationship between social distance and amount of support received by the elderly. This finding supports the study by Peil and Sada (1984), who saw in their study that visit is an important aspect of the maintenance of rural-urban contacts and also that visit serves as an occasion for the provision of material needs for the aged. The findings of the present study also agree with Cruz and Obcena (1991) who saw rural-urban and international migration among the young as reducing the availability of physical support for the aged. They also see financial support as declining as a result of the distance.

Social distance was considered a very important factor for the support received by the elderly. This is so because the more frequent the visit to the aged by their children and other family members, the more likelihood for the elderly to be supported materially and financially. The above is collaborated by the statement credited to one of the subjects in the present study.

"I see my children not often. They hardly visit and, send money and things to support me. I would have been getting more financial support from them if they were close and visited regularly".

Social distance is therefore a very important factor in examining support for the elderly.

CONCLUSION

The present study presents strong evidence to support the fact that family support networks though strong, are not as strong as they use to be in the past in Nigeria. Evidence from the study reveals that a proportion of the elderly are still getting support from their children, fa-

mily members that is, relatives and friends. More of these supports however, come from children and family members. There are an insignificant proportion who do not receive support from anybody.

Financial support in monetary terms happens to be the largest form of support. There are cases where some of the elderly received both monetary and materials supports and rendering of services.

In spite of the continued existence of the family support networks, the frequency of support received has not been regular. A large proportion of the supports received are occasional and rare in some instances. Frequency of the support received is also a function of availability of resources and proximity of the support providers and the elderly. A small proportion of the elderly find the support received adequate. This is explainable as largely being due to the high cost of living. This has a lot of implication for the overall well-being of the elderly in Nigeria.

The study established a connection between number of wives, children, social distance and support received by the elderly in the present study. In spite of the support which is received by the elderly in Nigeria as shown in the present study, economic insecurity is a major source of worry among the Nigerian elderly. The rise in the standard of living among successful young in Nigeria has not deprived parents of support, but there is often little appreciation of how basic costs of living has risen. Supports, particularly financial support which has been adequate in the past are much less adequate in recent times, but effort to maintain one's lifestyle leaves less to be remitted to old parents in form of support. Evident therefore is that the major cause of reduced support for the elderly is not "modernization" but inflation. There is urgent need for social welfare policy and

programmes to be put in place to take care of the elderly in Nigeria. The attention of the Government should not only be channeled to pensioners but to the elderly in general because a large proportion of elderly did not take up any formal employment to attract pension.

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