# SOCIAL SUPPORT AND WELL-BEING OF ELDERLY PERSONS IN EKITI STATE, NIGERIA

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## ABSTRACT

Social support and well-being of the elderly in Ekiti State were surveyed to investigate factors sustaining the pronatalist lifestyle of the people despite the antinatalist nature of Nigerian population policy to control fertility. Social change theory was employed as a guide. Data analysed were collected from 282 elderly respondents aged 65 and above. The mean age of the respondents was 76.1±7.8 years. The study revealed high fertility records amongst the elderly, which is sustained by the government neglects of elderly care, and the social support largely received by parents from their offspring when children become adults and parents become elders. Despite modernity and weakening of extended family ties, the bond between parents and children, and fertility remain high, in as much as the government keeps overlooking the perplexed well-being of the elderly.

**Keywords:** Elderly, social support, high fertility, modernity, children.

## INTRODUCTION

The well-being of elderly persons aged 60 and above is an itemized population dynamics that is attracting attention globally. This is largely due to the increasing population of the elderly worldwide (Ajomale, 2007; Fayehun, Adebayo and Gbadamosi, 2014). Most developed countries have provided social support to this category of human population. In the less developed countries, social support and well-being of the elderly are yet to receive considerable

attention, especially from the government, probably because the care for the elderly are left in the hands of their children and relatives (Wahab & Isiugo-Abanihe, 2008; Adamchak, 1991; Apt, 1994).

In Africa, the care for the elderly by their children and relatives was commonly appreciated in the past, when cities had not attracted most youths and able men and women from rural to urban areas who went in search of better employment and education. The recent increasing migration of children away from their elderly parents has resulted into many elderly lacking care and social support, and to a large extent affected their well-being. This poor state of elderly well-being is now common in sub-Saharan Africa where Nigeria is located; an area where more children or high fertility were initially seen and are relatively still being considered as old age security (Caldwell, 1976, Nwokocha & Michael, 2016).

In Nigeria, the elderly aged 60 and above constitutes about 5.3 percent of the total population of the country. Though this proportion appears to be relatively small in size, in absolute number, they are about 9 million elderly people in the country (National Population Commission, 2010), which is substantially large for any country of the world. How-be-it, the elderly population in Nigeria is projected to reach 16 million people by year-2025, making Nigeria to constitute one of the world's largest populations of the elderly (World Bank, 1994).

The increase in the elderly population being experienced in Nigeria is not largely due to fertility per se, but decline in mortality which makes it easier for people to grow older in spite of the country's relatively short but slowly increasing life expectancy from 47 years to 52 years for both male and female in 2008 and 2014 respectively (WHO, 2008; CIA World Factbook, 2014). The increase in the elderly population in Nigeria is not a problem, but lack of existing and functional policy to cater for this category of people has made the situation of the elderly at present and in the future a major social problem that require urgent attention. Most elderly in the country are experiencing unmet needs on areas of nutrition, health accessibility, housing and companionship (Peil, 1991; Abdulraheem, Oladipo, Amodu, 2011; Mudiare, 2013; Ajayi, Adebusoye, Ogunbode, Akinyemi & Adebayo, 2015).

The relevance of this study lies in the fact that although several studies on the elderly have been conducted by many researchers (Asogwa & Igbokwe, 2010; Akpan & Umobong, 2013; Wahab, 2013, Togonu-Bickersteth & Akinyemi, 2014; among others), none of these was undertaken in Ekiti State, Nigeria. Thus, a huge knowledge gap exists not only because the area contributes disproportionately to Nigeria's increasing elderly population (NPC, 2010), but because of the area jumbled collection of cultural peculiarity (Otite, 2000). Hence, this study examined the social support and well-being of the elderly in Ekiti State, Nigeria.

**THEORETICAL FRAMEWORK: SOCIAL CHANGE THEORY**

The study was anchored on social change theory. The theory is known to have gotten many scholarly contributions (i.e. August Comte, Emile Durhkeim, Karl Marx, Neil J. Smelser and Anthony Smith). Social change theory is used to explain the great waves of change that have swept societies resulting from industrialisation, expansion of democracy and human rights. The theory opined that society is never static and that social, political and cultural changes occur constantly (Scott and Marshall, 2005). It elucidated that change can be initiated by diffusion from one culture to another.

Smelser (1963) conceptualized social change as a 'value-added' process, in which a number of conditions or stages are sequentially combined, before eventually producing a particular social change. Smith (1973) sees social change theory as an overall process covering several areas including the aspects of the elderly and family structure.

In Nigeria, the care for the elderly was the sole responsibility of their children and kinship. However, nowadays, the African system of looking after the well-being of the elderly by family members has changed greatly following the advent of industrialization, urbanisation and globalization. Little wonder, Mgbenkemdi (2014) posited that many old customs and traditions which were taught and practiced for several years are becoming obsolete. The modern culture has changed and outgrown values and beliefs that were thought to be the core.

The fact is, however, what has been unacceptable in our society is now becoming fast and rapidly acceptable and these to a large extent is affecting the elderly population who are now being left in the care of the government that has shown a non-considerable effort to improve their welfare.

**METHODOLOGY**

The data used in this paper were collected through a sample survey, in-depth interview and focus group discussion, undertaken in Ekiti State. The state is one of six South-western states of Nigeria, predominantly inhabited by the Yoruba. According to the 2006 census, the population of Ekiti state was 2,384,212 in which 120,000 were elderly.

For the fact that the National Population Commission (NPC, 2009) of Nigeria estimates that 20% (0.2 proportions) of the elderly in Nigeria reside in the Southwest, the Conchran's (1977) sample size determination formula was adopted to arrive at the sample size. The formula is stated below:

$$N = \frac{Z^2P(1-P)}{e^2}$$

Where:

N = Sample Population
Z = Statistics level of confidence (1.96)
P = Estimated proportion of elderly in the study area [0.2]
I = Constant;   E = Marginal error (0.05).

Sample population $= \frac{1.96^2[0.2(1-0.2)]}{0.05^2}$ $= \frac{3.8416[0.2(0.8)]}{0.0025}$ $= 246$

Thus, to estimate the proportion of the elderly persons in Ekiti state with 95% confidence and a marginal error of 5%, a total of 246 elderly persons were required. An additional 20% was added to account for non-responses, yielding a sample size of 295 participants, which was rounded up to 300. The qualitative sample size comprised 6 In-depth Interviews (IDIs) and 2 Focus Group Discussion (FGD). The sample survey, IDIs and FGDs were conducted among elderly male and female aged 65 and above.

A multi-staged sampling procedure was adopted to select respondents for the survey, using the enumeration maps prepared by the National Population Commission for the 2006 census. At first stage, two local government areas were purposively selected for the study because of their relatively large population density and socioeconomic characteristics; capable of representing happenings in other areas.

At the second stage, each local government area was stratified into three clusters – the elite, transitional and traditional areas – based on residential patterns showing the socio-economic status of the residents. The elite cluster is inhabited by the relatively wealthy group, and consist of modern owners-occupier of bungalows and duplexes, with beautiful lawns and gardens. The transitional cluster comprises, largely areas where families live in rented rooms or apartments. The traditional cluster encompasses the indigenous areas, where significantly large group of people or families of the same lineage reside together in a housing unit.

At the third stage, supervisory areas (SAs) were randomly selected in each cluster. At the fourth stage, enumeration areas (EAs) were randomly selected within the SAs. At the fifth stage, households were systematically selected within each EA, and in the selected households, elderly men and women were administered questionnaires. In Households with more than one eligible elderly person, one of the elderly was selected using lottery method.

Participants for the in-depth interviews (IDIs) and focus group discussions (FGDs) were selected purposively. Data collected through quantitative sources were analysed using SPSS at univariate and bivariate levels and those collected through qualitative sources were translated, transcribed and content analysed. However, the qualitative aspect of this study is not reported in this paper.

**RESULTS**

Table 1 shows the descriptive statistics of the respondents. Their ages ranged from 65 to 105 years with a mean age of 76.1±7.8 years. Majority of the elderly respondents were age below 80 (67.5%). The percentage of each age group decline as the age advances. This implies that

**Table 1: Background Characteristics of Respondents**

| Characteristics | Frequency (N=282) | % |
|---|---|---|
| **Age (years)** | | |
| 65-69 | 72 | 25.5 |
| 70-74 | 62 | 22.0 |
| 75-79 | 58 | 20.6 |
| 80-84 | 51 | 18.1 |
| 85 and above | 39 | 13.8 |
| **Sex** | | |
| Male | 133 | 47.2 |
| Female | 147 | 52.1 |
| **Level of Education** | | |
| No formal education | 177 | 62.8 |
| Primary school | 51 | 18.1 |
| Secondary school | 27 | 9.6 |
| Tertiary | 27 | 9.6 |
| **Marital Status** | | |
| Single | 5 | 1.8 |
| Married | 143 | 50.7 |
| Divorced/Separated | 10 | 3.5 |
| Widowed | 124 | 44.0 |
| **Type of Marriage** | | |
| Monogamous | 135 | 47.9 |
| Polygamous | 147 | 52.1 |
| **Family Type** | | |
| Nuclear | 167 | 59.2 |
| Extended | 115 | 40.8 |
| **Previous Job Status** | | |
| Formal job | 129 | 45.7 |
| Informal job | 153 | 54.3 |
| **Number of Male Children** | | |
| None | 8 | 2.8 |
| 0ne | 53 | 18.8 |

| | | |
|---|---|---|
| Two | 22 | 7.8 |
| Three | 78 | 27.7 |
| Four | 45 | 16.0 |
| Five and above | 76 | 27.0 |
| **Number of Female Children** | | |
| None | 0 | 0 |
| 0ne | 19 | 6.7 |
| Two | 20 | 7.1 |
| Three | 68 | 24.1 |
| Four | 100 | 35.5 |
| Five and above | 75 | 26.6 |
| **Ethnic Group** | | |
| Yoruba | 210 | 74.5 |
| Igbo | 30 | 10.6 |
| Hausa | 18 | 6.4 |
| Others | 24 | 8.5 |
| **Monthly Income** | | |
| Less than N18,000 | 148 | 52.5 |
| N18,000-N29,999 | 51 | 18.1 |
| N30,000-N39,999 | 34 | 12.1 |
| N40,000 and above | 49 | 17.4 |
| **Religion** | | |
| Christian | 216 | 76.6 |
| Islam | 29 | 10.3 |
| Traditional | 37 | 13.1 |

**Note:** Mean age =76.1, Standard deviation =7.8

the probability of dying increases as the elderly increases in age, thereby, receding the elderly populations. A bit more than half of the elderly respondents (52.1%) were females. This could be as a result of female having a higher life expectancy than male. More than half of the elderly respondents (62.8%) had no formal education while about 9.6% had tertiary education. This implies that the study had more illiterate respondents. A bit more than half of the respondents (50.7%) were currently married while 44% were widowed.

Regarding the elderly respondents type of marriage, more than half of them (52.1%) were of polygamous households, and more than half of them also were of nuclear family type (59.2%). This implies that polygyny (a man marrying more than one wife) is still highly practice in the study area. The decline of extended family (40.8%) compared to nuclear family (59.2%) is due to modernisation and urbanisation which have succeeded in weakening extended family ties. More than half of them (54.3%) were previously into informal job before their old age. Majority of the elderly respondents (70.7%) had a minimum of three male children reflecting pronatalist and

patriarchal nature of Nigerians. Similarly, 86.2% of them had a minimum of three female children, a replica of high fertility behaviour of many Nigerians.

Majority of the respondents (74.5%) were of Yoruba ethnic group. This is not a surprise; the study was conducted in a Yoruba speaking state and in western Nigeria which are of Yoruba ethnic group. More than half of them (52.5%) lived below the ₦18,000 nation's stipulated minimum wage. Also, majority of the elderly respondents (76.6%) were of Christian religious affiliation.

**Social Support of the Elderly Persons**

Social security measured in the study includes emotional care (availability of people to listen to elderly problems, provide comfort, empathy and understanding), physical care (housekeeping, making meals, and providing money, food, and transportation) and informational care (providing information, advice, and counsel to help elderly solve problems). The elderly population may receive their social support from their children, family members and government. Table 2 shows multiple responses of elderly respondents on their sources of social security. The results show that majority of the respondents (% of cases = 78.5) had their sources of social security from their children, compared with a few (% of cases = 13.1) who received theirs from the government. However, about 38.5% of cases responded that, they have no source of social support, reflecting a life of loneliness, anxiety, friendlessness and hostility.

**Table 2: Sources of Social Security of the Elderly**

| Sources | No of cases (N=371) | % of cases |
|---|---|---|
| • Children | 204 | 78.5 |
| • Family member | 33 | 12.7 |
| • Government | 34 | 13.1 |
| • No support at all | 100 | 38.5 |

The elderly considered their social support as not being adequate. Figure 1 presents elderly opinion of the social support they have received. The results showed that majority of the elderly respondents (73.0%) considered their social support as not being adequate, but just okay since it could solve some of their basic needs.

**Figure 1: Distribution of Elderly Respondents by Adequacy of Social Support Received**
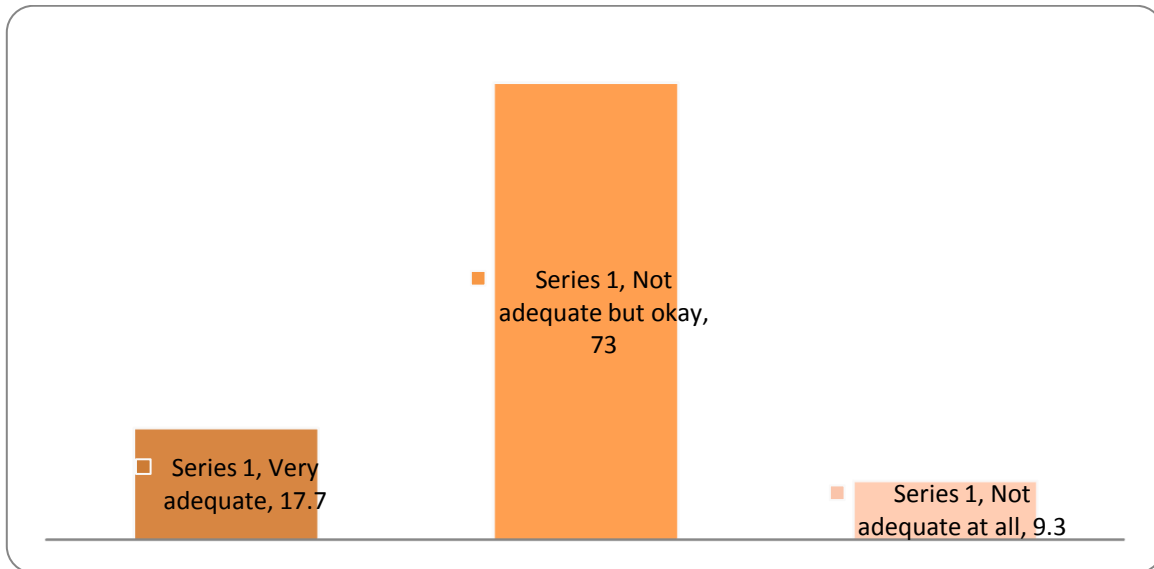


**The Elderly Social Well-being**

Table 3 presents the bivariate analysis of the elderly social well-being. The results show the association between the socioeconomic and demographic characteristics of the elderly respondents and their social well-being. The elderly social well-being significantly varied by their socioeconomic and demographic characteristics. The results show that the proportion of good social well-being of the elderly decreases as their ages increase. The good social well-being of the elderly was highest among elderly respondents aged 65-69 years (80.6%) and lowest among aged 85 and above (23.1%). This implies that age as a factor plays a significant role in determining elderly good and poor social well-being.

The elderly good social well-being was higher among the male respondents (82.7%) than the female respondents. The elderly social well-being increases as the level of education increases. The elderly good social well-being was highest among those with tertiary education (80.4%) and lowest among those with no education (45.2%). Respondents with never married (100%) and currently married (79%) status had higher good social well-being than the previously married, although; the widowed (25.8%) in particular had the lowest good social well-being.

The elderly respondents of monogamous marriage type (80.7%) had better social well-being than those of polygamous marriage type (32.0%). Those who were of extended family type (79.1%) had better social well-being than those who were of nuclear family type. The previous job status

of the elderly also significantly influenced their social well-being. The results show that elderly respondents with prior formal job type following retirement (73.6%) had better social well-being than those with prior informal job status (39.9%).

The numbers of children elderly have significantly influenced their social well-being. Elderly respondents with four male children (66.7%) had the highest good social well-being while those with no male child (5.3%) had the lowest good social well-being. Also, those with three female children had the highest good social well-being (70.6%) while those with only one female child had the lowest good social well-being (5.3%). Government neglects of elderly social welfare and dependency of the elderly on their children explain this.

Ethnicity significantly influenced elderly social wellbeing. The elderly good social well-being was highest among those of Igbo ethnic group (73.3%) compared to those of other ethnic groups in the country. Those with income of N40,000 and above had highest good social well-being (89.8%) while those with income levels below the nation's stipulated minimum wage of ₦18,000 had the lowest good social well-being (37.8%). More so, elderly of Islamic religion had the highest good social well-being (86.2%) than elderly of other religious affiliation, although, those who recognised their faith with traditional religion had the lowest good social well-being (40.5%).

**Table 3: Association between Social Well-being and Background Characteristics of the Elderly**

| Socio-Demographic Characteristic | Social Well-being | | $\chi^2$ | Df | p-value |
|---|---|---|---|---|---|
| | Good | Poor | | | |
| **Age group (years)** | | | | | |
| 65-69 | 80.6 | 19.4 | 44.182 | 4 | 0.000*** |
| 70-74 | 61.3 | 38.7 | | | |
| 75-79 | 56.9 | 43.1 | | | |
| 80-84 | 35.3 | 64.7 | | | |
| 85 and above | 23.1 | 76.9 | | | |
| **Sex** | | | | | |
| Male | 82.7 | 17.3 | 80.307 | 2 | 0.000*** |
| Female | 29.9 | 70.1 | | | |
| **Level of Education** | | | | | |
| No formal education | 45.2 | 54.8 | 22.352 | 3 | 0.000*** |
| Primary school | 63.0 | 37.0 | | | |
| Secondary school | 66.7 | 33.3 | | | |
| Tertiary | 80.4 | 19.6 | | | |
| **Marital Status** | | | | | |
| Single | 100.0 | 0.0 | 80.325 | 3 | 0.000*** |
| Married | 79.0 | 21.0 | | | |

| | | | | | |
|---|---|---|---|---|---|
| Divorced/Separated | 60.0 | 40.0 | | | |
| Widowed | 25.8 | 74.2 | | | |
| **Type of Marriage** | | | | | |
| Monogamous | 80.7 | 19.3 | 67.713 | 1 | 0.000*** |
| Polygamous | 32.0 | 68.0 | | | |
| **Family Type** | | | | | |
| Nuclear | 38.9 | 61.1 | 44.545 | 1 | 0.000*** |
| Extended | 79.1 | 20.9 | | | |
| **Previous Job Status** | | | | | |
| Formal job | 73.6 | 26.4 | 32.300 | 1 | 0.000*** |
| Informal job | 39.9 | 60.1 | | | |
| **Number of Male Children** | | | | | |
| None | 5.3 | 94.7 | 15.807 | 5 | 0.007** |
| 0ne | 47.2 | 52.8 | | | |
| Two | 54.5 | 45.5 | | | |
| Three | 52.6 | 47.4 | | | |
| Four | 66.7 | 33.3 | | | |
| Five and above | 63.2 | 36.8 | | | |
| **Number of Female Children** | | | | | |
| 0ne | 5.3 | 94.7 | 28.713 | 4 | 0.000*** |
| Two | 65.0 | 35.0 | | | |
| Three | 70.6 | 29.4 | | | |
| Four | 49.0 | 51.0 | | | |
| Five and above | 60.0 | 40.0 | | | |
| **Ethnicity** | | | | | |
| Yoruba | 50.0 | 50.0 | 9.674 | 3 | 0.022* |
| Igbo | 73.3 | 26.7 | | | |
| Hausa | 72.2 | 27.8 | | | |
| Others | 66.7 | 33.3 | | | |
| **Monthly Income** | | | | | |
| Less than N18,000 | 37.8 | 62.2 | 45.731 | 3 | 0.000*** |
| N18,000-N29,999 | 66.7 | 33.3 | | | |
| N30,000-N39,999 | 64.7 | 35.3 | | | |
| N40,000 and above | 89.8 | 10.2 | | | |
| **Religion** | | | | | |
| Christian | 53.7 | 46.3 | 14.691 | 2 | 0.001** |
| Islam | 86.2 | 13.8 | | | |
| Traditional | 40.5 | 59.5 | | | |

*P = < .05; **P = < .01 ***P = < .001

The elderly social well-being was further analysed using correlation statistics. The correlation analysis shows the direction and magnitude of relationship among the elderly social well-being indicators. As shown in table 4, there is a significant positive relationship between the elderly health status and interaction (r= .500; P < 0.01) as well as memory strength (r = .151; P < .05); while there is a negative strong significant relationship between elderly diets and health status (r = -.679; P < .01) as well as social interaction (r = -.589; P < .01). This implies that, there is a relatively opposite influence of the number of times the elderly eat on their health and social interaction. There is no significant correlation between social interaction and memory strength of the elderly. This indicates that the elderly food intake may not have been nutritious enough to keep them fit even though they try to eat as many times as possible.

**Table 4: A Non-parametric Spearman Correlation Showing Relationship among Elderly Social Well-being Indicators**

| Elderly Social Well-being Indicators | Correlation analysis | | |
|---|---|---|---|
| | **Health status** | **Diets** | **Social interaction** |
| • Health status | | - | |
| • Diets | -.679** | | |
| • Social interaction | .500** | -.589** | |
| • Memory strength | .151* | -.219** | .072 |

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).
**\*.** Correlation is significant at the 0.05 level (2-tailed).

**DISCUSSION OF FINDINGS**

The study has shown that majority of the elderly received social support from their children rather than government, extended families and community members. This decrease in the care for the elderly, especially by extended families and community members suggests that the relative importance of extended family ties and community cares and respects for the elderly has changed over the time, with biological children becoming more important in the care for the elderly. Also, this further suggests that the government provides very little or none at all for the care of the elderly, especially those elderly population who spent their active life in the informal sector where pension is largely limited. This confirms the position of existing literature that children play the most important role in the provision of economic security for the elderly in their old age (Ajomale, 2007).

The data analysed here showed that socioeconomic and demographic factors such as age, sex, level of education, marital status, type of marriage and family, prior job status, number of male

and female children, ethnicity, monthly income and religious affiliation significantly determined the good social well-being of the elderly. This corroborates some earlier studies that background characteristics of elderly persons have the propensity to threaten their social well-being and place them at inferior status in society (Mason 1992; Knodel and Ofstedal 2003).

However, it is noteworthy to state that the study showed that the elderly good social well-being gets worse as age increases. Elderly men have better social well-being than their female counterpart, reflecting the patriarchal nature of the society, where men own most of the means of production and also earn more than women. The implication becomes that the men have more respect, receive more social acceptance, and can easily spend their earnings on their health to keep them fit and acceptable by members of the society. Education plays greater roles in maintaining elderly good social well-being. Elderly with higher education maintain better social well-being than those with lower education. Educated elderly population maintain their critical thinking by consistent reading and learning.

Currently married elderly population have better social well-being than previously married. To the currently married, the presence of their spouse provides companionship and eliminates loneliness, which is essential to human survival. Elderly of monogamous marriage type have better social well-being than those of polygamous (polygnous) marriage type. The reason for this may probably be that, those of monogamous marriage have less expense, greater solidarity and peace than those of polygamous marriage type where envy, disunity and expense are substantially prominent.

The study showed an association between high fertility and elderly social well-being. The numbers of male and female children the elderly have significantly influenced their social well-being. Elderly persons who have at least four children had better social well-being than those who have less. The situation in Nigeria, where the elderly are not catered for by the government explains this. The inability of the government to cater for the elderly population makes many elderly to rely solely on their children for upkeep. The implication becomes that elderly with many children probably have at least one among them who may have gotten a good employment, or is well socially placed, to cater for his or her elderly parents.

**CONCLUSION**

The findings of this study have revealed that children still play significant role in the care of the elderly, although relatively adopting a new phase. The Nigerian government has not still catered for its elderly population. Elderly who spent their active life in informal sector have no elderly social support from their government. The situation of the elderly in the study area and Nigeria at large remains perplexing and their social well-being crossly related to their socioeconomic and

demographic variables. The thesis that locates high fertility within the context of necessity for the elderly care still remains relevant in this part of the world, in spite of modernity and urbanisation. Though, taking a dynamic shape, inter-generational wealth flow still remains a tool of survival, especially, amongst the low income elderly population. Thus, the pronatalist behaviour of the people will persist until their socioeconomic situation is improved or government begins to cater for its elderly population.

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