



An Assessment of Social Well-being of the Elderly in Ovia North-East Local Government Area, Edo State, Nigeria

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Abstract. The paper focused on the Assessment of Social Well-being of the Elderly in Ovia North-East Local Government Area Edo State. It specifically examined social supports for the elderly; it accessed how the family members render social supports for the elderly; it accessed the relevance of the informal caregivers to the elderly; it also investigated how neglect affect the well-being of the elderly and examined the causes of neglect of the elderly. It was found that a majority of people have good intention towards the welfare of the elderly. The main source of income and care of the elderly was mainly from their family members. The various forms of informal social support and certain demographic characteristics predicted the wellbeing of the elderly. The elderly would prefer a combination of both formal and informal social support. It is recommended that all stakeholders involved in the welfare of the elderly should deliberately make adequate efforts to adopt a proactive approach rather than reactive approach in the health of the elderly persons.

Keywords: Care, Elderly. Support, Welfare, Well-being

1. Background to the Study

The elderly population in most societies is increasing, due to increased life expectancy and improved medical care. Aging is a universal process and it affects all people in the world physically and psychologically. Aging is a process that begins with conception, but in practice, aging is considered the phase of life in which the body function begins to decline due to the loss of the adaptive response to stress and the increased risk of social support associated with age. It is a by-product of the demographic transition. The social well-being of the elderly, especially the high incidence of geriatric neglect, has become a matter of growing concern with the rapidly aging population (Kaplan &

Shaddock 2015). There has also been a reduction in infant and child mortality, medical discoveries that extend useful life; increased average life expectancy; Decreased fertility and increased longevity have favoured the elderly population in society (Oluwabamide & Eghafona, 2012).

The elders are the custodians of culture and tradition, the mediators in resolving conflicts, and the contributors to the enforcement of peace in their various communities. Age classification 50-59 near old age, 60-73 old age, 74-84 late old age, and 84 and over frail age. However, with the staggering increase in the number of elderly people, which naturally includes those who are self-sufficient and need constant care due to the ailments of the elderly, society is now faced with an increase in the number of people in a situation of dependence. (WHO, 2018) It is clear that populations of dependent older adults need care as children, adolescents and others. They need social support, just like young children who should not be left alone to promote longevity.

In Nigeria, the social security and protection that cut across all older adults is the traditional social support from the family members especially their immediate families that is wives, sons, daughters, sons-in-law daughters-in-law and others who have the mind of caring. (Ogwumike & Aboderin, 2005; Sijuwade, 2008). This support from family members is often influenced by traditional values, norms, and behaviors that begin socially and not as a result of emotional bonding consisting of blood or marital relationships (Okoye, 2012). However, with rural-urban migration, family life structure, rising cost of living, unemployment and reducing income pattern in Nigeria, it is difficult for families to provide adequate care and social support to people older (Ogwumike & Aboderin, 2005; Ayodeji, 2015).

Older people are exposed to health, economic and social challenges that lead to poverty. According to Gureje, Kola, Afolabi & Olley (2008), poverty

abounds in the country and the elderly are at greater risk, as they are no longer in an economically active phase of life and there is no national policy to provide a financial cushion to the elderly. The poverty experienced by the elderly as a result of the rarity of social protection policies is capable of creating inadequacies of care, abuse, squalor and increasing vulnerability to disease (Gesinde, Adekeye & Iruonagbe, 2012).

According to the World Bank (2012), 68% of the Nigerian population lives below the \$1.25 a day poverty standard. The National Bureau of Statistics [NBS] (2012) & Kale ("2012) also reports that 112.47 million (60.9%) out of 150 million Nigerians were recorded as living below the poverty line in 2010. In the view of Olubunmi (2012) The Aged in Nigeria suffer a lot of hardship in an increasingly hostile, competitive and intolerant society as they constitute the poorest group in Nigerian society. In Nigeria, poverty has prevented many elderly from achieving well-being and life satisfaction. Most of the Nigerian elderly are vulnerable due to inadequate provision of services and economic deprivation (Uzobo & Dawodu, 2015).

1.1 Area of the Study

Ovia North East Local Government area is one of the eighteen Local Government Areas (LGA) in the Edo State of Nigeria and its headquarters is in Okada. One of the popular festivals held includes the New Yam festival while the notable landmarks in the LGA include the Igbinedion University, Okada. The Local Government Area was created from the District Council by the Local Government Act in 1976, and the local government is in most of the local government, the North East Ovia Local Government Area is one of the areas largest premises in Edo state in terms of land area. Eguake (1990) indicated that it is located between 5°45 and 6°15 east longitude and 5°15 and 6°45 north latitude in the central county of Edo state.

The local government consists of twelve divisions for ease of administration, the divisions are Egheta, Utese, Uhen, Oghese, Olumoye, Okada, Emma, and some others Isiuua, Egbarha, Ovbiogie, Utekan, and Iguegho. So, the local government area consists of about 50 villages. Okada is the administrative seat of the local government district in north-east Ovia. The reason for the choice of communities of Ovia North East is the obvious evidence of indigenous culture and household setting of the area. This is coupled with the proximity of the area to Benin Metropolis and the activities of aged men and women in the locality. The main occupation of the people in the

area is agriculture and commerce, and in recent times, the people have attached great importance to education which they hope will put them in a better position in white-collar jobs so that they can develop the local government. The village chief in the North East Ovia local government is "Odionwere". Enogie is the hereditary position while Odionwere is the greatest position of man in the society.

2. The Elderly and their Characteristics

Based on life expectancy, human development was divided into two phases, namely, early phase (children and adolescence) and late phase (youth, middle age and old age). There have been many ways to categorize the ages of the elderly. Three main stages prevail: young-old (65-84 years), old-old (85-99 years) and hundred years old (100 and above). These categories are based on perceptions of aging, including biological, psychological, social, and chronological differences. They also reflect the increased longevity of those living in this last stage.

Young-old: The elderly between 60 and 84 years old are the category of young-elderly (Ortman., 2014). This period has also been recognized by Laslett (1989) as the third age because it follows childhood (the first age) and child labor and upbringing (the second age). According to Barnes (2011), this age group covers the years after employment up to about 80-85 years, when age-related limitations occur in the areas of physical, emotional and cognitive development. In general, this age range includes many positive aspects and is considered the golden years of adulthood. People of this age often have fewer responsibilities than in previous stages and, when combined with adequate finances and good health, can seek opportunities for leisure and personal fulfillment. It is also an unusual age at which people are considered both old and young (Rubinstein, 2002).

Compared to people over the age of 85 (known as the fourth age), young people experience relatively good health and social commitment (Omokaro, 2013), knowledge and experience (Singer, Verhaeghen, Ghisletta, Lindenberger and Baltes, 2003), and adaptive flexibility. In everyday life ("Riediger, Freund & Baltes, 2005). Young people also show strong performance in attention, memory and crystallized intelligence. Those who are recognized as young look more like those in middle age than those aged 85 and above. This group is less likely to need long-term care, to be dependent or poor, and more likely to be married, working for pleasure than for income, and living independently. Chronic

diseases, such as cardiovascular disease, hypertension, and cancer, are among the most common (especially later in this period), but because they are associated with lifestyle choices, they can generally be prevented, learned, or controlled (Barnes, 2011). In general, the older people experience sense of happiness and emotional well-being that is better than any other period of adulthood (Carstensen, Fung & Charles, 2003; George, 2009; Robins & Trzesniewski, 2005).

3. Nature and Extent of Informal Support

The provision of support is routine and ongoing, arising from a relationship in which the recipient responds to a greater need for support than would normally be expected due to impaired functioning. The lower levels of care are embedded in a normal reciprocal relationship and, because they are outside of any formal agreement, are relatively invisible (McDonald 2007). Prevalence surveys in Australia, the United Kingdom and Canada have estimated that around one in twenty households has a primary caregiver, that is, a support provider who assumes the responsibilities of the person he or she cares for.

Although both men and women participate in caregiving, women predominate in both the number and nature of their contribution. Resident care generally involves a greater commitment to providing care than carers who live apart from the recipient of support (Goodhead 2007). Knowledge of the prevalence of formal and informal care in New Zealand is limited. Census data shows that 5.4% of the population provided residential care and out-of-home care was provided to 5.9%, with women participating more than men. These figures cannot be directly compared with external studies because they do not distinguish between temporary and persistent disability (Anne 2007).

Informal caregivers help with tasks that recipients cannot do for themselves. This may include performing personal care, domestic, financial and administrative tasks, and providing mobility assistance, along with emotional support and companionship. Providing support can also include some nursing. The role of the caregiver varies according to the age and nature of the recipients' disability, but caregivers are likely to include responsibility for ensuring the well-being of the older person they care for. This often includes ongoing monitoring, communication with formal care systems, and addressing any shortages not provided by paid health care workers (Jegermalm 2005).

4. Impact of Giving Support on the Well-being of the Older Adults

Those who are highly involved in providing care experience profound and far-reaching changes in their lives. In studies comparing caregivers with others, caregivers often report poorer physical health and more drug use than others. In several studies, caregiving is associated with higher rates of depression and anxiety, lower life satisfaction, and feelings of fatigue. There is some evidence to suggest that cognitive decline and mental illness in the recipient are more of a burden to caregivers than a physical problem. In general, the effects on caregivers' mental health become greater with increasing time spent caring. Being a shared foster care are two factors associated with greater impacts on mental health (Horsburgh 2002).

Social support is related to financial impacts, including the direct costs and financial consequences of decisions about care and the limitations on options that arise from the financial situation. There are often significant and multiple costs that arise from providing care, depending on the nature of the beneficiary's disabilities. There may also be an increase in medical costs for heating, transportation costs, and home modifications. Caregivers may choose to reduce work hours or withdraw from paid work to manage caregiving responsibilities. Support most commonly occurs in the broader context of families. Influence on the age of the recipients' family and on the recipients relationship with the rest of the family, however, all care affects the allocation of time and attention among family members, for example by reducing time for activities family social. Parents caring for children with disabilities reconcile the needs of other siblings with the needs of the child in need of care. The person receiving care may also have a behavior problem that directly affects other children. Tension between parents has been reported to be common. Sometimes caregivers of older adults come into conflict with other family members if they express disappointment with their contributions to care.

Caregivers often experience a loss of social contact with others, which is concerning as social support has been identified as protective against the stresses of caring roles. Caregivers have lower labor force participation rates, compared to non-caregivers of the same age. Women are more likely to have fewer hours of paid work than men. Carers in shared housing are more likely to underestimate paid work than those who do not live with older adults. Caregivers use various strategies to try to fit work into caregiving, including switching to less

demanding work, moving closer to work, and using lunch, vacation, and sick time for caregiving purposes. Employers can create a caregiver-friendly workplace by the following (Howe 1997):

- Providing access to a private telephone usage
- Offering flexible hours and opportunities to work at home,
- Providing career breaks,
- Promoting supportive work relationships.

Caregiving responsibilities elevate the caregiver in terms of planning for the beneficiary's future. Parents of children with high and complex needs may find it difficult to plan for their child's future, especially when the diagnosis is uncertain. Loving grandparents may worry about living long enough to support their grandchildren well into adulthood. Carers of adults with disabilities and the elderly may also worry about what will happen if they can no longer care for the elderly (Daatland 2004).

Despite the requirements of care, the literature reviewed shows that most caregivers gladly provide care and feel positive about the role. However, those who have higher commitments to provide care are more likely to feel negative. The quality of the past relationship between caregiver and recipient affects how positively caregivers perceive their role. Caregivers of people with physical health problems are more positive than caregivers of people with cognitive problems, but caregiver satisfaction does not otherwise correlate with characteristics of older adults.

5. The Role of Social Work in the Support for the Elderly

Social work has a special emphasis on helping vulnerable people obtain the necessary services and support. Social workers are unique among healthcare providers because they are trained to deal with and manage the complexities of clients' conditions, taking into account how physical, psychological and socioeconomic factors influence ways that can affect all aspects of life and health. A person's. Social work interventions with older adults aim to enhance dignity, self-reliance, personal fulfilment, a dignified standard of living, optimal functioning and the least restrictive living environment possible. In addition, the unique value of social workplaces in the uniqueness of people in a systems perspective prepares social workers to play a key role in designing and implementing fair and effective programs and policies to meet the needs of

increasingly diverse older populations. Alwin, Öberg & Krevers, (2010).

6. Overview of Wellbeing of the Elderly

Adebowale, Atte & Ayeni (2012) defined well-being as a positive physical, social and mental state; It is not just about the absence of pain, discomfort and helplessness. It arises not only from the work of the individual, but from a set of collective goods and relationships with others. It requires that basic needs be met, that people have a sense of purpose, that they feel empowered to achieve important personal goals and participate in community activities. Several factors have been put forward both empirically and otherwise as facilitators and what may elderly wellbeing.

Elderly wellbeing could exist in various forms. One is psychological well-being. Psychological well-being varies by age group, gender, marital status, educational level, family type, previous employment status, and current employment status. In a study by Ibitoye, Sanuade, Adebowale, and Ayeni (2014), the proportion of good mental health was highest among respondents aged 65 to 69 (61.9%) and lowest among those aged 85 and older (27%). The good psychological state was higher among women (57.5%) and currently married (57.8%). In addition, the good psychological state increases with the increase in educational level. Specifically, about 40% of those with no education were in good mental health compared to about two-thirds of those with a high school education or higher (76.9%). Those who belong to a monogamous family have better mental health (56.9%) than those who belong to a polygamous family (48.7%); Furthermore, the psychological well-being of those who once worked and who are currently employed was better than their counterparts (Ibitoye et al., 2014). A higher percentage of older adults (55.6%) who received financial help from their children reported having good mental health.

Adebowale et al (2012) found in their study that the majority of respondents are in good physical and mental health. This is an indication that a good welfare transition is beginning in Nigeria, even among the underprivileged sections of the sampled population. Therefore, it is useful to know that transmission is beginning to emerge among the remote rural populations involved in our research. About the same proportion of respondents had good and poor well-being (Adebowale et al, 2012). Well-being status showed no association with gender. This contrasts with previous research showing that women

have a longer life expectancy and spend more years in good health than men. However, women spend a higher proportion of their elderly in poor health than men; another study found that older married men are healthier than older women (Adebowale et al, 2012).

Adebowale et al (2012) also found in their study that variables such as age classified by groups, education and marital status are associated with the well-being of older adults. The percentage of older adults classified as having poor well-being decreases as the educational level attained increases. The difference is especially evident among women with a higher educational level. Education has a significant positive impact on well-being; Educated older people are more likely to receive a higher monthly pension, are more familiar with disease prevention and treatment, and live in a clean environment.

There is also a significant association between religion and older adults well-being in the study by Adebowale et al, (2012), with a higher proportion of poor than older Christians in the Muslim community. Muslims often practice polygamy, marry new wives late in life, have many children, and thus the family finances are shared among its members. The family resources that must be used to meet the daily and health needs of the elderly are focused on the care and education of young children. The study also found that there was no significant association between family type, employment history, and the well-being of the elderly (Adebowale et al, 2012). Older people who receive regular visits from their sons are also more likely to suffer from well-being problems than those who receive more frequent visits from boys and girls. Men are concerned about their jobs and the needs of their immediate family. Furthermore, older adults who typically receive financial support from their children have better well-being than those who do not (Adebowale et al, 2012). This is because most older people do not have the strength to work; Therefore, any financial assistance from the children will go a long way in alleviating their financial and health needs.

In a study by Ibitoye et al (2014) on the determinants of good psychological well-being of respondents, children's age, educational level, current employment status, and financial assistance were found to be important determinants of good psychological well-being. The results showed that the odds of good psychological well-being were higher among the elderly who were in the younger age groups compared to those who were less than 85 years old (Ibitoye et al, 2014). Compared with those with secondary education or more, the elderly with no

education and those with primary education were less likely to have good psychological well-being (odds ratio = 0.261 and 0.506, respectively). Additionally, those who were currently employed were 60% more likely to experience good psychological well-being than their counterparts who were not currently employed (Ibitoye et al, 2014). Those who received financial assistance from children were 95.5% more likely to have good psychological well-being compared to those who did not receive financial assistance (Ibitoye et al, 2014).

Omotara, Yahya, Wudiri, Amodu, Bimba, and Unyime (2015) conducted a study to assess the determinants of health well-being among the elderly in rural Northern Nigeria in order to promote those with a positive association with aging healthy. They used a cross-sectional descriptive study of 1,600 rural elderly over 60 years of age using a semi-structured questionnaire conducted by the interviewer, in which it was found that diet, not smoking, high physical activity and adequate sleep were positively associated with healthy aging. Omotara et al. Therefore (2015) recommended that good health practices and family support be maintained, while the government and family members should establish special care for older adults.

Wellness for older adults is a lifelong process to improve the chances of improving and maintaining physical, social, and mental health and well-being, independence, and quality of life, and promoting a successful transition to the path of life. In sub-Saharan Africa, the number of older people is estimated to increase from around 37.1 million in 2005 to 155.4 million in 2050. The number of older people in Nigeria is estimated at 4% and is expected to triple for 2020.

7. Theoretical Framework: The Caregiver Stress Theory

Several explanatory frameworks have been advanced to explain the various factors contributing to social support on the wellbeing of the elderly. Given the multifaceted nature of Elderly support, it was therefore necessary to adopt Caregiver Stress theory. This is because the theory tried to explain the social support the caregivers render to the Elderly and the stress associated with it. This subsection, therefore, attempted a review of the relevance of the theory.

The Caregiver Stress Theory has its roots in Gerontological literature (Robert & Teaster, 2017). It is a Middle-Range theory based on the Roy Adaptation Model developed by Callista Roy in 1976

(Petiprin, 2016). The central focus of the theory is the response of family members and other individuals about the social supports and care they render and the stressors they face while providing care for an older person with functional and or cognitive impairments (Peralin et al., in Robert & Teaster, 2017).

Caregiving involves taking on new roles and responsibilities and involves frequent reorientation and reorganization of family life, resulting in an escalation of dependencies that contribute to daily stresses and strains that challenge the family members they care for (Anesensel et al. in Robert & Teaster, 2017) emphasize that caregivers experiences related to their caregiving responsibilities and other aspects of their lives, as well as the use of coping strategies and dependence on others for support, affect caregivers ability to provide effective care, as well as their physical and psychological well-being (Robert & Teaser, 2017). Thus, social support provided for the Elderly enhances the wellbeing of the aged. Hence there is a relationship between the caregiver and care receiver, and ultimately the welfare and well-being of the older person receiving care (Navaie-Walise et al., 2002).

Certain characteristics of the elderly such as the age, health status and the financial standing, require constant attention and can inadvertently overburden their caregivers. This is the case in Nigeria where older adults are often left to be catered for by their children and immediate family members, without any recognizable interventions from the government. Kosberg (1988) discovered that the Elderly persons will always need social support on their wellbeing and community functionality and the study of Biggs; Manthorpe; Tinker; Doyle and Erens (2009) confirmed a high dependency among the older age group.

Several attacks have been launched against the theory. One of such is that theory tend to focus primarily on outcomes for older adults with cognitive impairments and cover the range of abuse types indiscriminately (Robert & Teaster, 2017). Lachs & Pillemer (2004) noted that case-comparison studies have failed to find higher rates of dependency in the older person. It was also maintained that Caregiver Stress theory tends to blame victims, and legitimate abusers (Burnight & Masqueda, 2011). Advocates for older battered women denounce the Caregiver Stress theory saying that it blames the victims, and does not result in safety for the victim (Brandl, 2002). While this is an important consideration to be mindful of, it is also important not to overlook stress as a contributing risk factor. Stress and perceived burden

can be acknowledged, measured, and included in models without excusing the abusers behaviour (Burnight & Masqueda, 2011).

8. Conclusion

The elderly in a typical Nigeria rural areas have living conditions that are just normal and regular, do not lack having people who attend to their needs in their residence due to the extended family structure and arrangement prescribed by the African culture, have optimism level that is about average and that is in a precarious level, and a good proportion of them seems to be more happy than not. However, non-negligible proportion of the elderly has low level of happiness. Also the elderly have family members who by their actions and words engender their sense of belonging and familial care based on the strong and close extended family traditions and relationship that is common in most African ethno-cultures.

There is impressive health status for the elderly in the study area; this does not exclude the fact that a significant proportion of the elderly in the study require medical attention. The elderly are well involved in making decision in the family matters and community matters, and they are significantly independent in their ability to provide their needs and wants. There is widespread positive perception of the members of the public of the welfare of the elderly is rife in the study area, but most elderly persons are independent of the financial support of their family due to the present gains of past investments and/or gains of present economic activities.

Family is a supreme social support component that the elderly needs to obtain comfort as and when due; this does not preclude the importance of non-members such friend, neighbours, and religious acolytes, who are also vital sources of comfort for the elderly. However, the elderly sees their friends and neighbours as the persons they contact first for emergency need; a critical proportion of the elderly mainly their social support from their non-family members, but the elderly seems to value the social support from family more than that they get from non-family members. Most elderly persons do not have formal care providers, though they may people staying them who take care of them, but these persons are not formally meant to care for them, but expected to do so.

That the elderly place more value on the support they receive from family member than that they get from non-family members is hinged on family members, to a very large extent, being well abreast with needs and

wants of their elderly ones. They are knowledgeable to either proactively and reactively act should the circumstances present themselves. Finances from the children of the elderly enable them to relatively always have cash with them to fund the purchase of basic items that they regularly need.

The provision of financial support, food, emotional care, physical support, clothing, medications are the major ways that family members provided social support for their elderly ones. In comparing the social support provided by non-family members and the social support provided by family members, it could be seen that there is insignificant difference between the two. Elderly women need companionship, good food, listening attention always to enable them stay healthy and happy, their clothes to be washed, and someone around to run errands for them. For the elderly men they need to feed well, be faithful with their drugs, a female companionship if his wife is no more, and good drinks.

Despite modernity, the elderly still subscribes to and opt for the social support they received from their family members and friend rather than those provided for them by formal public or private organizations and institutions. Reasons for this may be linked to the family structure that is still close knit both at the nuclear and extend levels. However, the elderly holds a position of opting for a combination of both formal and informal forms of social support. This will definitely afford them the opportunity to enjoy benefits of the social support as one form would take care of the shortcomings of the other. But a considerable proportion of children of elderly parents and relatives of elderly siblings are not favourably disposed to their elderly ones receiving social support from formal caregivers. Nevertheless, the elderly saw formal care as costly but more beneficial compared to informal care are the high level of professionalism that the formal care givers bring to the job as they know what to do at every point in time, and a better understanding of the psychology and nuanced needs of the elderly which ensure that the elderly they work with live healthier and live longer than those who do not use their service.

There is a reduction in social support for the elderly following the demise of their spouse. The existence of unity and cooperation among the children of the elderly is an enabling factor for them to pull resources together or by way of division of responsibility provide for the adequate welfare of their aged parents. Lack of financial among family members was the major cause of elderly neglect, confirms that financial capacity of family members

who are expected to render social support to their elderly one is a major deciding and facilitating factor to ensure the welfare of the elderly are attended to.

That most family members will not neglect their elderly ones is partly motivated by the prevention of other persons tagging them as people who abandoned their elderly ones, and also motivated by the inability to go against filial and kinship obligations. Various forms of informal social support and certain demographic characteristics predicted the wellbeing of the elderly. The wellbeing of the elderly is influence by their gender and the kind of religion they practice. There was association between the elderly wellbeing in terms of happiness and permanent availability of someone who cares for the need of the elderly.

9. Recommendations

Based on the findings of the study the following recommendations were made:

- All stakeholders involved in the welfare of the elderly including Social Workers should go back to the community to further encourage communal tie in supporting for them.
- Advocacy efforts to draw attention to the adequate and proper care of the elderly should be intensified.
- The knowledge that the regular change of environment by elderly person offers them the opportunity to have a dynamic life as well as to receive adequate and effective social support directly from their supposed benefactors

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