

Original Article



Adults and Social Supports for Older Parents in Peri-Urban Ibadan, Nigeria

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Received: 23 Nov. 2019

Accepted: 19 May 2020

e-Published: 1 June 2020

Keywords:

Social support, Elderly care, Senior citizen, Frail older adult

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Abstract

Introduction: The absence of comprehensive supports systems for older persons in Nigeria has put them on psychosocial challenges at old age. Thus, this study profiled the social supports provided by the adults to older persons in Ibadan, Southwestern Nigeria.

Methods: This cross-sectional study utilized mixed method approach to administer a standardized questionnaire among 460 consented adults who had older parents, and conducted twelve in-depth interviews (IDIs) among male and female participants in Apete, a peri-urban community in Ibadan, Nigeria. Quantitative and qualitative data were analyzed respectively using SPSS ver. 20 and content analysis.

Results: Most (67.2%) of the respondents were females, and 77.2% were not living with their older parents. Older parents of 32.4% of the respondents relied on children as a source of income, whereas nearly half (47.0%) of the respondents perceived the care of the elderly as government responsibility. Financial care (48.5%) from significant others was perceived the most unmet social needs of the elderly, while lack of money (44.6%) was perceived the cause of the unmet social needs of the elderly. There was significant relationship ($\chi^2 = 0.056$) between the average monthly income and the time frame the children give money to older parents.

Conclusion: There exist social supports to the elderly in peri-urban Nigeria. The social support systems available to the elderly were influenced by the culture, blessing/prayer-needs from parents, and reciprocity factors.

Introduction

Globally, the population of the elderly continues to rise. This is attributed to the improvement in health care facilities, technology, elderly nutrition and establishment of organizations, and policies that cater for the needs of the aged. Currently, the population of people aged 60 years and above is more than 800 million at the global level, while it is projected to go over 2 billion by the year 2050.¹ Also, many countries in the developing world are experiencing rapid population ageing, prompting concerns of possible adverse effects on their socio-economic advancement, and on the well-being of older population.² In many of the advanced countries, social supports are available to elderly people. For instance, there is SPICE (Singapore Programme for Integrated Care for the Elderly) centre which provides comprehensive and home-based services to support elderly people in Singapore.³ In contrast, some countries are still unable to do this. Afghanistan, for instance, has no pension to those not in the government⁴ and, while Nigeria situation is similar for the elderly where comprehensive social support is not available.⁵

Social support, such as emotional, instrumental/

tangible and informational is the positive exchange with network members and can help people stay healthy and cope with adverse events.^{6,7} Relatively, old age is associated with psychological, biological and emotional condition. It is also highly believed that the elderly is more vulnerable to different forms of diseases and illnesses such as dementia and arthritis.⁸ Social support in old age, regardless of individual's socio-economic status, health risks behaviour and use of health services, has strong bearing on the health status of older people.⁹ Waidler et al.,¹⁰ affirmed that family still counts for a large proportion of old-age supports. Social support can promote health by providing persons with positive experiences, socially active roles or improved ability to cope with stressful event.¹¹ Despite the benefits attributed to social support from various sources, the elderly still relies on the adult children, especially those earning income as a source of social support in Nigeria.¹²

Several studies have documented how the lack of enough social supports have influenced the social and wellbeing of the elderly. For instance, older people's lives, characterized by growing inadequacies in customary family support and non-existent social security targeted at them, make

them vulnerable to poverty and disease.¹³ Lack of social support is also associated with increase in social isolation for the elderly¹⁴ whereas social isolation causes mortality, morbidity and cardiovascular diseases among the elderly.¹⁵ Also, lack of enough social relationship among the elderly put them at risks of unhealthy behaviours such as heavy drinking, smoking, sedentary lifestyle, lack of adherence to medical treatment, falls and increased susceptibility to infectious diseases such as common cold.¹⁶ The absence of social support for the aged, in many societies, has led to their abuse, increment in poverty rate, and elderly destitute.¹⁷ Some elderly in this category have turned to alms begging in major streets, public motor parks, and social functions as a coping mechanism.¹⁸

In Nigeria, many elderly lives have been cut short by their poverty status and lack of institutional care in Nigeria.^{8,19} In Nigeria, social supports are not being fully provided for the elderly by family members due to change in family composition, living at long distance, financial problems and job relocation among others.^{20,21} Inability of the family members to provide adequate care for the elderly, coupled with unavailability of comprehensive social support from the government in Nigeria exposes elderly to experience more of health challenges and inadequate wellbeing. A major contextual question that arises from the premise here is that; how do the adults perceive the elderly and their unmet social needs? The other question is; what are the various forms of social supports given to the elderly, and what factors influence the social supports to the elderly? Thus, this study sets to profile the social supports provided by the adults to older persons in Ibadan, South-western Nigeria.

Materials and Methods

This study was conducted in peri-urban community of Ibadan, Oyo State, Nigeria. Ibadan is the capital city of Oyo State and the third largest metropolitan city by population in Nigeria after Lagos and Kano. Ibadan is also the largest metropolitan geographical area. When Nigeria gained independence in 1960, Ibadan was the largest and most populous city in the country and third in Africa after Cairo and Johannesburg. Ibadan contributes to the diversification of work from agriculture to other commercial activities such as carpentry, mechanic, hair-dressing, motor cycle riding,²² tailoring, food selling, welding among others, and majority of the inhabitants are Yoruba. Ibadan has 11 local government areas (LGAs) (five LGAs within the metropolis, while remaining six are located at the outskirts of the city). Among the six LGAs, Apete, the study location fell under Iddo LGA. The LGA (Iddo) was selected for this study because it had smaller population (6784) of older people with 60 years and above, out of five remaining semi-urban LGAs in the State.²³

There are nearly fifteen elderly care home and facilities in Ibadan.²⁴ Also, there is a Federal-owned geriatric centre at the University College Hospital in Ibadan.²⁵ Moreover,

there are numerous markets such as Beere-Oje, Orita-Merin, Ayeye, Opo-Yeosa, and Omi among others where some aged parents engage themselves in productive activities.

This cross-sectional study is exploratory in nature. It utilizes mixed method approach, by combining data from both quantitative and qualitative approaches in the study in peri-urban of Oyo State. The respondents of this study were adults of ages 25-59 years who were currently earning incomes and had older people as their parents or relatives as at the time of collecting data from the field. The selection of these respondents was done irrespective of their sex, religion, income, occupation, ethnicity and level of educational attainment, provided they met the inclusion criteria. Inclusion criteria were being a working adult who were within the age range of 25-59 years and having at least an older parent as at the time of survey. The selection of respondents in the study was guided by purposive sampling technique, in five locations in Apete, where the study was conducted. These areas (Apete-Oja, Awotan, Papa, Adaba and Akodu) were purposively selected considering their population density. In each location, 100 copies of a standardized questionnaire were administered on consented working adults, who importantly satisfied the inclusion criteria. In each area, the researchers were able to trace adults who had older parents, and themselves consented to participate in the study. The researchers moved from house to house until they were able to get the target size of 100 respondents in each area. The overall respondents totaled 500 sampled from all the five areas in Apete. However, only 460 copies (92% return rate) of the administered questionnaire were adequate for analysis due to missing values, and dropping out of interview by respondents. Twelve sessions of in-depth interviews (IDIs) were also conducted and shared equally among male and female participants who had older parents as at the time of the interviews. The administered copies of the questionnaire were analyzed with descriptive and inferential statistics using SPSS version 20, while qualitative data were content analyzed. The tools (questionnaire and IDI guide) for data collection were initially pretested in another community different from where final data for the main study were collected. The tools were also shared with colleagues who have expertise in the study of the elderly, in order to enhance accurate measurement, results, and ensure its trustworthiness. Lessons learnt in the pretest were incorporated to strengthen the tools and methods in the study, hence, ensuring validity and reliability in the study.

For the quantitative survey, all the copies of the administered questionnaire were numbered serially on the field to ensure proper tracking of the data collected and computer imputation. On daily basis, administered copies of questionnaire were collated, cleaned, coded and entered serially into the computer by one of the researchers. However, each respondent was informed

about the aim of the research. The questionnaire was self-administered by each respondent. In a situation where a respondent could not fill or complete the filling of the questionnaire, the researcher helped to fill. The researchers also explained any clarification sought by the respondents. The questionnaire was administered in the evening when respondents must have finished with their daily activities. For the qualitative data, the interviews were conducted in Yoruba, the local language and responses were tape-recorded. Participants were also briefed about the aim of the study. Each interview tape was labelled according to location where the interview was conducted for easy identification. Each recorded interview was listened to several times, transcribed and translated to English language, arranged in themes and analyzed contextually.

The principles governing human research were adhered to by the researchers. Respondents were briefed about the study. The consent of the respondents was sought to be part of the study, and respondents were also assured of the confidentiality of their responses, hence the rights and integrity of the respondents were ensured and protected. Also, the respondents were not forced or coerced to participate in this study against their wishes or will. Finally, the respondents were informed that they were free to withdraw at any point in time if they so desired while participating in this study without regrets.

Results

About social-demographic characteristics of the respondents, more than average (67.2%) of the respondents are females. The age distribution revealed that two-fifth (43.7%) of the respondents fell within the age bracket of 25-29 years, while 8.3% of the respondents fell within 55-59 years. The data also showed that majority (74.3%) of the respondents were Christians, very large majority (93.0%) were Yoruba, while more than half (62.6%) were married as at the time of this study. The educational status showed that large majority (89.2%) of the respondents had tertiary education, while about one-tenth (10.7%) had primary and secondary school education. A little above average (55.4%) of the respondents worked in private sector. The data showed that more than half (67.8%) of the respondents earned less than 20000 Naira monthly (US\$101.52), seven out of ten (77.2%) of the older parents of the respondents were not living with them and 32.4% of the respondents stated that their older parents depended on them as a source of income as shown in Table 1.

About perceived unmet social needs of the elderly, the needs by the elderly that were not met as at the time of the survey was documented. Analysis of the unmet social needs of the aged revealed that close to half (48.5%) of the respondents perceived financial care from significant others a major need unmet by the elderly, while 36.3% reported lack of food, 12.4% identified lack of access to health care, 0.9% mentioned lack of job, and 1.9% stated non-payment of their pension. Conversely, factors

Table 1. Socio-demographic characteristics of the respondents (N=460)

Variables	Categories	No. (%)
Sex	Female	309 (67.2)
	Male	151 (32.8)
Age	Below 29	201 (43.7)
	30-39	156 (33.9)
	40-49	65 (6.7)
	50-59	38 (8.3)
Religion	Christianity	342 (74.3)
	Islam	114 (24.8)
	No response	4 (0.9)
Ethnicity	Yoruba	428 (93.0)
	Igbo	24 (5.2)
	Other	8 (1.8)
Marital status	Single	144 (31.3)
	Married	288 (62.6)
	Engaged	21 (4.6)
	Widow	7 (1.5)
Educational status	Primary education	15 (3.3)
	Secondary education	34 (7.4)
	Tertiary education	411 (89.2)
Occupation	Civil service	114 (24.8)
	Self-employed	91 (19.8)
	Private sector	255 (55.4)
Average income per month in naira ^a	Less than 20000	312 (67.8)
	20001- 40000	54 (11.7)
	Above 40000	94 (20.5)
Respondents living with older parents	No	355 (77.2)
	Yes	105 (22.8)
Sources of income of the older parents of the respondents	Rely on children	149 (32.4)
	Pension	137 (29.8)
	Work	96(20.9)
	Others	78(16.9)

^aUS Dollar was equivalent to 197 Naira when the survey was conducted

responsible for the unmet social needs of the aged parents according to the respondents, included lack of money (44.6%), negligence by the government (31.3%) and due to the negligence of their children (14.3%). The remaining respondents (9.8%) did not give any response to this question. In the same way, narrative from the participants in the study indicates that the lack of financial care and adequate food were the prominent unmet needs of the older people as indicated by a participant:

“The main unmet need of the older people is the lack of adequate care. The elderly should be given food and cloth at the right time. Their environment should be taken care of and should be free of germs and diseases. The environment of some older people is also not taken care of.” (IDI/Male/40YRS/Morubo)

The financial position of some elders was considered porous, while inadequate feeding was also considered a challenge for them. Concern about having a child to provide helpful hand for them was also raised by a participant: *“The unmet need of the older people is the lack*

of money, food and small child that can take care of them. If a small child is with older people, then their mind will be at rest.” (IDI/Female/25YRS/Papa).

Respondents were asked to provide information about the social supports offered or provided to the elderly in view of their unmet needs. Three forms of social supports, including instrumental, informational and emotional supports, were reportedly offered or available to the elderly in this study. Table 2 shows that more than half (57.8%) of the respondents offered their older parents money in the previous month, about one-quarter (34.6%) bought clothe for their older parents, while slightly above average (55.7%) offered food items/stuffs to their older parents in the previous month. Only 31.3% of the respondents reportedly took their older parents to hospital for medical check-up, 22.6% paid the rental fees of their older parents, while 57.2% bought pharmaceutical drugs for their older parents in the previous month. About half (51.5%) of the respondents talked to their older parents regularly in the previous week on what they should eat, slightly above half (57.2%) respondents talked to their older parents on what they should drink, while 65.7% respondents gave advice to their older parents on their health. Majority (63.0%) of the respondents visited their older parents in the previous month, while 18.3% of respondents reportedly did not call on their older parents as shown in Table 2.

Figure 1 indicates some factors that motivated the respondents in providing for the needs of their older parents. In all, 38.9% respondents expressed that they

would continue to assist their aged parents as they considered it their responsibility as a child, while 18.5% would support parents in order ‘to receive/secure prayer from their parents’. Other reasons given included ‘the satisfaction of culture demand’ (21.1%) and ‘for reciprocity purposes’ (21.5%) as shown in Figure 1.

When the participants were asked to identify other expected but unmet sources of care for the elderly in the community, ‘care from government’ was mentioned by 47.0% respondents. This was followed by ‘the children of the elderly’ (36.0%). Family was mentioned by 8.0%, while religious institution and non-governmental organizations were mentioned by 4.0% and 1.0% respectively as shown in Figure 2. These responses were corroborated by the narratives of cross-sections of interviews. In all, the position of children resonates indispensable in the care of the elderly, while the role of government is observably important. The community was also savaged of its own responsibilities in the care for the elderly:

“Government is supposed to take care of the older people, as it occurs in advanced countries, but the government has failed in Nigeria. Owing to inability of the government to pay their pension, such governmental failure will then compel children to be the ones that would cater for the needs of their older parents. In advanced countries, there are special schemes for the older people. The community normally gathers older people together and not the government. The community would give them shelter, cardigan and even food, and other materials as needed. But in Nigeria, it is

Table 2. Forms of social supports offered to older parents

Typologies of social supports		Yes/No	No. (%)
Instrumental support	Gave money to older parents the previous month	Yes	266 (57.8)
		No	194 (42.2)
	Bought cloth for older parents the previous month	Yes	159 (34.6)
		No	281 (65.4)
	Bought food for older parents the previous month	Yes	256 (55.7)
		No	205 (44.3)
Took older parents for medical check-up the previous month	Yes	144 (31.3)	
	No	316 (68.7)	
Paid rental fees of the older Parents the previous month	Yes	104 (22.6)	
	No	356 (77.4)	
Informational support	Bought pharmaceutical drugs for the older parents the previous month	Yes	263 (57.2)
		No	197 (42.8)
	Talked to older parents on what to eat anytime the previous week	Yes	237 (51.5)
		No	223 (48.5)
Talked to older parents on what to drink anytime the previous week	Yes	263 (57.2)	
	No	197 (42.8)	
Gave advice to older parents on health anytime the previous week	Yes	302 (65.7)	
	No	158 (34.3)	
Emotional support	Paid visitation to older parents anytime the previous month	Yes	290 (63.0)
		No	170 (37.0)
	Talked to older parents on mobile phone anytime the previous week	Yes	376 (81.7)
No		84 (18.3)	

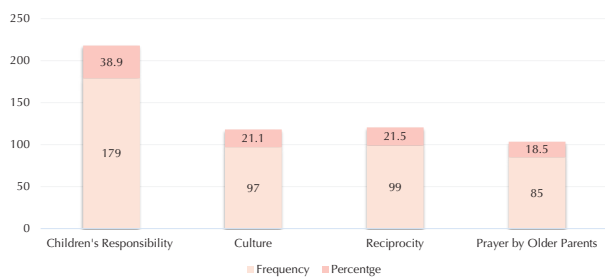


Figure 1. Factors that motivate the respondents in assisting their older parents.

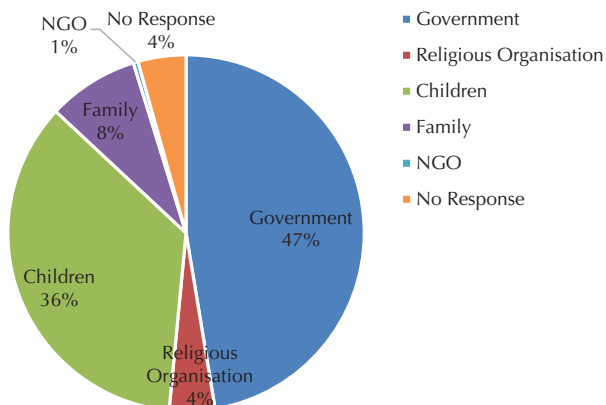


Figure 2. Expected social institutions to take care of older people.

not same, and that is why some older people turn to beggars without the knowledge of their children.” (IDI/Male/50 years/Apete Oja)

Another participant, a female, emphasized the children, and government as potential sources. Non-governmental organizations were also expected to support in the care of the elderly. It was observed that if elderly are well engaged, they could be trained on certain activities:

“It is the children and the government that are supposed to take care of the older people. Also, there are Non-governmental organizational groups that can take care of them as well. In some other countries, for instance, there are some programs that are being organized for older people. There is a special center for the aged where they give them training on different skills. As for me, I pray for my children to be wealthy. The most important thing is for children to take care of their older parents.” (IDI/Female/33 years/Apete Oja)

Contrarily, the spirit of communal responsibility was emphasized by a participant, explaining that it is not only biological affiliation that should motivate caring for the elderly, it should also be by communal spirit of “be your brother’s keeper”:

“The children are the people to take care of their older parents. It is not compulsory that it must be government. It is not only the biological children that are expected to take care of their older parents. For instance, in my own case, my mother is not here with me but anybody that falls within the age category of my mother, I usually take care of them.

It is everybody’s duty to take care of the older people.” (IDI/ Female/32 years/Akodu)

The time frame of giving money to older parents by respondents revealed that more than half each of the male (62.3%) and female (63.0%) respondents sent stipends to their older parents on monthly basis, more male (12.3%) than female (7.9%) respondents sent money to their older parents on weekly basis, while a little more female (16.1%) than male (14.9%) respondents sent money to their parents on quarterly basis. However, there was no significant relationship ($\chi^2=0.723$) between gender and the time frame of giving money to older parents. The marital status of the respondents who gave money to their older parents indicated that those who were ‘engaged’ gave money to their parents on daily, monthly and quarterly basis than those who were married or singled.

The average monthly income of the respondents shows no percentage difference between those who earned less than N20,000.00 (US\$101.52) monthly income and those who earned more income monthly when considering daily giving of money to older parents. Respondents who earned more than N20,000.00 (US\$ 101.52) monthly gave their parents money on monthly basis than respondents who earned less than N20,000.00 (US\$ 101.52) in a month. However, there was no significant relationship ($\chi^2=0.056$) between the average monthly income and the time frame of giving money to older parents. The age categories of the respondents showed 50-59 years as the highest (12.5%) age group that gave money to their parents on daily basis, while the same age group showed the lowest (58.3%) among respondents that gave money to older parents once in a month. Conversely, there was no significant relationship between age group and the time frame of giving money to older parents.

Respondents that were self-employed (6.3%) than civil servants (2.2%) and those in private sector (4.4%) gave money to their older parents on daily basis. Respondents that were civil servants gave money to older parents on monthly (67.8%) and weekly (12.2%) bases than those in private (61.5%) and the self-employed (62.5%) sectors. However, the ways the self-employed gave money to older parents showed appreciable manners across all the time frame of giving money to older parents. Overall, there was no significant relationship between the occupation of the respondents and the time frame of giving money as shown in Table 3.

Discussion

This study documented the social supports rendered by the working adults to the older parents in peri-urban Nigeria. Findings in this study showed that large majority of the children were not living with their aged parents as at the time this study was conducted. Such demographic attribute has influence on the finding of Feng et al.,⁹ that living arrangement has impact on the health of the elderly

Table 3. Relationship between socio-demographic characteristics and financial supports

Sociodemographic characteristics		Time frame of giving money to older parents					P value ^e
		Daily No. (%)	Weekly No. (%)	Monthly No. (%)	Quarterly No. (%)	Yearly No. (%)	
Gender	Male	4 (3.5)	14 (12.3)	71 (62.3)	16 (14.9)	9 (7.9)	0.723
	Female	11 (4.3)	20 (7.9)	160 (63.0)	41 (16.1)	22 (8.7)	
Marital status	Single	4 (3.8)	10 (9.5)	64 (61.0)	18 (17.1)	9 (8.9)	0.995
	Married	10 (4.1)	24 (9.9)	153 (62.2)	35 (14.5)	20 (8.3)	
	Engaged	1 (6.2)	0 (0.0)	11 (68.8)	3 (18.8)	1 (6.2)	
Average monthly income	Less than N20000	9 (4.1)	18 (8.3)	127 (58.5)	39 (18.0)	24 (11.1)	0.056
	N20000-N39999	2 (4.5)	1 (2.3)	31 (70.7)	7 (15.9)	3 (6.8)	
	Above N39999	3 (4.0)	8 (10.7)	53 (70.0)	10 (13.3)	1 (1.3)	
Age	Less than 29	7 (4.5)	18 (11.5)	95 (60.5)	24 (15.3)	13 (8.3)	0.378
	30-39	4 (3.1)	8 (6.2)	83 (64.3)	18 (14.0)	16 (12.4)	
	40-49	1 (1.8)	8 (14.5)	36 (65.5)	9 (16.4)	1 (1.8)	
	50-59	3 (12.5)	0 (0.0)	14 (58.3)	6 (25.0)	1 (4.2)	
Occupation	Civil servant	2 (2.2)	11 (12.2)	61 (67.8)	15 (16.7)	1 (1.1)	0.073
	Self-employed	4 (6.3)	7 (10.9)	40 (62.5)	5 (7.8)	8 (12.5)	
	Private sector	9 (4.4)	15 (7.3)	126 (61.5)	35 (17.1)	20 (9.7)	

^a χ^2 -test was used.

and it enhances the provision of social supports to the elderly. In comparison, elderly people living in institutions such as nursing homes were found to have higher rate of mortality compare to elderly living in private homes. However, the elderly living with their children in this study were also expected to play roles responsibly in some domestic chores or care for their grandchildren to motivate social support from their children.⁹ Findings in this study showed that large majority of children were not living with their aged parents as at the time of this study. This may be a limitation for future studies to consider; as this study considered adults having older parents irrespective of whether living together or not. As modernization theory suggests, the increased industrialization has led to increment in inter-generational mobility in which the elderly is separated from their children. Also, the widespread adoption of nuclear family at the expense of extended family and growing female employment opportunities have compelled some elderly people to live/stay alone.^{2,26} This finding, in this present study, is in variance with previous study by Mohd et al.,² in Malaysia where it was found that more than half (64.17%) of the elderly were living with at least one adult child. The living arrangement of the elderly in this present study suggests that the elderly might not be able to access quick physical assistance from their children. However, recent studies on advancement in communication technology have shown that geographic distance seems to have less impact on the well-being of the elderly.^{10,27}

The source of income of the elderly also varied as indicated by the findings in this study. However, most of the respondents reported that their aged parents relied on children, pension and income as survival strategies. Nevertheless, it is an accepted tradition that children should take care of their aged parents because they were

once taken care of by their aged parents when they were young as well.² Sidloyi and Bomela²⁸ observed that the inability of the elderly to earn money compels them to rely on children as source of income. This suggests that the family still plays dominant role in ensuring the well-being of the elderly through the provision of numerous social supports to the aged in the society. Moreover, as activity and continuity theories suggest, the active participation of the elderly in productive activities has positive effects on their life satisfaction. Also, the ability of the working elderly would go a long way in determining their financial independence and the ability to live alone.² Results in this study suggest that the engagement of the elderly in productive work will enable them to fight off loneliness. In addition, because of the absence of social security for the aged in Nigeria, some of the elderly that have worked for the government, once in their life, tend to rely on pension from the government.¹³ This is in consonance with Sidloyi and Bomela's²⁸ study in South-Africa where they discovered that the elderly did not only rely on their children as a social security, but also used their pension in conjunction with rental fees from their tenants as survival strategies. Also, their findings showed that the elderly in South-Africa were engaging in income-generating activities such as chicken-farming project.

The children, as identified in this study, rendered three forms of dominant social supports. In particular, the availability of these social supports varied. Most of the children talked to their older parents on mobile phone in a week that preceded the study. This suggests that the use and acceptance of mobile phones in Nigeria has eased the mode of communication between parents and their children. In contrast, the percentage of children that gave money to their parents were above average. This finding is also in consistent with previous studies by Teerawichitchainan et

al.,²⁹ in Myanmar, Thailand and Vietnam. In these three countries, they discovered that aged parents received monetary support, regular phone call and visitation from their adult children respectively, while the percentage of children that took their aged parents to hospital for medical check-up was below average. Dokpesi¹³ affirms that there is an absence of special health insurance scheme to cover the health needs of the elderly in Nigeria. Besides, much of the expenses on health in Nigeria comes from out-of-pocket spending. It is argued that the escalating cost of health care to poor patients may influence the health-seeking behavior of the elderly negatively. Also, the poor socio-economic status of the children of the aged may not give them enough opportunity to take much care of their older parents.¹³ This finding underpins this claim as shown by small number of children who took their older parents to hospital for medical check-up.

Mohd et al.,² found that there is 'balas-jasa' or the act of repaying parents for the sacrifices they made while raising a child. A finding in this study reinforces this claim. The respondents (children) in this study affirmed that it was their responsibility to take care of their older parents in return, because their parents once did same for them while they were young. Culturally, social supports from children is taken to mean 'reaping one's labour on children' in Nigeria. The trust in possible social exchange between the older parents and their children enhances the belief that once a child takes care of his or her older parents, such a child would be taken care of too at old age. Thus, as children provide their older parents with social supports, in the same vein, the older parents reciprocate by praying for their children.

This study showed that gender does not determine the time frame by which the children render instrumental social supports to their aged parents. Also, findings showed that those that were 'engaged' (about getting married to their potential spouses) offered money to their older parents regularly than those that were married. Clearly, married individuals have more responsibilities to shoulder than those who were still 'engaged'. Furthermore, those who earned more than twenty thousand naira as a monthly income offered money to their older parents on monthly basis than those that earned less than twenty thousand naira. This suggests that the ability of the working adults to render monetary support to their aged parents depends on the amount of money the children have at their disposal. In addition, some children that were civil servants concentrated more in giving money to their older parents on monthly basis than those who were working in private sectors. A reason for this may not be too far from the differences in time of earning the monthly salary by these two groups. For instance, the civil servants in Nigeria must wait till the end of the month before they can be paid their monthly salary. The roles that the elderly play in the society cannot be downplayed.

Despite the vital roles being played by the elderly in the society^{28,30} many older persons do not get adequate care and supports to commensurate with the expected societal roles.⁵ Consequently, many older persons have lost their lives in undue times, or become destitute, beggars in public motor parks and social functions to earn their daily living, while some have suffered abuses.³¹

Conclusion

With the rise in ageing population, there is high probability that the elderly may become a target for poverty, especially in developing countries, owing to poor economy, financial challenges, underemployment and unemployment by children of the aged. It is therefore imperative for health workers, and social services workers providing care for the elderly to take all these challenges into consideration to ensure adequate care of the elderly in the society in order to enhance their life expectancy and improve their standard of living. Future study should consider how the dynamics of social supports from children living with their aged parents can influence the health and wellbeing status of the elderly in Nigeria.

Acknowledgments

We express our sincere appreciation to all the consented working adults in this study for giving their time and attention to participate in the study.

Ethical Issues

None to be declared.

Conflict of Interest

The authors declared no potential conflicts of interest.

Author's Contributions

KKS conceived of the study, contributed to its design, and study coordination. KKS did qualitative data analysis, participated in statistical analysis and drafted the manuscript. OOO contributed to study design, participated in data collection and study coordination. OOO participated in statistical analysis and drafting of the manuscript. Both authors read and approved the final manuscript.

Research Highlights

What is the current knowledge?

The consistent rise in population of the elderly is confronted with the attendant absence of comprehensive supports systems for older persons in Nigeria. This has put the elderly on psychosocial challenges at old age in Nigeria

What is new here?

As the population of the older persons continues to rise, so the probability that the elderly may become a target for poverty in developing nations due to poor economy, and financial challenges of the older persons and their children. Yet there is the absence of comprehensive supports systems in Nigeria.

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