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Social Analysis of the Living Conditions of the Elderly in Selected Communities in Edo Central Senatorial District, Edo state

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Abstract

The elderly in Nigeria are denied resources by formal institutions towards retirement and comfort to life in advanced stage of their existence. Yet, they are the custodians of culture and tradition, mediators during conflict resolution and contributors in enforcing peace in their various communities. This study therefore examined the general living conditions of the elderly, factors affecting their living conditions as well as proffering strategies to improve their living conditions in central senatorial district, Edo State, Nigeria. Purposive sampling technique was adopted and a structured questionnaire was administered to 250 respondents from five (5) communities: The Five major communities were randomly selected from each of the five Local government council of Edo central senatorial district. Data were analyzed with both descriptive and inferential statistics using the Chi-square analysis. The study showed that 42% of the respondents are in the prime elderly (70-74) age group. Farming and trading constitute the most important occupations engaged by the elderly with about 67.9%. The result of the chi-square analysis (χ^2) showed that factors such as Social factors such as income, feeding, housing and nature of support of the elderly are the major factors affecting the living conditions of the elderly in Edo central senatorial district. Based on the above the study recommends that there is need for health insurance schemes for the elderly, there is also need for stakeholders to design policies that will ensure the elderly are financially secured in their old age so as to improve their standard of living.

Keywords: Culture, elderly, feeding, family support.

Introduction

Ageing is a relentless, biological imperative that begins with both male and female. No one escapes it. It is a process of getting old and all people affected by this process are regarded as the elderly. It is defined legally, socially and culturally (Okumagba, 2005). According to Hajime *et al.*, (2006) "elderly" has been defined as a chronological age of 65 years old or older. Living conditions of old people are a reflection of the living conditions of society as a whole (Orire, 2015). The definition of level of living has been based on either needs or resources. The term living condition is most often used with the same meaning as standard of living. The living standard of the

elderly is mainly based on the capability of the next generation to meet their needs materially, financially and otherwise (Newman, 2003).

Adebowale, Atte and Ayeni (2012), noted that globally, the population of elderly is increasing and their well-being is becoming a public health concern. In Nigeria, poverty is widespread and elderly persons are at higher risk as a result of their age which reduces their working ability and leads to their retirement. Unfortunately, the Nigerian Government does not provide social security to the elderly and the supports from the family are fading out, hence, the well-being of elderly is compromised. Newman (2003), in a study of the living conditions of the elderly using the 1995 National American Housing Survey (AHS), noted that roughly 14% of elderly individuals had a housing-related disability, 49% had at least one dwelling modification, and 23% had an unmet need for modifications. However, half of those with dwelling modification also reported unmet needs, the match between disabling condition and modification, not the presence of modifications is the key.

In Nigeria, those aged 65 years and above make up about 4.3 percent of the total population which was put at 140,431,790 million according to 2006 population exercise (National Population Commission, 2009). The population of elderly (age 65+) in Nigeria is on the increase as the crude mortality rates are gradually reducing (NPC and ICF Macro, 2009). The problems of an ageing population have not been seen as important in Nigeria because the aged are such a small proportion of the population. In most developing countries, formal social security systems have only limited coverage and inadequate benefit payments (Bailey, 2000; Colin, Turner, Bailey and Latulippe, 2000).

As a result, the majority of older people depend on family support networks, a reality that is well appreciated in most parts of sub-Saharan Africa in the past (Van de Walle, 2006; Kaseke, 2004; WHO, 2002). However, it is recognized that traditional social security systems are evolving, attenuating and rapidly disappearing due to pressures from urbanization and industrialization (Tostensen, 2004). Youths migrate to cities while the elderly move back to the rural areas. Elderly persons in Nigeria reside more in rural communities, particularly those who have retired from their place of work (Tostensen, 2004). Ageing in Nigeria is occurring against the background of socio-economic hardship, wide spread poverty, the HIV/AIDS pandemic, and the collapse of the traditional extended family structure. The roles of elderly in nation building at the various stages of their life cannot be over-emphasized. They are the custodians of culture and tradition, are mediators during conflict resolution and contributors in enforcing peace in their various communities (Asiyanbola, 2008). The younger generation will know little or nothing about culture and tradition if the elderly who are to educate them are not been properly preserved. The elderly have served their motherland when they were young and active (Asiyanbola, 2009).

Problem Statement

The attitudes of government towards the elderly in our contemporary society is not encouraging, as there exist no special resources directed to aid in making life better for them in the rural and urban Centre. The health care systems in most developing countries are appalling as government spend a small fraction of the budget on treating older adult illness and access to care is limited and not a policy priority (Poullier, Hernandez and Kawabata, 2003; Tollman, Doherty, and Mulligan, 2006). The attitudes of health care providers towards older people make their situations even more difficult. Many older people do not access health services due to inability to prove their age, aggravated by the limited availability of health services, equipment and expertise. Although, declarations and plans have presented great opportunities for countries to mainstream ageing within the context of current global development initiatives, the recognition of population ageing by governments is still limited. This is the situation, especially in African countries, where other pressing priorities command most of the attention of policy makers, even though the process of population ageing is already visible in these countries.

In Nigeria, poverty is rife and elderly persons are more at risk since most of them are no longer in the economically active phase of life and there is no national social security to provide economic support in old age (Gureje, Lola, Ebenezer and Benjamin, 2008). Access to health care is severely limited both by paucity of health facilities and manpower and by out-of-pocket payment arrangement. Social network is dwindling and traditional family support is decreasing as urbanization and migration takes young members of the family away. Also, social changes are affecting the position of the elderly in the society and leading to a reduction in their social status and influence in the community (Gureje, and Oyewole, 2006).

Objectives of the Study

The aim of this research is to examine the living conditions of the elderly with emphasis on their social conditions in selected communities in Edo Central senatorial district of Edo State, Nigeria. Other specific objectives which are to:

- i. Analyze the factors affecting the living conditions of the elderly in the study area
- ii. Assess how the elderly cope with their social conditions in the study area
- iii. Assess the kind or type of support elderly people receive in the study area

Hypothesis

The following hypotheses stated in their null form will be tested in this study

Ho: Social factors such as income, feeding and housing and nature support of elderly do not affect their living conditions.

H1: Social factors such as income, feeding and housing and nature of support of elderly affect their living conditions.

Methodology

The paper is restricted to Edo state in Nigeria with specific reference to some selected towns in Edo central senatorial district of Edo State, Nigeria. For the purpose of the paper, primary data were used. The primary data were collected from respondents which comprises of aged 60 years and over, were selected. The study adopted the descriptive research design implemented through the use of questionnaires as the instrument to collect data from 50 respondents. The population for this study consists of all elderly in Nigerian. It specifically studied elderly in five (5) community; one each from the five LGA that makes up Edo central senatorial district of Edo state. Five major communities were randomly selected from each of the five Local government council of Edo central senatorial district. The towns include Ekpoma, Irrua, Ubiaja, Igueben and Uromi.

The structured questionnaires were administered in each segment of the target population. In this manner, 250 copies of questionnaire were administered to the respondents, and were distributed at 50 copies for each town. The method of data analysis adopted was a descriptive percentage method and chi square analysis. The chi square is used in testing the hypotheses as earlier stated.

Results Analysis

Table1: Sex Distribution

Sex	Frequency	Percentage
Male	148	59.2%
Female	102	40.8%
Total	250	100

Source: Fieldwork, 2017

The gender distribution reveals that 59.2% of the respondents are males whereas the females constitute 40.8% as shown in table 1.

Table2: Age Distribution

Age	Frequency	Percentage
60-64	37	14.8
65-69	54	21.6
70-74	105	42
75-79	33	13.2
80 and Above	21	8.4
Total	250	100

Source: Fieldwork, 2017

Table 2 shows that respondents within the age group of 70-74 years have the highest proportion of 42%, followed by those aged between 65-69 years with 21.6%. The early elderly age respondents range of 60-64 years with 14.8%, while the older respondents range from 75-79 with 13.2% and 80 and above with 8.4% respectively.

Table 3: Marital Status

Marital Status	Frequency	Percentage
Married	107	42.8
Separated	33	13.2
Divorced	39	15.6
Widow	71	28.4
Total	250	100

The Table 3 reveals that 42.8% of the elderly are married; this is followed by those that are widowed (28.4%), divorced (15.6%) and separated (13.2%). This clearly implies that the elderly desire to have someone beside them to provide assistance, companionship, reduces boredom and aging associated health problems.

Table 4: No of Children

No. of Children	Frequency	Percentage
3	44	17.6
4-6	79	31.6
7-9	127	50.8
Total	250	100

Source: Fieldwork, 2017

For the number of children ever born, Table 4 shows that 50.8% of the elderly have had 7 children and above, while, 31.6% have between 4-6 children and 17.6% have just 3 children. This shows that a large proportion of the elderly in the study area are observing the maximum four children as spelt out in the National population policy.

Table 5: Occupation

Occupation	Frequency	Percentage
Farmer	89	35.6%
Pensioner	58	23.1%,
Trader	80	32.3%,
Self-employed	12	5.0%
Others	10	4.0%
Total	250	100

Source: Fieldwork, 2017

The distribution of respondents by occupation is shown in table .5. A general over view of the table 5 shows that 35.6% of the respondents are into farming; this is

followed by respondents that are into trading with 32.3%, while Pensioner, Self-employed and others have 23.1%, 5.0% and 4.0% accordingly.

Table 6: Religion:

Religion	Frequency	Percentage
Christianity	146	58.4%
Islam	68	27.1%,
Others	36	14.5%.
Total	250	100

Source: Fieldwork, 2017

Table 6 shows the distribution of respondents by religion. It shows that Christians accounted for 58.4% of the respondents, followed by Islam with 27.1%, other religious adherents make up the remaining 14.5%.

Living Conditions of the Elderly

Table 7:Source of Income

Source of Income:	Frequency	Percentage
Pension	67	26.8
Retail Trading	58	23.2
Rents	45	18
Shares	-	0
Relatives/Children	33	13.2
Business	29	11.6
Others (specify)	18	7.2
Total	250	100

Source: Fieldwork, 2017

The income of the respondents as revealed in Table 7 shows that 26.8% of the elderly get their income from pension while 23.2%, get from retail trading, 18% rent, is followed by respondents that get from Relatives/Children with 13.2%, while business, retailing and other have 11.6%, and 7.2% respectively.

Table 8: Feeding Practice

Feeding Practice	Frequency	Percentage
1 meals	22	8.3%.
2 meals	102	40.9%
3 meals	116	46.4%
Others	10	10%
Total	250	100

Source: Fieldwork, 2017

Table 8 shows the distribution of respondents by number of times they eat food per day. It reveals that 46.4% and 40.9% of the respondents afford three and two square meals a day respectively while those who afford one square meal a day are

8.3%. The nutritional intake is vital when discussing the living conditions of the elderly in any society. It is obvious from this analysis that food intake among the elderly is fairly good as majority of the respondents (87.3%) are able to get at least two square meals per day.

Table 9: Housing

Variable	Frequency	Percentage
Living in one room	20	8
2 rooms	67	26.8
Flat of 2 rooms	104	41.6
Flat of 3 rooms	59	23.6
Total	250	100

Source: Fieldwork, 2017

Table 9 shows the distribution of respondents housing scheme. It reveals that 41.6% of the respondents representing the highest stays in flat of 2 rooms, 26.8% stay in 2 rooms, 23.6% stay in flat of 3 rooms while the lowest respondents of 8% stay in one room.

Table 10: Social Support

Variable	Frequency	Percentage
Family	143	57.2
Paid dependants	57	22.8
Informal support	21	8.4
Caregiver	29	11.6
Total	250	100

Source: Fieldwork, 2017

Table 10 shows the distribution of respondents social support scheme. It reveals that 57.2% of the respondents representing the highest depend on their family for support, 22.8% have paid dependents, 8.4% are supported through informal support and 11.6% have caregiver.

Table 11: Clothing

Variable	Frequency	Percentage
Wears 1 Dress Daily	58	23.2
Changes Clothes Daily	141	56.4
Unable to Change clothes	13	5.2
Others	38	15.2
Total	250	100

Source: Fieldwork, 2017

Table 11 shows the distribution of respondents social support scheme. It reveals that 56.4% representing the highest respondents changes clothes daily, 23.2 wears 1 dress daily, 15.2 either wear more than one dress daily and changes daily, and 5.3% representing the lowest respondents are unable to change due to insufficient clothes.

Table 12: Bathing

Variable	Frequency	Percentage
Once a day	24	9.6
Twice a day	132	52.8
Anytime	75	30
Not often	19	7.6
Total	250	100

Source: Fieldwork, 2017

Table 12 shows the distribution of respondents bathing patterns. 52.8% bath twice daily, 30% bath anytime they wish, 9.6% bath once a day and 7.6% bath not often.

Test of Hypothesis

Ho: Social factors such as income, feeding and housing and nature support of elderly do not affect their living conditions.

H1: Social factors such as income, feeding and housing and nature of support of elderly affect their living conditions

	RESPONSES	Highest		High		Low		Lowest		Total	
		F	%	F	%	F	%	F	%	F	%
1.	Source of income	125	50	45	18	33	13.2	47	18.8	250	100
2.	Feeding practice	102	40.9	116	46.4	22	10	10	8.3	250	100
3.	Housing	104	41.6	67	26.8	59	23.6	20	8	250	100
4.	Social support	143	57.2	57	22.8	29	11.6	21	8.4	250	100
5.	Clothing	141	56.4	58	23.2	38	15.2	13	5.2	250	100
6.	Bathing	132	52.8	75	30	24	9.6	19	7.6	250	100

Using Chi-square,

$$x^2 = \frac{\sum fo-fe}{fe}$$

Where x^2 = Chi-square

Σ = Summation

fo= Observed frequency

fe= Expected frequency

Chi-square calculation

Variable	Observed (o)	Expected (e)	o - e	o - e ²	$\frac{(o-e)^2}{e}$
Strongly Agree	747	375	372	138384	369
Agree	418	375	43	1849	4.9
Disagree	205	375	-170	28900	77
Strongly Disagree	130	375	-245	60025	160
Total	1500	1500	0	202	X² = 610.9

(df) = r - 1

Where df= degree of freedom
 r=number on a row
 = (4-1)
 = 3

The % point distributed at 0.05 significant level from x² table is 7.81

Decision Rule

From the calculation, the computed chi-square (x²) value is 610.9 and it is greater than the value of 0.05 significant level, x² critical of 7.81, hence we reject the null hypothesis and accept the alternate and thus conclude that Social factors such as income, feeding, housing and nature of support of the elderly affect their living conditions.

Discussion of Findings

The aim of this research is to examine the living conditions of the elderly in some communities in Edo Central senatorial district Edo state. 5 communities from the Local government were purposively selected for the study due to the large area of Edo state. Data for the research was obtained using structured questionnaires and interviews. The study reviews that the elderly plays an important role in the area as a whole because they were found to be the custodians of culture which is been pass from generation to generation. From the findings, going by the socio-economic variables like income, occupation, religion, marital status, number of children, feeding structure, type of accommodation, social support and clothing is believed to influence the living conditions of the elderly. The findings indicate that the living conditions of the elderly are not encouraging. This is because majority of the elderly are not working and as such their income is low. It was found that nutrition and health of the elderly constitute 59.2% of the total variance explained, support to the elderly is mainly from family 57.2% and bathing 52.8% are the key factors affecting the living conditions of the elderly in the study area. The study revealed that only 26.8% of the elderly are depend solely on pension which has not always been regular as a strategy for coping with their living

conditions. Only 11.6% are still in business in order to take care of their daily expenses. The study reveals that the nature of support for the elderly is mainly support from the family with about 57.2%, paid dependents 22.8%, informal support 8.4% and caregiver 11.6%. More findings reveal that some of the elderly are unable to change their dresses due to insufficient clothes and improper maintenance

Conclusion & Recommendations

This study established that socio-economic variables like income, occupation, accommodation, nutrition and health condition is believed to influence the living conditions of the elderly. Nutrition and health of the elderly were found to be the key factors affecting the living conditions of the elderly in the study area. The study also established that majority of the support for the elderly is gotten from the family, majorly the children and siblings of the elderly. The major income they earn as gotten from the study is pension which are not regular as it should be. Therefore given the findings, it can be concluded that the living conditions of the elderly is not conducive now. There need to be a lot of improvement in their living conditions. The following recommendations are proffered in this study to improve the living conditions of the elderly.

1. There is the need to improve access to health care for the elderly since a lot of them complained of common illnesses during the interview. Health care should not be made expensive, health care providers should be accessible, should offer services at all times and under conditions that are favorable to the elderly. Drugs particularly diabetic drugs should be made available.
2. Proper sensitization on educating the elderly should be made paramount by health care practitioners, so as to increase awareness on good nutrition for the elderly, food supplements and adherence to good dietary regime.
3. There is need for policy makers to ensure the elderly are financially secured in their old age especially for the prompt payments of gratuity for the retirees and to also increase the amount they receive as pension so as to improve their standard of living. This is because in this study, majority of the respondents have a very low income given the present economic situation in the country.
4. There is the need to provide better housing condition for the elderly since most of the elderly in this study live in a room and two room apartments. This is necessary because housing provides both psychological and physical shelter and increases satisfaction for the elderly.
5. Governments as well as NGOs should give special consideration to the wellbeing of the elderly. This could be achieved by providing the elderly with their basic needs.

Legislation should outline the need for adult children especially through empowerment and job creations so as to support their aging parents.

References

- Adebowale S.A., Atte O. and Ayeni O. (2012). *Elderly Wellbeing in a Rural Community in North Central Nigeria, Sub-saharan Africa*. Scientific and Academic Publishing.
- Asiyanbola R. A. (2008). Assessment of Family Care, Housing, Gender, Daily Activities, and Physical Wellbeing of the Elderly in Ibadan, Nigeria. *International Journal of Agricultural Sciences, Sciences Environment and Technology*, 3(1), 95-96.
- Atalay, D. (2018) The management of information in education management by using share point programme, *International Journal of Humanities and Social Development Research*, Baku, Azerbaijan. Volume 2, Number 1, 24-38.
- Asiyanbola R. A. (2009). Spatial Behaviour, Care and Well Being of the Elderly in Developing Country, Nigeria. *IFE Psychologia*, 17(1), 1117-1421.
- Asif Mahmood, Muddassar Sarfraz, Muhammad Atib Ramzan, Muhammad Ibrahim Abdullah. Impact of creativity on entrepreneurial intentions through Self-efficacy. *International Journal of Humanities and Social Development Research*, Volume 2, Number 1. Baku. Azerbaijan. 52-73.
- Azizmohammadi, F. (2017) A study of Kathryn Stockett's the help from Patricia Hill Collins' view: A black feminist study. *International Journal of Humanities and Social Development Research*, Volume 1, Number 1. Baku. Azerbaijan. 19-29
- Bailey, C. (2000). Governance of social security schemes: social security documentation. *International Social Security Association*, 21, 71-113.
- Colin, G., Turner, J., Bailey, C., Latulippe, D. (2000). Social security pensions. In: L.S., Cottrell (2002). *Development and reform*. Geneva: International Labour Office.
- American Sociological Review, 7, 617-620.
- Gureje, O., Lola, K., Ebenezar, A. and Benjamin, O. (2008). Determinants of quality of life of elderly Nigerians, results from the Ibadan Study of Ageing. *African Journal of Medical Sciences*, 37(3), 239-247.
- Hajime, O., Hideki I., Takao S., Atsushi A., Takayuki H. and Motoji, S. (2006). Reviewing the Definition of Elderly. *Geriatrics & Gerontology International*, 6(3), 149-158.
- Kaseke, E. (2004). *An Overview of Formal and Informal Social Security Systems in Africa*. USA and Johannesburg, South Africa: National Academy of Sciences.
- National Population Commission. (2009). *Final results of 2006 Census*. Official Gazette of 2nd February, 2009. National Population Commission, pp 1-327, Abuja, Nigeria.
- Newman, S. (2003). The Living Conditions of the Elderly Americans. *The Gerontological Society of America*, 43 (1), 99-109.
- NPC & ICF Macro. (2009). *National Population Commission Nigeria and ICF Macro, Nigeria Demographic and Health Survey 2008*. National Population Commission and ICF Macro, Abuja, Nigeria.
- Okumagba, P.O. (2005). Preparing for Retirement in Nigeria: A case Study of Academics in Delta state University, Abraka. *IJBSS*, 10(2), 98-109.

- Orire, I. O. (2015). *Spatio-Temporal Analysis of Population Aging in Kwara State*. (Unpublished Ph.D. Thesis), Ahmadu Bello University, Zaria.
- Poullier, J. P., Hernandez, P. and Kawabata, K. (2003). *National health accounts: concepts, data source and methodology*. Geneva.
- Saiful Anwar Matondang (2017) Multicultural identity of Singapore as ex-British settlement and new Asian global city .International Journal of Humanities and Social Development Research, Volume 1, Number 1. Baku. Azerbaijan. 49-61.
- Tollman, S., Doherty, J. and Mulligan, J. (2006). *General Primary Care: Disease control in developing countries 2nd edition*. New York. Oxford University Press.
- Tostensen, A. (2004). Towards Feasible Social Security Systems in sub- Saharan Africa. In: M. Grimm, (ed). *African Social Challenges*, Bergen: World Bank; pp. 14.
- Van de Walle, E. (2006). African households: censuses and surveys. *Journal of social science and medicine*, 2(62), 2411-2419.
- World Health Organization. (2002). *Water Related Diseases*. Geneva: WHO.
- Zriba, H. (2018). Pakistani Diaspora in Britain: The recreation of homeland space. International Journal of Humanities and Social Development Research, Volume 2, Number 1. Baku. Azerbaijan.7-23