

ORIGINAL RESEARCH ARTICLE

Variations in preference for family care support among the elderly in Southwestern Nigeria

DOI: 10.29063/ajrh2021/v25i5s.7

Moses A. Akanbi^{1*}, Theophilus O. Fadayomi², Onipede Wusu³, Muyiwa Oladosun⁴, and Dominic E. Azuh⁵

Demography and Social Statistics Program, Department of Economics & Development Studies, Covenant University, Nigeria¹; Department of Economics, Faculty of Humanities and Management Sciences, Elizalde University, Ilara-Mokin, Ondo state, Nigeria²; Department of Sociology, Faculty of Social Sciences, Lagos State University, Ojoo, Lagos state, Nigeria³; Demography and Social Statistics Program, Department of Economics & Development Studies, Covenant University, Nigeria⁴; Demography & Social Statistics Program, Department of Economics and Development Studies, Covenant University, Nigeria⁵

*For Correspondence: Email: moses.akanbi@covenantuniversity.edu.ng

Abstract

Preference for family care support among the elderly has become a prominent issue in Nigeria. Hence, the study explored variations in preference for family care support among the elderly in South-western Nigeria (Lagos and Oyo states). Data were extracted from a 2012 elderly survey dataset, and analyzed using quantitative techniques (univariate and bivariate). The results showed that study locations, marriage-type, educational attainment, employment status, religious affiliation, means of livelihood and usual place of residence have little and apparent variations in preferences for family care support in Southwestern Nigeria. We recommend that in order to keep on sustaining high-preferences for family care support, elderly people should be given all-round communal supports by family caregivers in the Nigerian extended family system. (*Afr J Reprod Health 2021; 25[5s]: 79-89*).

Keywords: Preference, family care support, elderly, variations

Résumé

La préférence pour le soutien familial chez les personnes âgées est devenue un problème majeur au Nigeria. Par conséquent, l'étude a exploré les variations dans la préférence pour le soutien aux soins familiaux chez les personnes âgées dans le sud-ouest du Nigeria (États de Lagos et d'Oyo). Les données ont été extraites d'un ensemble de données d'enquête sur les personnes âgées de 2012 et analysées à l'aide de techniques quantitatives (univariées et bivariées). Les résultats ont montré que les lieux d'étude, le type de mariage, le niveau d'instruction, le statut d'emploi, l'affiliation religieuse, les moyens de subsistance et le lieu de résidence habituel présentent des variations faibles et apparentes dans les préférences pour le soutien à la famille dans le sud-ouest du Nigeria. Nous recommandons qu'afin de continuer à maintenir des préférences élevées pour le soutien aux soins familiaux, les personnes âgées devraient bénéficier d'un soutien communautaire global de la part des aidants familiaux dans le système de la famille élargie Nigérien. (*Afr J Reprod Health 2021; 25[5s]: 79-89*).

Mots-clés: Préférence, soutien familial, personnes âgées, variations

Introduction

Across the globe, studies have shown that the proportions of elderly persons are rapidly increasing¹. However, there are regional disparities in the proportion of elderly residing in developed and developing countries in 2000. It is expected that by 2050, the proportion of elderly people would have reached one third of entire populations especially in the more developed parts of the world¹. Further evidence depict that the proportion of

elderly who belong to age group 60 years and over are projected to be more than 2 billion by 2050². Studies in Thai, Nigeria, Mexico and Peru have revealed that no apparent gender disparities exist in economic vulnerability among elderly people. This is because some aged people are more economically resilient than others; which makes it possible to uncover relevant cultural issues related to aging within the family settings in a country like Nigeria^{3,4}. In sub-Saharan Africa, available evidence indicates that there is shortfall in quality of

intergenerational support for elderly people due to societal beliefs that they are reaping the fruits of their deeds later in life⁵. In-effect, older people are often neglected during sicknesses and other ill-health. Indeed, elderly people with good health often strive to maintain environmental and personal hygiene. However, impaired health and insufficient care support among the older people could reflect in their physical appearance and social acceptance by the society⁵. Further studies have clarified that elderly people with chronic health challenges are often subjected to stigma and neglect⁶⁻⁸. Also, the pressure of care on informal family caregivers could lead to neglect of elderly people as observed in Ethiopia⁸.

In Nigeria, evidence from previous study indicates that the elderly are those who are 50 years and above⁹. To be specific, the number of the elderly in Nigeria has been increasing, thus increasing the need for supporting and care for the elderly. This generalization is a common practice in Nigeria but varies in intensity from one ethnic group to the other. In 2010, the Nigeria's demographic report indicated that elderly people of 60 years and over were 10 to 12 percent of the population and by projection, it will be about 15 percent in the year 2025¹⁰. This implies that in 2025, about 2.55 million elderly Nigerians will need care and family support for their survival¹⁰. Studies in Nigeria have shown that those aged people, who are still economically active and the retired earn meagre incomes. The implication is that these elderly people depend on their adult children and other funding religious bodies for survival¹¹⁻¹³.

Available evidence indicates that the absence of quality care-support for elderly people would invariably increase their vulnerability, particularly those with financial dependence on family carers and those with impaired-health conditions. Consequently, the aged people are often neglected in terms of their psychosocial health needs, which have serious adverse consequences on their ageing experiences¹⁴. Previous study indicates that there are thirteen (13) old peoples' homes in Lagos state, and they are committed to providing services to destitute older persons from different parts of Nigeria¹⁵. Another study depict that the major sources of financing the public sponsored old people's home in Lagos state and family sponsored

old people's homes in Oyo state are: the churches, individuals, institutions, organizations and philanthropists¹⁶.

This study is warranted due to lack of knowledge on variations in preference for family care support among the elderly in Southwestern Nigeria. Hence, this study investigates variations in preference for family care support among the elderly in Southwestern Nigeria. The relevant research questions are: (1) Are there socio-demographic variables of respondents with little variations in preferences for family care in the study areas? (2) Are there socio-demographic variables of respondents with apparent variations in preferences for family care in the study areas? This paper has contributed to the sub-theme of this special edition of the journal by displaying variations in preference for care support among the elderly from family settings and partial realization of goal 3 of the Sustainable Development Goals (SDGs) by 2030.

Literature review

Like other African nations, Nigeria conceives ageing issue as a serious social challenge. For instance, the incapability of the government to regularly pay pensions/gratuities to aged retirees is a crucial concern in Nigeria's socio-economic development¹⁷. Also, in Africa, another study showed that the age of the household head influences the welfare of the household¹⁸. He further indicated that welfare issues rises with increasing age as more human capital (education/and or working experience) is accumulated. The customs in many African communities is that elderly widows; who outlived their husbands cannot inherit the property of their deceased spouses, and that such widows are grossly rejected, neglected, dispossessed, isolated, abused and accused of killing their spouses with witchcraft¹⁹.

Findings also indicate that several older people who spent their youthful years in Nigerian government jobs do not often receive commensurate benefits. In-fact, their pension payments are not regular, while, the payments are not sufficient to cater for their basic needs. Hence, elderly parents often rely on their adult working children to meet up with the prevailing living standards. Additionally, the adult working children are equally struggling

with meeting the basic needs of their own families; which also makes it difficult for them to provide adequate support for their older parents and relatives²⁰.

Theoretical consideration

The theory of social representations was consolidated by Serge Moscovici in early 1960s²¹. This theory has become one of the major theories in social psychology. Initially, this theory was mainly embraced by the Europeans; but, later became popular to the extent that several erudite scholars, researchers and practitioners across the globe use it mainly in the field of social psychology, and in all other social sciences. In the past five decades, the researchers across the globe have discovered the relevance of this theory in development of flexible conceptual framework; that helps us to understand and explain the way individuals and groups of people elaborate, change, and communicate their social responsibility²² More importantly, the theory of social representations was adopted in this study because it enables us to understand and explain the variations in preference for family care support among the socio-demographic variables of the elderly in different age groups.

Methods

The study areas were comprises of Lagos and Oyo states in Southwest Nigeria. These two states are occupied predominantly by the Yoruba ethnic group²³. The states were chosen for the study because they are the largest and most cosmopolitan cities in Nigeria. Secondly, at the time of data collection, both states are the two South-west states in Nigeria with old people's homes apart from Edo state.

The sample size for the study was 938 elderly people. This consisted of 430 and 508 respondents from Lagos and Oyo states respectively. The higher sample size in Oyo state is due to the fact that more administered questionnaires were recovered from Oyo state compared to Lagos state. The eligible respondents in Oyo state were randomly selected from the following local government areas: Akinyele, Egbede, Ibadan North, Ibadan North-East, Ibadan South-West, Lagelu, Oluyole, Ono-Ara and Ido

respectively. In Lagos state, eligible respondents were randomly selected from the Local Government Areas (LGAs) which include: Agege, Lagos Mainland, Surulere, Alimosho, Amuwo-odofin, Ikeja, Ojo, Ifako-Ijaiye, Eti-Osa (West), Ibeju-Lekki, Kosofe, Mushin and Ikorodu respectively. Whereas, in the same Lagos state, other eligible respondents were randomly drawn from Local Council Development Areas (LCDAs) which include: Coker-Aguda, Ayobo-Ipaja, Eti-Osa (East), Itire-Ikate, Igando-Ikotun, Bariga, Eti-Osa (South), Yaba, Ikosi-Isheri, and Isolo respectively.

The multi-stage sampling was done in the sequence below. The first selection was done by purposive sampling of respondents who are 50 years and above in Lagos and Oyo states. However, sampling procedures were carried out in the following manner: Initially, a total of twenty-four (24) Local Government Areas (LGAs) were selected in Lagos and Oyo states respectively. Here, the emphasis is that 13 Local Government Areas were drawn from Lagos state while 11 Local Government Areas were drawn from Oyo state. Secondly, from each LGA selected, there were house-listing by using already existing Population and Housing Census (PHC)/National Bureau of Statistics (NBS) house or street numbering in Lagos and Oyo states respectively. Systematic random sampling technique was employed to pick the number of houses where old people are residing in Lagos and Oyo states.

Nevertheless, the lottery methods were employed in random selection of households where the elderly people reside. However, in these house-lists, any house that was included initially and later discovered that respondents are not there, the contiguous house were considered for interviews even though it was not initially included in the sampling frame. Thirdly, the elderly people were picked from the selected households in Lagos and Oyo states. 430 respondents were drawn from 13 LGAs (15 urban, 8 rural settings) in general public/elderly people's homes in Lagos state while 508 respondents were selected from 11 LGAs (8 urban, 3 rural settings) in general public/elderly people's homes in Oyo state.

The research design employed was quantitative technique; which involves the administration of structured face-to-face

questionnaire interviews. The data collected were analyzed by using statistical packages currently known as 'Statistical Product and Service Solution' (SPSS Version 15.0). The returned questionnaires were subjected to screening so as to ascertain consistency of the data. After the screening, responses in error-free questionnaires were entered into computer for the purpose of statistical analyses. The pre-coding of questionnaires was to ensure easy entry of data and less tasking of data analyses. However, all responses from open-ended questions were itemized and recorded properly for easy entry into the computer.

The data analyses embraced two statistical/analytical techniques such as: univariate and bivariate. The univariate analyses show the frequency distributions of respondents' dependent and independent variables. The bivariate analyses or cross-tabulations were employed to describe the interactions of preference for family/public care support with socio-demographic characteristics of respondents. Here, it is vital to note that 792 out of 930 respondents were those with preferences for family care in the study locations (as reflected in bivariate analyses; Tables 4 and 5).

Results

Distribution of respondents by study location, LGA, LCDA, residence and ethnicity

Table 1 shows the background characteristics of the respondents. The analysis indicates that 45.8 percent of the respondents were drawn from Lagos state while 54.2 percent were drawn from Oyo state. In Lagos state, the percentage distributions of respondents according to their LGAs indicated that the highest proportion of respondents came from Surulere (LGA) while the lowest proportion of respondents was from Ibeju-Lekki (LGA). The LCDAs in Lagos state show that the highest proportion of respondents came from Coker-Aguda while the lowest proportion of respondents was from Igando-Ikotun. In Oyo state, the highest proportion of respondents came from Egbeda Local Government Area, which is a rural setting. The major ethnic composition of the study sample is Yoruba which constituted 68.8 and 72.8 percent in Lagos and Oyo states. Thus, Oyo state registered a

higher proportion of Yoruba speaking people in the study.

Socio-demographic characteristics of respondents

As shown in Table 2, both Lagos and Oyo states registered high proportion of respondents in the age-group 50-64 years. By sex, the data showed a higher percent of male respondents in the two states. The marital characteristics of the respondents showed a higher proportion of married respondents. Also, major proportion of respondents in the two states acquired post-secondary education. However, the proportion of respondents with post-secondary education is higher in Lagos state than their counterparts in Oyo state. With reference to 430 respondents interviewed in Lagos state, majority of them are Christians with 64.7 percent. On the other hand, 43.7 percent of respondents were Christians in Oyo state. By comparison with other religious groups in the sample, there are more Christians in the two states.

Table 3 shows the employment status and occupational status and currently working/retired categories of respondents as follows: In Lagos state, the percentage distribution of respondents according to their employment status shows that 30.7 percent of them were employed, 21.2 percent were self-employed, 14.2 percent belong to the retired category and 4.2 percent of respondents were unemployed in this study. In Oyo state, the percentage distribution of respondents according to their employment status shows that 23.2 percent of them were employed, 12.8 percent were self-employed, 10.4 percent belong to the retired category and 3.2 percent were unemployed in this study. In-fact, there is a higher proportion of non-response for the sample on employment status in Oyo state (50.4 percent) compare to their counterparts in Lagos state (29.8 percent). With reference to occupational status of respondents in Table 3, the highest proportions of respondents are skilled (49.6 percent) and unskilled workers in Lagos and Oyo states respectively. However, the least proportions of respondents were engaged in unskilled workers with 9.8 and 14.6 percentages in Lagos and Oyo states. The inference is that there are

Table 1: Distribution of respondents by study location, LGA, LCDA, residence, main spoken language and ethnicity

Lagos State			Oyo State			Total
Characteristics	Frequency	%	Characteristics	Frequency	%	
Study Location	430	45.8	Study Location	508	54.2	938
LGAs *			LGAs			
Agege *	46	4.9	Akinyele	92	9.8	138
Lagos Mainland *	25	0.4	Egbeda	158	16.8	183
Surulere *	87	9.3	Ibadan North	41	4.4	128
Alimosho*	15	1.6	Ibadan	55	5.9	70
			North/East			
Amuwo-Odofin*	29	3.1	Ibadan	31	3.3	60
			North/West			
Ikeja*	42	4.5	Ibadan	18	1.9	60
			South/East			
Ojo*	3	0.3	Ibadan	32	3.4	35
			South/West			
Ifako-Ijaiye*	18	1.9	Lagelu	12	1.3	30
Eti-Osa(West)*	15	1.6	Oluyole	39	4.2	54
Ibeju-Lekki*	2	0.2	Ona-Ara	21	2.2	23
Kosofe*	34	3.6	Ido	9	1.0	43
Mushin*	30	3.2	-	-	-	30
Ikorodu*	15	1.6	-	-	-	15
LCDAs **			-	-	-	
Coker-Aguda**	16	1.7	-	-	-	16
Ayobo-Ipaja**	2	0.2	-	-	-	2
Eti-Osa(East)**	5	0.5	-	-	-	5
Itire-Ikate**	10	1.1	-	-	-	10
Igando-Ikotun**	1	0.1	-	-	-	1
Bariga**	6	0.6	-	-	-	6
Eti-Osa(South)**	5	0.5	-	-	-	5
Yaba**	10	1.1	-	-	-	10
Ikosi-Isheri**	3	0.3	-	-	-	3
Isolo**	15	1.6	-	-	-	15
Place of Residence			Place of Residence			
Urban	351	81.6	Urban	259	51.0	610
Rural	79	18.4	Rural	249	49.0	328
Ethnicity			Ethnicity			
Yoruba	296	68.8	Yoruba	370	72.8	666
Ibo	83	19.3	Igbo	92	18.1	175
Hausa	20	4.7	Hausa	10	1.9	30
No-Response	31	7.2	No-Response	56	11.0	87

Source: Authors' Compilation * represents LGAs, ** represents LCDAs

more skilled workers in Oyo state compare to their counterparts (38.6 percent) in Lagos state.

From Table 3, the following are the percentage distribution of respondents according to the occupations from which they retired in the two study settings. In Lagos state, the percentage distribution of respondents according to their retirement categories indicates that 67.7 percent retired from government-owned organisations, 19.4 percent retired from privately-owned organisations and 12.9 percent retired from their own businesses.

It was observed in Lagos state that the highest proportion of respondents retired from government-owned organisations while the lowest proportion of respondents retired from their own-businesses. The percentage distribution of respondents in Oyo state with retirement indicates that 61.2 percent retired from government-owned organisations, 7.2 percent retired from privately-owned organisations and eventually 31.7 percent retired from their own businesses in this study. It can be deduced that respondents who retired from government-owned

Table 2: distribution of respondents by socio-demographic characteristics

Characteristics	Lagos State		Oyo State		Total
	Frequency	%	Frequency	%	
Age Category					
50-64years	252	58.6	314	61.8	566
65-79years	97	22.6	135	26.6	232
80years&above	81	18.8	59	11.6	140
Sex Category					
Male	224	52.1	282	55.5	506
Female	206	47.9	226	44.5	432
Marital Status					
Married	339	78.8	377	74.2	716
Single	30	6.9	42	8.3	72
Widowed	42	9.8	69	13.6	111
Separated	19	4.4	20	3.9	39
Marriage Types					
Monogamy	312	72.6	301	59.3	613
Polygamy	90	20.9	162	31.9	252
Other	3	0.7	14	2.8	17
No Response	25	5.8	31	6.1	56
Educational Level					
No Schooling	77	17.9	81	15.9	158
Primary	84	19.5	99	19.5	183
Secondary	65	15.1	40	7.9	105
Post-Secondary	180	42.0	105	20.7	285
No Response	24	5.6	183	36.0	207
Religious Affiliation					
Christianity	278	64.7	222	43.7	500
Islam	112	26.0	175	34.4	287
Traditional	27	6.3	77	15.2	104
Other	4	0.9	18	3.5	22
No-Response	9	2.1	16	3.1	25

Source: Authors' Compilation

Table 3: Percentage distribution of respondents by employment status, occupational status, and currently working/retired category

Characteristics	Frequency	%	Frequency	%	Total
	Lagos state		Oyo state		
Employment Status					
Employed	132	30.7	118	23.2	250
Self-Employed	91	21.2	65	12.8	156
Retired	61	14.2	53	10.4	114
Unemployed	18	4.2	16	3.2	34
No Response	128	29.8	256	50.4	384
Occupational Status					
Skilled Labourers	166	38.6	252	49.6	418
Unskilled Labourers	42	9.8	74	14.6	116
Businessmen/women	108	25.1	133	26.2	241
No Response	114	26.5	49	9.6	163
Currently Working /Retired Category					
Government Own	63	67.7	85	61.2	148
Private	18	19.4	10	7.2	28
Owned business	12	12.9	44	31.7	56

Source: Authors' Compilation

Table 4: Preference for family care support by socio-demographic characteristics of respondents

Variables	Preference for Family care support	
	Yes (%)	Total
Study Locations		
Lagos	143 (39.5)	362
Oyo	257 (59.8)	430
Total	400 (50.5)	792
Age Group		
50-64 years	233 (50.8)	459
65-79 years	117 (53.7)	218
80 yrs & above	50 (43.5)	115
Total	400 (50.5)	792
Gender		
Male	220 (49.9)	441
Female	180 (51.3)	351
Total	400 (50.5)	792
Employment Status		
Employed	81 (35.4)	229
Self-Employed	58 (39.7)	146
Retired	50 (44.6)	112
Unemployed	21 (63.6)	33
No Response	190 (69.9)	272
Total	400 (50.5)	792
Ethnicity		
Yoruba	276 (50.0)	552
Ibo	85 (50.0)	170
Hausa	7 (30.4)	23
No Response	32 (68.1)	47
Total	400 (50.5)	792

Source: Authors' Compilation

organisations in Lagos state are of higher proportion than their counterparts who retired from government-owned organisations in Oyo state.

Respondents' preference for family care support by selected socio-demographic characteristics

This segment of the study presents the result of the analyses of respondents' preference for family care support by selected socio-demographic characteristics. This is displayed in Tables 4 to 5 of this study. The variables of respondents in Table 4 indicate little or no variation in preferences for family care support. The profiles of respondents with little or no variation in preferences for family care are enumerated below. Interestingly, a higher proportion of Oyo state respondents (59.8 percent) preferred family care support compared to their Lagos state counterparts (39.5 percent). The implication is that, as Oyo state is less urbanised than Lagos state, it is plausible that the former has more access to the support of the extended family

network which is still a substantial social insurance for old age in the Yoruba community.

Age is an important variable with little variation. The data on age category reflect that a slightly higher proportion of 65-79 years old respondents (53.7 percent) compared with 50-64 years counterparts (50.8 percent) in which the two age groups constituting the majority of respondents in the study) expressed a higher-preference for family care. Evidence from face-to-face structured interviews in Chapter four depicts that the majority (95 percent) of this category of respondents (65-79 years) is retired, inactive and non-working.

Gender of respondents shows little variation. Gender shows that the proportion of female respondents (51.3 percent) who preferred family care support is slightly higher than their male counterparts (49.9 percent) in the study. This probably means that the majority of female respondents benefitted from family care support compared to their male counterparts in the study areas. The employment status depict that a higher proportion of retired respondents (44.6 percent) expressed lower-preferences for family care compared to other categories of respondents (self-employed (39.7 percent); and employed (35.4 percent)) in the study. Ethnicity shows little variation. Ethnicity reflects that equal proportion of Yoruba (50.0 percent) and Ibo respondents (50.0 percent) expressed little variation in higher-preferences for family care in the study locations.

In Table 5, the profiles of respondents with apparent variations in relatively high preferences for family care support are discussed below:

Marital status is a vital variable of respondents with apparent variations. Hence, the proportions of single (70.0 percent) and separated respondents (59.2 percent) have a higher preference for family care support compared to their married (49.0 percent) and widowed counterparts (23.5 percent) in the study locations.

Another variable with apparent variations is marriage-type. In essence, a greater proportion of polygamous respondents (58.8 percent) show a higher-preference for family care support compared to their monogamous counterparts (45.8 percent) in the study locations.

Educational attainment of respondents is also a variable with apparent variations. Education

Table 5: Preference for family care support by socio-demographic characteristics of respondents

Variables	Preference for Family care support Yes (%)	Total
Marital status		
Married	299 (49.0)	610
Single	35 (70.0)	50
Separated	58 (59.2)	98
Widowed	8 (23.5)	34
Total	400 (50.5)	792
Marriage type		
Monogamy	237 (45.8)	517
Polygamy	133 (58.8)	226
No Response	30 (61.2)	49
Total	400 (50.5)	792
Educational Level		
No Schooling	92 (74.8)	123
Primary level	65 (51.2)	127
Secondary level	30 (29.1)	103
Post-Secondary	92 (35.7)	258
No Response	121 (66.9)	181
Total	400 (50.5)	792
Religious Affiliation		
Christianity	187 (42.1)	444
Islam	154 (61.6)	250
Traditional	46 (57.5)	80
No Response	13 (72.2)	18
Total	400 (50.5)	792
Means of livelihood		
Pension support	192 (75.0)	256
Business support	44 (38.3)	115
Support from children	22 (36.7)	60
Salary	63 (32.8)	192
	79 (46.7)	169
Total	400 (50.5)	792
Usual place of Residence		
Lagos/Urban	125 (41.5)	301
Lagos/Rural	18 (29.5)	61
Oyo/Urban	115 (50.2)	229
Oyo/Rural	142 (70.6)	201
Total	400 (50.5)	792

Source: Authors' Compilation

shows that a higher proportion of respondents having below secondary education (74.8 & 51.2 percent) show a higher-preference for family care support compared to their counterparts who acquired secondary education and above (29.1 & 35.7 percents) in the study locations. The obvious reason attributed to a higher-preference for family care support by respondents with less education might be due to their illiterate background, abject

poverty and bad exposures. On the other hand, it is expected that respondents with more education have less dependence on family care support in this study. Religious affiliation of respondents is a variable with apparent variations. Religious affiliation indicates that a greater proportion of respondents who practiced Islamic religion (61.6 percent) show a higher-preference for family care compared to their Christian counterparts (42.1 percent) in the study. The means of livelihood of respondents is another variable with apparent variations. The means of livelihood depict that a greater proportion of respondents with pension-earnings (75.0 percent) and incomes from business operations (38.3 percent) show a higher-preference for family care support compared to their counterparts who received supports from salary (32.8 percent) and children respectively (36.7 percent). Obviously, the usual place of residence of respondents is another vital variable with apparent variations. In-effect, the usual place of residence shows that a higher proportion of Oyo urban dwellers (50.2 percent) expressed apparent variations in a higher-preference for family care support compared to their counterparts in Lagos urban settings (41.5 percent) in the study.

Discussion

The first segment of discussions of findings displayed variables of respondents with little or no apparent variations in the relatively high preference for family care in South-western Nigeria. Obviously, age of respondents (65-79 years) showed little or no apparent variations in the relatively high preference for family care in the study areas. The probable reason why this category of respondents (65-79 years) preferred family care support might be due to in-accessibility of adequate incomes anymore. As a result, this category of respondents (65-79 years) needs care support from children and extended family members. Another reason why this category of respondents (65-79 years) preferred family care is because of the presence of kinship network operating in the family settings. These results corroborate previous findings which posit elderly with 60 years and over are projected to be more than 2 billion by 2050². Findings from gender which indicate little or no apparent variations in relatively high preference for

family care-support among the elderly in this study are in agreement with the previous works in Thai, Nigeria, Mexico and Peru^{4,3}.

Employment status of respondents also showed little or no apparent variations in the relatively high preference for family care in the study locations. Previous studies in Nigeria have shown that those aged people, who are still working and the retired are fond of earning meagre incomes¹¹⁻¹³. In-effect, these aged people still depend on their adult children and family caregivers for financial assistance. The findings of this study are also in support of previous studies.

Ethnicity characteristics of the respondents showed little or no apparent variations in the relatively high preference for family care in the study areas. Here, the results depict that Yorubas and Ibos are the major respondents who shared the same opinion of higher-preferences for family care support in the study areas. Other respondents' variables with apparent variations in high preference for family care in the study locations such as: marital status, marriage-type, educational attainment, religious affiliation; means of livelihood and usual place of residence are discussed below.

Marital status of respondents indicated apparent variations in the relatively high preference for family care in South-western Nigeria. Obviously, the single, separated and widowed respondents need family care support especially if they are not financially buoyant. Evidence from literature showed that generally in Africa, aged women (widows) who outlived their husbands cannot inherit the property of their deceased spouse, and that such widows are grossly rejected, isolated, abused, neglected, dispossessed and accused of killing their spouses with witchcraft¹⁹.

Another variable of respondents (marriage-type) showed apparent variations in high preference for family care in the study areas. The results of this study depict a greater proportion of polygamous respondents have apparent variations in the relatively high preference for family care than their monogamous counterparts. The probable reason might be polygamous respondents have more adult children that are financially capable of meeting the older parents' needs in the families.

Educational attainment of respondents revealed apparent variations in high preference for

family care in the study areas. Findings from previous studies show that as human capital of the aged people increases (that is, education and working experience); welfare also rises¹⁸. However, the previous results are contrary to the findings of this present study.

Religious affiliation of respondents is another variable with apparent variations in high preference for family care in the study locations. The dominant proportion of Islamic respondents who preferred family care are probably those without pension, salary, rents, dividends received from past business or investments in polygamous unions who have been found to have had a higher preference for family care support in the study areas.

Means of livelihood variable also showed apparent variations in high preference for family care in the study. More proportion of respondents with pension-earnings (75 percent) and incomes from business operations (38.3 percent) show a higher-preference for family care support compared to their counterparts who received supports from salary (32.8 percent) and children respectively (36.7 percent). In-fact, evidence from literature shows that Oyo state pension-earners have not been receiving payment regularly¹⁷. Another study also found out that even when the pensions are earned, they are so meagre to the extent that they cannot meet the minimum living standard of the aged Nigerians²⁰. As a result, these respondents who received pension support still require family care support that complements other essential aspect of their needs.

The usual place of residence of respondents showed apparent variations in high preferences for family care in the study. The probable reason why Oyo urban dwellers expressed a higher-preference for family care than their Lagos urban counterparts might be due to the fact that the family caregivers in Oyo urban setting are not too busy to pay attention to and meeting the regular needs of the respondents at home. Moreover, the usual place of residence also indicates that a higher proportion of Oyo rural respondents show a higher-preference for family care support compared to their counterparts in Lagos rural settings in the study. The Oyo state rural respondents having a higher-preference for family care support than their Lagos state rural dwellers

might be due to the existence of higher community influences and stronger peer-interactions in my own additional statement.

Ethical considerations

The ethical issues related to this study are: first, a letter of permission was written to The Permanent Secretary, Welfare and Social Development Affairs in Alausa, Ikeja-Lagos, who is in charge of Lagos state Ministry of Youth, Sports and development situated in Sabo-Yaba, that is, public sponsored old people's home. Second, first visits and phone calls were made to book the interview dates with Catholic old people's homes-Regina Mundi at Mushin and Winiseph care home for the elderly in Isheri, Ikeja, Lagos state. Third, in Ibadan-Oyo state, the following old people's homes were contacted before interview dates: St Mary Catholic old People's homes at Idikan (Church owned old people's home) and Oluwakemi Orphanage Nigeria at Oke-Oloro, opposite Christ the rock Church, Omi-Adio, (public old people's home). Fourth, the research assistants in Lagos and Oyo states were contacted physically and on phone before the dates of data collection.

Recommendations

Thus, the study recommends that in order to keep on sustaining high-preferences for family care support, elderly people with age (65-79years, 50-64 & 80 years and above); gender (female/male) and employment status (retired/other categories) of respondents which indicate little variations in preferences for family care should be given all-round communal supports by family caregivers in the Nigerian extended family system

Conclusion

The study on variations in preference for family care support among the Elderly in Southwestern Nigeria would be concluded as follows: First, there are little variations in preferences for family care support with reference to age, gender, employment status; and ethnicity characteristics of the respondents. Second, respondents' variables with apparent variations in preferences for family care support are: marital status, marriage-type, educational attainment, religious affiliations, means of

livelihood; and usual place of residence. All the key findings from Tables 4 & 5 are clear indications that there are little and apparent variations in high-preferences for family care support among socio-demographic characteristics of respondents in the study areas

Acknowledgements

We appreciate Covenant University, Ota, Ogun state for financial support through Covenant University Centre for Research Innovation and Discovery (CUCRID) for the publication of this manuscript in Scopus outlet.

References

1. United Nations. World Population Aging 1950–2050. Population Division, Department of Economic and Social Affairs, New York: United Nations, 2002.
2. WHO. Elder Abuse: Facts Sheet. Retrieved from: <http://www.who.int/news-room/factsheets/detail/elder-abuse>, 2018.
3. Lloyd-Sherlock P, Corso B and Minicuci N. Widowhood, socio-economic status, health and wellbeing in low and middle-income countries. *The Journal of Development Studies*. 2015; 51(10), 1374–88.
4. Lloyd-Sherlock P, Mayston R, Acosta A, Gallardo S, Guerra M and Sosa AL. Allocating family responsibilities for dependent older people in Mexico and Peru. *The Journal of Development Studies*. 2018; 54(4), 682–701.
5. Aboderin I. *Intergenerational Support and Old Age in Africa*. Routledge. 2017.
6. Burnes D, Pillemer K, Caccamise PL, Mason A, Henderson CR, Berman J and Lachs MS. Prevalence of and risk factors for elder abuse and neglect in the community: a population-based study. *J. Am. Geriatr. Soc.* 2015; 63 (9), 1906–12.
7. Burnes D, Pillemer K and Lachs MS. Elder abuse severity: a critical but understudied dimension of victimization for clinicians and researchers. *Gerontol.* 2017; 57(4), 745–756.
8. Chane S and Adamek ME. "Death is better than misery" elders' accounts of abuse and neglect in Ethiopia. *Int. J. Aging Hum. Dev.* 2015; 82 (1), 54–78.
9. Akanbi MA, Fadayomi TO, Wusu O, Tinuola FO, Amoo EO, Gbadebo BM, Olawole-Isaac A. and Adekola PO. 'The definitions and onset of an old person in South-Western Nigeria' *Educational Gerontology Journal Routledge Taylor and Francis Group, United Kingdom.* 2015; DOI:10.1080/03601277.2014.1003492.
10. Fajemilehin BR. Nigeria: Caring for the Elderly; Daily Independent, Lagos. 2010; Retrieved from <http://allafrica.com/stories/201011190511.html> on 19th of January, 2012

11. Ebingbo SO, Atumah ON and Okoye UO. Church-based organisations and their role in the support of older adults in Nnewi, South-east Nigeria. *Afr. Popul. Stud.* 2018; 32 (2)
12. Josephson B. The Nigerian welfare state system. In: *The Routledge International Handbook to Welfare State Systems.* 2017; p. 178.
13. Togonu-Bickersteth F and Akinyemi AI. Ageing and national development in Nigeria: costly assumptions and challenges for the future. *Afr. Popul. Stud.* 2014; 27 (2), 361–71.
14. Animasahun VJ and Chapman HJ. Psychosocial health challenges of the elderly in Nigeria: a narrative review. *Afr. Health Sci.* 2017; 17 (2), 575–83.
15. Adepoju A. Dynamics of ageing and support of the elderly in Nigeria: HRDC African Policy Research Series No. 2 Lagos: Concept Publications. 2003.
16. Akanbi MA. Variations in old-age support in an urbanising Society: A Study of South-Western Nigeria. Unpublished Ph.D Thesis held by the Department of Economics and Development Studies (Demography and Social Statistics Programme), Covenant University, Canaan-Land, Ota, Ogun State, Nigeria. 2014.
17. Sawyerr S. 'Fears over pension fund'; *Nigerian Tell* magazine No.47, November, 2011;
18. Aigbokhan BE "Determinants of Regional Poverty in Nigeria" DPC Research Report. 2000; No. 22
19. Help-Age International 2002b. *State of the World's Older People 2002* London
20. Mayston R, Lloyd-Sherlock P, Gallardo S, Wang H, Huang Y, de Oca, VM and Liu Z. A journey without maps—understanding the costs of caring for dependent older people in Nigeria, China, Mexico and Peru. 2017; *PLoS One* 12 (8), e0182360.
21. Moscovici S. *La psychanalyse, son image et son public.* Presses universitaires de France; 2015 Sep 17.
22. Rateau P, Moliner P, Guimelli C and Abric JC. Social representation theory. *Handbook of theories of social psychology.* 2011 Aug 3;2: 477-97.
23. Ojo O and Ighalo JI. Factors Affecting Borrower's Choice of Housing Loan Package in South-Western Nigeria; *Housing Finance International*, Dec 2008.