

## Care for the Aged: A paradigm shift in Contemporary Jukuns Community in Taraba State, Nigeria

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### Abstract

*The elderly people population is increasing in all the countries of the world, due to a decline in fertility, mortality, improved public health care, and an increase in life expectancy. This demographic change in the structure of the aged and accompanied challenges associated with it has been a major concern for social gerontologists. This study aimed at investigating the types and sources of care received by the elderly; ascertain their perception of their quality of life, and determine the relationship between care received and quality of life among the Jukun in Wukari. Both quantitative and qualitative research methods were employed. Research instruments specially designed for the study were distributed to 400 respondents, and four Focus Group Discussions and In-depth Interviews were carried out among selected elders using the purposeful sampling techniques across the four local governments populated by the Jukuns in Taraba South Senatorial District. Data collected were analysed using SPSS statistical software (version 23) and results are presented using both inferential and descriptive statistics at a 0.5 level of significance. Findings showed that there was a paradigm shift in caring methods between the traditional and contemporary societies. It was also revealed that the provision of care services by the families these days is no longer adequate. The study recommends the participation of government at all levels in the provision of care services to the aged. The study concluded that non-governmental organizations and faith-based organizations should make effective contributions to the service provided to elderly people.*

Keywords: Ageing, Social care, Quality of life, Extended family, Institutional care.

## Introduction

In both developed and developing nations, there is an increase in the number of elderly people, resulting from improved medical and health facilities, a decrease in mortality rate, better diet, and higher levels of educational attainment (Adesina, 2016; Echeta & Ezech, 2017, Oko, 2019). Globally, the proportion of the aged population has been on the increase. Indeed, according to the United Nations Population Division (2002) projections, the average annual growth rate per person aged 80 years or over (3.8 percent) is currently twice as high as the growth rate of the population of 60 years of age. Moreover, the proportion of those older than 80 years is projected to increase almost four-fold over the next 50 years to 4.1 percent in 2050. In Nigeria, before its independence in 1960, the total number of persons aged 50 years above was 2,448,000. In the 1963 and 1991 population censuses, the total number of persons aged 50 years and above rose to 3,617,000 and 8,227,728 respectively (Kinsella & Velkoff, 2001).

However, as a result of biological and physiological changes in the bodies of the elderly, they are not able to take care of themselves, consequently, they suffer from certain unique problems which include low income, poor housing conditions, ill health, poor feeding, loss of independence, loss of social status and poor social relations (Shofoyeke & Amosun, 2014; Adesina, 2016; Oko, 2019). It should be noted that people age differently, some acquire diseases and impairments and others escape specific diseases and maintain active healthy life until death. This refers to the common complex of diseases and impairments that characterised many of the elderly. No matter what anyone feels about it, according to Okumagba (2011), ageing is a lot of mankind and it comes with pleasure, pains and various challenging problems. As one age, there is degeneration and dysfunction of body cells, which leads to a decline in strength and ability to move about. This degenerated elderly thus, find it difficult to visit friends and relatives from whom he finds likeness (Adesina, 2016; Oko, 2019).

When people age, there is a decline in physical activities, this presupposes the fact that these elderly persons would not be able to support themselves financially, physically and so they would need most especially financial support. The care of the elderly varies from one cultural region to another. While the United States and some European countries have institutionalised care systems, the developing countries are still battling with the traditional care system.

Traditionally in Nigeria, the elderly are taken care of by their children and members of the extended family (Adesina, 2016, Echete & Ezech, 2017; Adedokun, 2010). With the increasing number of the aged, rural-urban migration, and the conditions resulting from urbanization and industrialization, the aged are

left in the villages to tend for themselves with the measure of income they realise from farming, petty trading, pension and allowances (Adeleke, 2014; Adedokun, 2010; Shofoyeke & Amosun, 2014). The overall effect is that people live their old lives in acute deprivation, poverty and hardship. Associated with elderly care are retirement and pension issues, and moral and physical support to be given by the immediate members of their families. For those who had retired from one job or the other and where pension plans are in operation, such may relieve their relatives of absolutely having to depend on them.

As the saying goes “old age comes with its pressure and pains; it comes with a decline in physical rigour and disease diminishing capacities”. Growth in the numbers of older people inevitably has brought an increase in the range and intensity of their problems and needs. Older persons in Nigeria suffer a lot of hardship in an increasingly hostile, competitive, and intolerant society (Adesuna, 2016). It is evident from studies that there are negative shifts in the caregiving culture of sub-Sahara African society based on age-long tradition which encourages participatory activities such as caregiving with the family and community (Simmons, 1960; Okumagba, 2011; Adeleke, 2014; Adesina, 2016).

Hitherto, African society was known for its respect and care of their elderly persons irrespective of whether they were related biologically or not (Simmons, 1960). Thus, families in Africa could be seen as doing what the custom dictates to maintain a firm family relationship, thereby becoming ‘one’ brother’s keeper. The traditional family system has created a strong bond within families, making younger family members revere the elderly, especially in Nigeria (Adesina, 2016; Oko, 2019). However, there has been a noticeable negative shift in the caregiving culture of the Nigerian people as it pertains to the elderly, and the traditional functions of the family in terms of support to older family members have decreased in recent times (Aboderin, 2004; Ajomole, 2007; Adesina, 2016; Oko, 2019). A study conducted by Adeleke (2014) revealed that the majority of the highly educated aged people depended on life savings and not their children compared with the less educated aged.

Apart from the inadequacy of support from the extended family, the range of problems that older people are facing is constantly increasing as societies are locked up in conflicts, experience huge economic problems, natural disasters, diseases and deterioration in family relationships (Adeleke, 2014). According to Nhongo (2006), the negative attitudes that society has toward older people have meant that solutions are being sought for all other population groups except older people. The elderly Nigerians, mostly agricultural workers and subsistence farmers do not receive pension benefits from the government (NPC, 200;

Adedokun, 2010). In rural Nigeria, where it is still the rule that older people are cared for by their children, grandchildren, spouses, siblings, and even ex-spouses, the age-long tradition is affected by the economic crises in the country and some cases are breaking down due to socio-cultural changes and economic pressures (Adeleke, 2014).

The nature of the economy is another factor contributing to the plight of the aged. This in turn has affected the nature and structure of the family system because more young people are leaving agricultural employment for the growing huge economy outside agriculture (Adeleke, 2014; Echeta & Ezech, 2017).

Also, many younger people are migrating to the urban centres due to industrialization and urbanization, coupled with high mortality rates from accidents and the HIV/AIDS pandemic which is limiting the capacities of families to provide traditional support (Amaike, 2006, Adeleke, 2014; Adedokun, 2010). Moreover, for the less than one percent of the older population who receive pensions, it is however sad to note that the benefits that accrue to aged pensioners from the public pension scheme are not paid on schedule (Olaniyan, 2004). He further stated that many of these old people die on the que due to fatigue and failing health while waiting for the irregular payment of their pensions.

It is, therefore an ironic that the scheme is meant to support people in their old age so as not to suffer after disengagement from the public services, as noted by Chang & Jaeqer (1996), Olaniyan, 2004, Adesina, 2016, Oko, 2019 has turned to be a sour experience. This, in essence, is a pointer to the fact that government pensions are filled with inadequacy and inefficacy which should be tackled to bring succour to the older population. Even currently in Nigeria, the pension scheme is fraught with corruption where 4.5 billion of the pension funds were reportedly embezzled by Directors in the pension unit of the civil service of the Federation and were distributed to close relations including mother-in-law and bank manager, Alli, (2012). Based on these harrowing experiences amidst frustrating structural strains, the elderly are faced with the challenges of deteriorating health conditions, poor nutrition, isolation, boredom, loneliness, depression and dependence.

The rise in the cost of living and high inflation has often made it difficult for the family and community to give care and support to the elderly. In the context of the present problems, we observed increasing alms begging at major streets, public motor parks, mosques and social functions by poor elderly people prompted the attempt to examine the care of the elderly among the Jukuns in

southern Taraba. This study, therefore, explored the different patterns of care received and the perceived quality of life among the elderly.

## Methods

### Study Area

Data for the study was collected from the Taraba south senatorial District consisting of five local government areas of Taraba: Wukari, Ibi, Donga, Ussa and Takum local governments. Taraba State is located in the North East of Nigeria. Taraba State lies roughly between 6° 30' and 9° 36" north of the equator and longitude 9° 10' 50" east of the Greenwich Meridian with a projected population of 937,988 (NPC Jalingo Office, as of December 2013). The state is bounded by Bauchi and Gombe States in the North-East and Adamawa on the East, the Plateau state in the North-West. The state is further bounded to the West by both Nasarawa and Benue States, while the Republic of Cameroon is to the South and South-East. Taraba has a total landmass of about 60,291.82 square kilometres. This is about 6.5% of the landmass of Nigeria. 40,000km of the landmass is arable while 11,000km is covered by forests and 8,000km is underwater, marshy flooded and water-logged areas" (Oko, 2019).

The study was carried out in Wukari between August and December 2020. The study adopted both quantitative and qualitative techniques of data collection. The quantitative technique made use of the questionnaire designed for the study and administered to the populations' sample size of 400 aged male and female respondents purposefully selected across the five local governments covered by the study. These local governments and their projected populations (NPC, 2013) were: Ibi (116,095), Takum (185,328), Ussa (125,116), Wukari (328,146) and Donga (183,303). The sample size of 400 questionnaires was distributed according to the population strength of each local government as follows: Ibi (50), Takum (79), Ussa (53), Wukari (140) and Donga (78).

The quantitative instrument used was a structured questionnaire based on the objectives of the study. It consisted of both open closed-ended questions with five sections covering: the social characteristics of respondents; sources and types of social support received by the respondents; questions on the physical health of the elderly; questions that related to the level of independence of the elderly people and relationship and environmental influence. Also, the qualitative data were collected through Focus Group Discussions and In-depth Interviews. Quantitative data collected were analysed using the SPSS statistical software (version 23) and descriptive statistics at a 0.5 level of significance while qualitative data were analysed using content analysis.

## Findings

### Social characteristics of the respondents.

This section presents the bio data of the respondents. Table 1 shows the frequency and percentage distribution of the respondents. The majority of the respondents 252 (63.0%) were male and 148 (37.0%) were females. A large majority, 172 (43.0%) were between 60 – 69 years of age; while 124 (31.0%) were between 70 – 74 years and a few 76 (19.0%) were between 75 -79 years of age; only 28 (7.0%) were between 80 years above. The majority of the respondents 240 (60.0%) were married; while less than one quarter 60 (15.0%) were widowed, a few respondents 60 (15.0%) were divorced; while very few 40 (10.0%) were single. Regarding the respondent's education, more than a quarter of 108 (27%) had secondary education, almost a quarter of 96 (24.0%) had primary education, 144 (36.0%) had tertiary education and 52 (13%) had no formal education.

The religious beliefs revealed that the majority of the respondents 224 (56.0%) were Christians and 132 (33.0%) were Muslims and 44 (11.0%) were traditional worshippers. As regards the types of the family, the majority of the respondents 196 (49%) belonged to the nuclear family, while 204(51%) practised polygyny.

### Social Support Received by the Aged

Findings from the survey showed that the majority of the respondents 348 (37.0%) had children while 52 (13.0%) did not have children. 229 (65.8%) of the 348 who had children, reportedly had their children visit them regularly, while the remaining 119 (34.2%) said their children do not visit them regularly. Reasons adduced by the 119 (34.2%), whose children do not visit them regularly included lack of money or employment 60 (50.4%), 30 (25.2%) gave reasons that their children were too busy, 21 (17.6%) said that their children were abroad, 8(6.7%) did not know why their children do not visit them regularly. Also, a large majority 300 (86.2%) of those who had children have their children provide means for their basic needs.

A large majority of the respondents 242 (60.5%) were not living alone, while 158 (39.5%) were living alone. Of those who are not living alone, 242 (60.5%) were living with either their family 143 (35.8%); children 81 (20%), and family and helpers 17 (4.2%) while a few figures lived alone. The majority of the respondents 160 (40%) said they do their domestic chores themselves, 96 (24%) said their relatives helped them with domestic chores, while the remaining claimed that their grandchildren 112 (28%) or their neighbours 32 (8.0%).

Many of the discussants in all the focus group discussions (FGDs) said that social supports simply mean care emotionally, financially and physically from those you

love or those who have you. Most of the discussants agreed that social support comes mainly from the family. One of them said: “Help comes from the family but this is peculiar to a family that is good and caring”. Others agreed that social support means getting support just like it is called in all aspects of life. But support can be received from others only through a reciprocated gesture. A male respondent reported thus: “He who pours water on the ground before stepping on it will experience comfort” (FGD/Males/Females/Wukari/2020).

About half of the discussants said that social support means being a part of a community of people who love, care, think well of and value you. They explained that social support is an important aspect of quality of life and that life cannot be lived alone. A female discussant said: “If there is no one a human being can call friend, then that person’s life is meaningless”. Discussants from the inner core areas described social support as love and being loved in return. They emphasized that the most important type and source of social support is the one gotten from one’s family and that people can only give social support when they are comfortable themselves. A discussant stated: “You can’t expect someone who is emotionally disturbed or does not have food to eat to give you any kind of support” (IDI/Female/Donga/2020).

Social support according to discussants from the peripheral areas is mainly gotten from those an individual spends most of his/her time with (a person or people with whom you spend most of your time with is/are responsible for providing you with most of the support you get). According to the respondents, mostly when those times are spent with no one, especially if an individual is not the type who has friends or mixes with people around, then he/she gets no support. A female respondent said: “Children nowadays believe that once they provide their parents with money, they have taken care of them, but they don’t know that visiting their parents regularly gives them so much joy” (FGD/Males/ Females/ Takun/ 2020).

### **Respondents’ Perceived Physical Health**

Findings from the survey according to respondents’ perceptions showed that 224 (55%) had good physical health, 120 (30%) had fair /physical health and 56 (14.0%) had poor physical health. Some of the variables that were used to measure the perceived physical health of the respondents include the ability to sleep well 280 (70%), presence of physical pains 224 (56%) and performance of regular exercise 44 (11%).

The majority of the respondents in the focus group discussions said that sound health, easy access to medical attention, availability of basic needs and amenities

and having a good relationship with fellow human beings are measures that can be used to access the quality of life of an aged person. A male respondent reported thus: “Health is wealth, without good health, no one can boast of a quality life” (FGD/Males/ Females/Wukari).

### **Respondents’ Perceived Psychological Health**

Table 4 showed how the respondents perceived their psychological health. Only a few of the respondents 32 (8.0%) had poor psychological health, 132 (33.0%) had moderated psychological health and 236 (59%) had good psychological health. The majority of the respondents 236 (59%) perceived that their life was very much meaningful, 312 (78%) have a very good ability to recall things, and ageing has not reduced the level of response they received from people.

The majority of the respondents in the group discussion said that an individual can only live a life of quality when he/she is living a life of contentment. A male respondent states thus: “You shouldn’t be aiming at being the president of Nigeria when you are not even a school certificate owner! If you are not contented with whatever you have, you can never live a life of quality”. Some of the discussants, both male and female also informed that having freedom from mental or emotional anxiety means living a life full of quality. Quality of life, according to the discussants is a very complex word that has a lot of meaning but any type of meaning given to it will make no sense at all if having rest/peace of mind is left out. A male respondent explained thus: “Nothing can be compared to having peace of mind. For example, I once had a very troublesome child. This child gave me so much trouble that made every other thing meaningless to me. At least I could say that I had a lot of the good things that life had to offer but I didn’t have rest of mind because my child gave me so much trouble”.

The majority of the discussants expressed their view that an aged who has no quality in his/her life will find life very frustrating and meaningless. They agreed that only a life full of quality makes an elderly happy and that an elderly who lives a quality life will live long. One of the respondents said: “There was a man who used to live near my house, before his death, he used to live alone. There was no one knew until the second day. I felt very bad because he lived a very miserable life”.

### **Respondents Perceived level of Independence**

Respondents level of independence, rated as good, moderate and poor was 132 (33.0%), 72 (18.0%) and 196 (49.0%) respectively. Of all the respondents, only 120 (30.0%) said they have serious problems with mobility, 152 (38.0%) said that they were not dependent on medicinal aids to living a normal life and 252 (63%)

which was a majority did not face any kind of social abuse/challenge in their day to day activities. 100 (25%) and 196 (49.0%) said they were moderately and not satisfied with their work capacity respectively (Table 4).

Respondents in the group discussions state that having the basic needs in life such as money, basic amenities and good health depicts living a life full of quality. About half of the discussants said that they experienced abuse like lack of respect and nonchalant attitude from community residents, especially the younger ones. They also said that the elderly face abuse like theft and threats and being duped. Then said all these occur because people see the elderly as weak and vulnerable so they treat them anyhow. Most of the discussants from the inner core areas also complained of a lack of basic amenities like water and electricity. A female respondent reported thus: “We don’t have water in this community. I always have to go to a stream that is a few kilometres away from my house to fetch water. This is quite challenging for me as it is not easy carrying water from there to my house”. Quite a number of the respondents said that one of the major challenges the elderly in the communities visited face is neglect, especially from the family and mostly from the children. A respondent stated thus: “I have seen elders like me and even older than I do, being neglected and maltreated by their children. If those children can behave that way, then outsiders should not be blamed”. Some residents of the transitional and peripheral areas laid more emphasise as most of their family members are no more with them. They are either abroad working in another part of the country, married, nonchalant or dead (FGD/Males/Females/ Ibi/2020).

### **Respondents’ Perceived Level of Social Relationship/Environment**

Of all the respondents’, 60 (15%) had poor social relationships and environment, a large majority 140 (55.0%) had moderate social relationships/environment and 80 (20%) had good social relationships/Environment. Of all the respondents, only 288 (72.0%) said they did not have enough money to meet their needs and 180 (45.0%) were moderate/very much satisfied with the condition of their living places. Table 5 shows more details of the respondents’ perceived social relationships and environment. The majority of the respondents 284 (71.0%) however reported that their country (Nigeria) has put in place no measures/policies to address the needs of the elderly.

The majority of the respondents in all the group sessions believed that quality of life means living a healthy, emotional sound and financial balanced, God centered and successful life. However, the respondents said that the most important aspect of living a life full of quality is when an individual is receiving adequate care and support from people around, most especially the family. They also emphasized

the fact that only a happy person can live a life of quality. Some of the discussants reported thus: “A rich and healthy man with no care and support will be unhappy. No happiness, no good life”. A few male discussants emphasized that quality of life means having a good and caring wife, respectful children and together with a loving family; while a few female discussants said that being physically healthy, having a good relationship with God and having successful children depicts a life full of quality. One of the respondents stated thus: “As for me at this point in life, seeing my children doing well is enough for me”. Few of the respondents also reported that most of the time, the elderly lives in poor housing and environmental conditions because no one cares to take care of their environment for them (FGD/Males/Females/Wukari/2020).

Some of the discussants across the group reported that no individual can live a life of quality without good governance. In that, the kind of government running in any country that an individual belongs to will determine the kind of life that person will live. A few male discussants reported thus: “The life of individuals living in developed countries cannot be compared with that of those countries there are job opportunities, security, good subsidized health care services, sound basic and social amenities and so on. But here, we have naturally nothing”. Respondents from the inner core said that an elder who has no money can never live a comfortable life and that feeling safe in day-to-day living is very important. A female discussant said: “Money answered all things”. No money, No happiness” IDI/Female/Wukari/202.

### **Test of Hypothesis**

This hypothesis was tested to further explain the relationship between the sex of the respondent and how much they enjoy life.

H0: There is no significant relationship between the sex of the respondents and how they enjoy life.

Table 6 shows the count of the respondent’s sex in which 11.0% of them did not enjoy life at all, 23.0% of them enjoyed a little, 29% of them enjoyed life moderately while none of the males enjoyed life very well and a total number of males is 63% for the female respondent's none of them enjoyed life at all, none enjoyed a little too, 10% of them enjoyed moderately, 27% of them enjoyed life very much and the total number of the female respondents is 37% while the total of respondents was 400.

Table 8 showed chi-square values 272.4; 349.6; 213.7, with a difference of 3:3:1 respectively and the assumption significant is 0000 tested a. 0.05 significant, this

showed that there is a significant relationship between the sex of the respondents and how much they enjoyed life.

### **Discussion of Findings**

Unfortunately, Nigeria and many countries in Africa have accorded relatively low priority to the aged (Awobiyi, 2014). Yet, empirical evidence suggests that the proportion and number of older adults are increasing rapidly. From the interpretations above, it showed that there is a high level of changes in family structure and care provision, two third of the respondents agreed that there is an improvement in the quality of caregiving by the elderly while two third of the respondents respond positively about the kind of care that should be given to the elderly.

With the new development, are the elderly person in Nigeria less likely to receive care and support from their children? The answer given by most experts on ageing in Nigeria is a qualified “Yes”, norms about the care of elder persons by their children were traditional and shown in most Nigerian societies and appeared to remain strong. Despite this, the traditional pattern of co-residence is eroding in many countries. There are also isolated reports of physical separations between elderly parents and their children contributing to the neglect of the elderly persona. Intergenerational co-residence and support of older persons by their children also appear to be less common in the more “modernized” sectors of the population suggesting that as societies modernize, the traditional intergenerational relationship will tend to break down. Although family support and care of the elderly are unlikely to disappear shortly, family care of older persons seems to decrease as the countries and area of the Nigeria region indicates (Manson, 1992).

In conclusion, it can be argued that demographic changes might be contributed to the decline of the extended family. The continuing decline in fertility is challenging the traditional solidarity between generations, this is because, on one hand, there will be fewer children to care for the elderly parents, on the other hand, the cohesion of the family group is being weakened by urbanization, industrialization, population explosion, modernization and accompanying new systems of values and norms which centred more on the nuclear family with strong husband/wife ties. This development is likely to worsen the plight and accentuate the vulnerability of both sexes.

### **Recommendations and Conclusion**

To achieve successful ageing, the following suggestions are put forward:

1. There is a need to revitalise the kinship and extended family ties which hitherto, had been functional measures in the care of the elders. The disruption of kinship ties caused by industrialisation, education, urbanization, and migration must be corrected so that families and children will be able to take good care of their age.
2. It is evident from the literature that keeping the elders in the “old-age home” (formal care) is alien and socially abhorred among African tribes. It is an unwelcome practice among many cultural groups in Nigeria, especially the Yoruba of southern Nigeria, therefore, the children of the elderly people should be encouraged to employ carers for their old parents if they cannot accommodate them under their roof.
3. There is a need to encourage civil society, non-governmental organizations (NGOs), and faith-based organizations (FBOs) to create or increase welfare programmes for the aged in society. In the same vein, beneficial practices, and eliminating harmful ones need to be encouraged.
4. Society should be made to know that the elderly constitute a positive force in society. Primary intervention and prevention methods can be established to build a society where elderly persons live with dignity and respect and have access to the basic needs of life with opportunities for self-fulfilment.
5. There is a need for health insurance for older people to ease the pressure of elder health care expenses on the family income or pensions. These will greatly reduce the burden of elder health expenditure on the family income and hence make more resources available for other family consumables which will in effect reduce pressure on the elders in the family and hence allow them to live longer.
6. Finally, it is important to recognize that older persons are not a homogeneous group. They have different interests, needs, hopes and fears. Social and economic programmes must take into account the elderly as individuals, rather than the aged as a proportion of the total population, to ensure that the diverse need of older people is met (population Aging, 2002).

Studies had shown that the quality of life of elderly persons is determined by demographic, health, physical, psychological and especially social factors (Adedokun, 2010; Awobiyi, 2014; Oko, 2019). The condition of the aged has recently surfaced as one of the foremost social problems. Nigeria like many other developing countries in the world is presently witnessing the rapid growth of its population. Urbanization, modernization and globalization had led to changes in economic structure, the erosion of social values, and the weakening of social institutions such as the joint family. In this changing economic milieu, the

younger generation is searching for new identities and the traditional sense of duty and obligation of the younger generation towards the older/aged generation is being eroded.

Like other members of the human race, the basic and essential needs of the elderly such as food, adequate housing, healthcare, security, love and access to income in old age must be provided for the problems of elders to be solved. Policies should be formulated and resources allocated to provide for the well-being of older persons. Ageing is a natural process and the right to living in dignity, free from all forms of abuse and exploitation is all that is required from society. The isolated, lonely life troubled probably by illness makes the elderly vulnerable as targets for fraudulent schemes and violent crime. Therefore, an enabling environment where the older person can feel free from fear, abuse, violence, neglect and abandonment must be created. It is not a crime to grow old. It is even more of a privilege with the life expectancy of Nigerians put at 49 years for men and 53 years for women. The need to capitalize on the skills, wisdom, experience and resourcefulness of our elderly cannot be overemphasized. They remain the source of wise counselling and our link to the past. Without them, the future is not secured. For there to be continuity in the human race the elderly should be accorded the proper respect and put in the right position. They should therefore live in dignity without fear, abuse and exploitation.

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**Table 1: Social Characteristics of Respondents**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Male	252	63
Female	148	37
<b>Age Distribution</b>	<b>Frequency</b>	<b>Percentage</b>
60 – 69 years	172	43.0
70 – 74 years	124	31.0
75 – 79 years	76	19.0
80 year Above	28	7.0
<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	40	10.0
Married	240	60.0
Divorced	60	15.0
Widowed	60	15.0
<b>Education Attainment</b>	<b>Frequency</b>	<b>Percentage</b>
Primary	96	24.0
Secondary	108	27.0
Tertiary	144	36.0
None	52	13.0
<b>Religion</b>	<b>Frequency</b>	<b>Percentage</b>
Christianity	224	56.0
Islam	132	33.0
Traditional Worshippers	44	11.0
<b>Types of Family</b>	<b>Frequency</b>	<b>Percentage</b>
Nuclear	196	49.0
Polygamous	204	51
<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Trading	92	23.0
Civil/Public Service	60	15.0
Farming	76	19.0
Private Business	172	43.0
<b>Total</b>	<b>400</b>	<b>100</b>

Source: Author’s Field Survey, 2020.

**Table 2: Social Support received by the Aged N = 400**

Social support Received	Frequency	Percentage
Do you have children		
Yes	348	87.0
No	52	13.0
Do your children visit you regularly		
Regularly	229	57.2
Irregularly	171	42.8
Presence of children, neighbours makes you happy, healthy and loved		
Yes	392	98.0
No	08	2.0
Are you involved in any kind of social work		
Yes	300	75.0
No	100	25.0
Do you participate in community activities		
Yes	316	79.0
No	84	21.0

Source: Author's Field Survey, 2020.

**Table 3: Respondents Perceived Physical Health N = 400**

Perception of physical Health	Frequency	Percentage
Do you feel physical pains that prevent you from doing what you need to do?		
Yes	224	56.0
No	174	44.0
Do you perform exercise regularly?		
Yes	44	11.0
No	356	89.0
Do you have enough energy for everyday life?		
Yes	116	29.0
No	284	71.0
Do you have any problem with sleeping well?		
Yes	120	30.0
No	280	70.0

Source: Author's Field Survey, 2020.

**Table 4: Respondents' Perceived Psychological Health N = 40**

Perception of Psychological Health	Frequency	Percentage (%)
How often do you have negative feeling like despair, anxiety and depression?		
Not at all	72	18.0
A Little	160	40.0
Moderately	120	30.0
Very much	48	12.0
Are you able to accept your bodily appearance?		
Not at all	20	5.0
A little	68	17.0
Moderately	152	38.0
Very much	160	40.0
Do you find it difficult to relate with people around you?		
Not at all	124	31.0
A little	44	11.0
Moderately	188	47.0
Very much	44	11.0

Source: Author's Field Survey, 2020.

**Table 5: Respondents Perceived level of Independence N = 400**

Perceived level of independence	Frequency	Percentage (%)
Has aging reduced your ability to perform ability to perform daily living activities?		
Not at all	36	9.0
A little	96	24.0
Moderately	72	18.0
Very much	196	49.0
Do you have any problem with mobility (moving around)?		
Not at all	28	7.0
A little	136	34.0
Moderately	116	29.0
Very much	120	30.0
Do you face any kind of social abuse or challenges in your day to day activities?		
Not at all	120	30.0
A little	132	33.0
Moderately	60	15.0
Very much	88	22.0

Source: Author's Field Survey, 2020.

**Table 6: Respondents Perceived Social Relationship/Environment N= 400**

Perceived level of social Relationship/Environment	Frequency	Percentage (%)
How much do you enjoy life?		
Not at all	44	11.0
A little	92	23.0
Moderately	156	39.0
Very much	108	27.0
How satisfied are you with your personal relationship		
Not at all	60	15.0
A little	120	30.0
Moderately	140	35.0
Very much	80	20.0
To what extent do you have opportunity for activities?		
Not at all	244	61.0
A little	84	21.0
Moderately	36	09.0
Very much	36	0.90
How safe do you feel in your daily life?		
Not at all	12	3.0
A little	114	28.5
Moderately	118	29.5
Very much	156	39.0

Source: Author's Field Survey, 2020.

**Table 7: How much do you enjoy life?**

	How much do you enjoy life?				Total (%)
	Not at all	A little	Moderately	Very much	
Sex Male count	11	23	29	0	63
(Expected count)	6.9	14.5	24.6	17.0	63
Female count	0.0	0.0	10	27	37
(Expected count)	4.1	8.5	14.3	10	37
Total count	11	23	39	27	100
(Expected count)	11	23	39	27	100

Source: Authors Field Survey, 2020 (SPSS V 23)

**Table 8: Chi-Square Tests**

	Value	df	Asymptotic significance (2-sided)
Person Chi-Square	272.400 <sup>a</sup>	3	.000
Likelihood Ratio	349.553	3	.000
Linear-by-linear Association	213.680	1	.000
N of valid cases	400		

- a. 0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 16.28

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