



A Survey Of Care And Support Practices Of The Elderly People In Mashi Local Government Area, Katsina State.

Hamza Muhammad & Kabir Abdullahi B.

**Department of Adult and Non- Formal Education,
Isa Kaita College of Education Dutsinma, Katsina State, Nigeria**

ABSTRACT

This study examines care and support practices of the elderly people in Mashi Local Government Area of Katsina State. The objectives of the study were to identify types of care and support services provided by government, types of care and support services provided by the community members, determine factors hindering care and support services and assess the challenges facing the caregivers providing care and support services for the elderly in Mashi L. G. A, Katsina State. Corresponding research questions were formulated and the study adopted Survey research design with a population of 1,442 and sample size of 302 were selected based on the criterion given by Morgan and Krejice (1970) through the use of snowball sampling procedure. The data collection instruments used in the research were Questionnaire and interview. The data collected were analyzed using simple percentages, frequency and mean. The findings of the study revealed that food security programme, Old age financial security in form of Cash transfer, free health care services, old people's home, caregiving awareness are the types of formal care and support services that are not regularly provided for elderly peoples but finds that toilet care and support services, housing security, feeding provision and payment of health bills by relative are informal care and support services provided for the elderly persons and that high cost of medication, care stress experienced by caregivers, self-medication by the elderly persons, difficulty in providing the care required by the elderly and lack of extra family support for taking care of dependent elderly are the challenges facing by the caregivers providing care and support services for the elderly. The study recommended that the local government in particular and the state government should domesticate Senior Citizens Centre Act (2017) to provide different types of formal care and support services required by the elderly persons.

Keywords: Aging, Older adults. Care and Support.

INTRODUCTION

Elderly persons around the world are suffering from neglect due to economic and social circumstances. Evidences around the world shows that elderly people are suffering from many social problems such as elderly abuse, neglect, poverty. In the same vein, aging is accompanied with different diseases such as dementia, arthritis, osteoporosis, heart diseases and diabetes which requires integrated continuum of care and support services to enable elderly people age gracefully (Oladeji, 2011).

Globally, care and support practices for the elderly vary from one country to another depending on the availability of policies and practices on care and support services in such countries. For instance in developed nations such as United State of America, Canada, Japan and South Africa they have social security policies that address the wellbeing of older adults, by providing them with social security benefits and wide range of programme that specifically meant to provide income support for older adults, (Wiseman and Yeas 2008). In Africa , Botswana was the early country that operate Universal Pension

Scheme as a social security for older adults known as Universal Old age Pension and Employment/Occupational Contributing Schemes (International Social Security Association, 2005). In Nigeria, social security policies for older adults are yet to be formulated (Ogwumike et al 2005). However, almost all mainstream poverty reduction policies failed to consider older people, instead they focus almost exclusively on younger adults, children and youth (Barrientos 2002, Oguwumike 2001). In Nigeria today the pension scheme and recently the contributory pension scheme were designed to cover few older adults who worked in formal organizations. In Katsina State, according to the Ministry Of Sport and Social Development (2019), there is no specific policy or programmes that target at older people in the State. All empowerment programmes targeted the youths and women. But there are some specific individuals in the community who provided care and support services to older adults and less privileged in the State either in cash or kind. Specifically, however, in Mashi Local Government Area,

Education and Social Development Department, states that “there are a lot of care and support services provided by the Local Government Area for the elderly people which include feeding and clothing especially in the month of Ramadan, medical assistance and paying medical bills, financial support of five to ten thousand naira for less privileged and the aged persons, free eye surgery as well as free medical surgery for hydrocele among others. Despite all these efforts, older adults in Mashi Local Government Area are suffering from social problems and poverty which often lead many of them to engage in begging in major public places.

It is against this background that the study seeks to investigate the care and support practices of the elderly people in Mashi Local Government Area, Katsina State.

Statement Of The Problem

Evidence around the world shows that aging is associated with different diseases such as dementia, arthritis, heart diseases, osteoporosis and diabetes. These conditions clearly show that elderly people need care and support from the government and their families. These anomalies called for the intervention from governmental and Non-governmental institutions through enactment of policies and laws meant to preserve and protect the needs, interest and welfare of the elderly persons. Many countries in the world such as United State of America, Canada, Botswana, South Africa etc. have established different material and non-material facilities that can adequately tackle negative impacts associated with aging through enactment of laws, construction of old people houses, geriatric centres, nursing homes among others which countries like Nigeria are supposed to emulate. Caregivers are suppose to be given topmost priority by both the government and other relevant institutions through according them with necessary supports such as education and training, financial assistance, in order to make their task relevant, efficient and effective. But currently in Mashi Local Government Area care and support services squarely rest on family members at all levels. However, based on the above conditions of the elderly people, it is observed that many elderly people are facing difficulties in sustaining their living which in turn, many older adults engaged themselves in begging in major public places such as mosque, churches, hospitals, banks, motor park and markets to earn a living.

Religiously and traditionally, care and support of the elderly is primarily the responsibility of their children but in a situation where elderly person has no child(ren), it became the responsibility of other relatives and friends to assume the care of responsibility of such elderly. Despite all the religious and traditional provisions towards care and support of the elderly persons, the quality of life of older adults in the State and Mashi Local Government in particular seems to be poorly handle by relatives required to take care of them since some of these elderly persons are still roaming and begging in the streets. Since these elderly people are still roaming in the streets, does it mean that the relatives and friends required to take care of these elderly persons had neglected the religious and traditional dictates of taking care of older adults? And if not, does this translate that all the elderly persons roaming about on the street have no relatives or friends?

Thus, it is in view of the above conditions of the elderly people, this study was undertaken in order to examine care and support practices of the elderly people in Mashi Local Government Area of Katsina State.

LITERATURE REVIEW

Care and support services older People often arise as a result of age related physical or mental impairment .It can include help on health matters, housing, transportation, meals, finance and activities of daily living. Okunola (2002) Observed that older people in Nigeria generally lives in and receives care and support services in their own houses or the residence of their children or relations. This however, do not imply that the care is Satisfactory or that there are no Cases or neglect of the Older adults but with Limited Support from Government, it is difficult for families to Provide other Social Services which are essential to a happy and Comfortable old age (Ogwumike & Aboderin 2000, Ayodeji, 2015).

Care and support services are provided for the elderly People because of the changes that occur in every human being as a result of aging process. There are many physical and psychological changes in the Process of aging or growing old. These Changes are not harmful but bodily function is gradually being decline (Pasco and Pinellas 2013).

The most obvious manifestation of old age are changes in Physical appearance, Such as wrinkles appearing on the face ; the graying of hair, slowing down of reactions, followed by restriction of movement and Sense organs and Prone to chronic illnesses. Common age related physical changes include hearing impairment weakening vision and the increasing Probability of arthritis, hypertension, heart disease, diabetes and Osteoporosis. The proportion of older adults needed assistance with everyday activities increases with ages (American psychological association, 2014). Numerous Studies have shown that Socialization is important for physical and psychological wellbeing. But social relationship gets affected with old ages. Personal health decline and the ability to Socialize and Personal health are reduced. So only few relationships are maintained. Such relationships are Social Circle of family members and close friends. Older adult have strong desire to be independent and do not accept help from others. Due to decline in the health Status they reached at the Point where they need to accept Support and help from others family members especially children given assistance to them (Brossoie, Nancy 2013).

Types of care and support services (Long term care settings)

Nursing Homes

Nursing homes have served as the primary source of institutional care for older adults since the 1930s (Mollica 2001). They provide a broad spectrum of services for people who often have multiple disabilities and who suffer from physical, sensory, and cognitive impairments. These residents also need extensive assistance with activities of daily living (e.g., bathing, eating, and dressing) (Jones et al. 2009). Typically those with severe dementia are now cared for in special units that provide environmental support and therapeutic programs (Zeisel et al. 2003). Nursing homes also provide short-term rehabilitation for discharged hospital patients (Kane 2005).

Assisted Living Facilities

Since the 1990s assisted living has become an increasingly popular alternative in LTC in the United States for older adults with financial means (Zimmerman et al. 2001). At present there are approximately 39,500 ALFs in the U.S (AAHSA 2009). The rise of ALFs is largely a response to the desire among older adults to avoid nursing home placement and reflects the medical model of care (Kane and Cutler 2009). ALFs, at least in principle, support an "aging in place" philosophy. Resident autonomy and privacy within a homelike setting are two central goals of ALFs (Hawes et al. 1999). Housing and non-medically oriented services are provided too mildly or moderately frail and/or cognitively impaired older adults in ALFs. Older adults typically expect to continue living in these facilities for an extended period of time, even as their needs for care may change (Golant and Hyde 2008). However, restrictive policies at some ALFs require relocation by frailer residents to nursing home settings.

Continuing Care Retirement Community

CCRCs offer a broad range of services within a single setting. Most residents enter into independent living while they are still in good health. They live in private apartments and are provided with meals and recreational services. They are provided with more extensive services sponsored by the same facility when greater service needs arise (Sherwood 1997). Hospice

Hospice care is aimed at meeting the needs of patients (including the elderly) close to the end of life (Saunders 1978). Developed originally in England, the hospice philosophy embraces patient centered, compassionate care. Incorporating principles of palliative care, the tenets of hospice care include comfort, dignity, meaning, and connectedness for the dying person and their family. Pain management, emotional and spiritual support, family education, counselling, advocacy and bereavement support, are all central goals of hospice care (Saunders 1978).

Types of care and support services provided by the community

Old age is associated with pain and ill-health (Hanks-Bell, et al. 2004, Biswas, et al. 2006) cited in (Odaman and Ibiezugbe, 2014) and this burden of care is usually managed traditionally in Nigeria. Ogwumike and Aboderin (2005) cited in Okoye (2013) that the care and support of elderly persons were provided by the family members, especially the wives, sons, daughters, sons-in-law, and daughters-in-law. This care support according to Okoye (2013) was backed not simply by the emotional bonds of relationship emerging out of blood relationship or marital relationship but by the force of pervasive influence of traditional values, norms, and behavior which were not simply practiced as a matter of routine but also deified. This implies that every member of a family has a role to play in traditional care system of the aged. These roles include: financial support, personal care, household management, help with medical care, errands outside home etc.

Theoretical Framework

This study adopts Katie Eriksson's Theory of Caritative Caring,(1992). The main idea of the theory is that human being constitute an entity of body, soul and spirit and is able to experience phenomena. Therefore portraying the human being in terms of only the present needs is insufficient. The care delivered must constitute this essential phenomena. Caritas according to her theory means love and charity, and by nature caritas is an unconditional love. This however creates understanding that, the care delivered should aim at mediating faith, hope, love, tending, playing and learning. These essential elements are what drive motivation for care and thereby making something invaluable unique. Eriksson further stated that the caritas motive is what drives us to caring. The human being as described is a religious being that is dignified and this implies the element of love and caring for another. This theory is relevant to the study because it help us to clearly understand how in formal caregivers provide different care required by the elderly inform of intergenerational transfer. It also help us to understand how informal caregivers are providing the care and support to alleviate suffering in charity, love, faith, hope and as such promote health and well-being among elderly.

METHODOLOGY

This study employed a descriptive Survey design since the topic is meant to make a Survey of care and support Practices of the elderly people in Mashi Local Government Area, Katsina State. The study employed two (2) research instruments namely: Questionnaire and interview.

The population of the study will be derived from people associated with support and care for the elderly in Mashi Local Government Area which comprises of three zones: Mashi, Bamle and Doguru.

During the data collection process 290 questionnaires were distributed to the respondents but only 279 were retrieved and used for data presentation and analysis. While for government officials interview, a total number of 12 government officials were invited for the exercises, but only 11 responded and participated in the interview, on conclusion, the respondents were very kind to us. They contributed towards making our research a successful one. The table below shows the breakdown of the population

Zone	Male	Female	Total
Mashi	50	48	98
Bamle	49	48	97
Doguru	48	47	95
Government officials	07	05	12
Total	154	148	302

(Researcher’s Enumeration, 2023).

RESULTS/DISCUSSION

Table 1: Demographic information of Respondent

Variables	Responses	
	Frequency	Percentage
Age		
15-35	162	58.5%
35 - 52	38	13.7%
52 & above	77	27.8%
Gender		
Male	160	57.8%
Female	117	42.2%
Marital Status		
Single	108	39.0%
Married	106	38.3%
Widowed	63	22.7%
Educational Level		
Basic/Primary	89	32.1%
Secondary	131	47.3%
Tertiary & above	57	20.6%

Source: Field work (2023)

Table 1 shows the percentages of the respondents. On age distribution of the respondents, (58.5%) were 15-35 years, (13.7%) were 35 – 52 years and (27.8%) were 52 & above. On gender distribution of respondents, it reveals that out of total respondents that took part in the study, (57.8%) were male while (42.2%) were female. On marital status of respondents, (39.0%) were single, (38.3%) were married and (22.7%) were widowed while on educational level of respondents, (32.1%) had basic/primary education, (47.3%) had secondary education while (20.6%) had tertiary education and above.

The analyzed data indicates that age 15-35year, male and having secondary level of education are the demographic characteristics contributing to the care and support older persons.

Table 2: Types of Formal Care and Support Services

Based on interview with the government officials, the following themes where generated.

Thematic Areas

Food Security Programme

Old Age Financial Security In Form Of Cash Transfer

Free Health Care Services

Old People's Home

Caregiving Awareness

Source: field work (2023)

The table 2 shows the types of formal care and support services. The entire respondents agreed that these services are occasional provided but not regular and uncoordinated to meet the needs of elderly people. The following themes from the interview are presented as follow:

Food security programme

The results indicated that all 11 participants were informed about the food security. The findings from the study revealed subthemes of the occasional food distribution aids and palliative distribution. The participants agreed that these services are not regular. However, they emphasized that, family members do feed their relative and government often supplement the effort of family members. Some of the narratives are as follows:

“Most of the food distribution is done by individual and often unsustainable in the long run” P1.

Old Age Financial Security in Form of Cash Transfer

The results indicated that all 11 participants were asked about the Old age financial security in form of Cash transfer. The 10 out of eleven participant demonstrated that old people were among the beneficiaries of National Cash Transfer Programme but the programme was not specifically designed for older adults. Participants' response on other subtheme revealed that there is no available financial aids design by the state government or local government for the elderly.

Free Health Care Services

The responses from 11 participants revealed that free medical care is non-available on a special package for older adults but some participants pointed to provision of free outreach services for the entire population where older adults often benefit. Some participants pointed that healthcare services are provided to diabetic patients especially on “world diabetic day”. P4.

Old People's Home

All the participants responded that their culture does not allowed for such provision as each of the older adult are always taking care of by the relatives or family members and friends. The following are some of the words in verbatim: How can we take our parents to old people's home? The people who took care of you when you are child...?P10.

Caregiving Awareness

All the participants responded that there is lack of professional awareness on care of old people in both the radio and televisions but they pointed out to some religious scholars that preach the important of taking care of older adults. Some of the participant quote some Qur'anic verses that enjoy children to take good care of their parent especially when they come to an old age...

The data show that food security programme, Old age financial security in form of Cash transfer, free health care services, old people's home, caregiving awareness are not regularly provided for elderly people.

This implies that the types of formal care and support service provided are not adequate enough to improve the quality of life older adults.

Table 3: Types of Informal Care and Support Services

Statements		SA	A	D	SD	N	Mean
						%	
Toilet care and support services are provided	F	145	116	10	6	277	3.44
	%	52.3	41.9	3.6	2.2	100	
Elderly housing security often provided by relative of elderly people	F	128	87.0	23	39	277	3.10
	%	46.2	31.4	8.3	14.1	100	
Provision for feeding are provided to elderly by family and friends	F	81.0	68.0	99	29	277	2.73
	%	29.2	24.5	35.7	10.5	100	
Elderly people are Emotionally supported by community members	F	116	80.0	62	19	277	3.06
	%	41.9	28.9	22.4	6.9	100	
Health bills are taken care by relative of elderly people	F	160	94.0	14	8	277	3.47
	%	58.0	34.1	5.1	2.9	100	
Grand Mean							3.16

Source: field work (2023)

The table 3 shows the types of informal care and support services. All the items on this table were accepted with mean greater than 2.5 and grand mean of 3.16. All the items show that respondents have strongly agreed and agreed to all the questions. The first items was accepted with mean of 3.44 while (52.3%) respondents strongly agreed as well as (41.9%) of them who also agreed but (3.6%) of them disagreed and (2.2%) other respondents who strongly disagreed to this item. All other items under this table show this pattern of responses as mean of greater than 3.00 was recorded on each item except the third item that slightly fall below 3.00 but greater than 2.50.

Table 4: Factors hindering Care and Support for the Elderly People

Statements		SA	A	D	SD	N	Mean
Rural/urban migration left old people unsupported	F	139	97	21	20	277	3.28
	%	50.2	35.0	7.6	7.2	100	
Poverty of caregivers affects care and support for the elderly	F	139	136	1	1	277	3.49
	%	50.2	49.1	0.4	0.4	100	
Unemployment of caregivers promote care and support services of elderly people	F	82	70	107	31	277	2.70
	%	28.3	24.1	36.9	10.7		
Family responsibilities affects the care provided by caregivers	F	117	75	64	21	277	3.04
	%	42.2	27.1	23.1	7.6		
Low level of family support affects the wellbeing of primary caregivers and care provided for the elderly people	F	50	39	114	74	277	2.23
	%	18.1	14.1	41.2	26.7	100	
Grand Mean							2.94

Source: field work (2023)

The table 4 shows the factors hindering care and support for the elderly people. All the items on this table were accepted with a grand mean of 2.94 except the last item that was rejected with a mean less than 2.5. Among all the four items that were accepted, first, second and fourth items have a mean greater than 3.00 with most appeared responses recorded in strongly agreed and agreed options except the third item that has a mean less than 3.00 but greater 2.50 and have most responses appearing in disagreed and strongly agreed options. The last item was rejected with a mean of 2.23 while 50 respondents strongly agreed as well as 39 of them who also agreed but 114 of them disagreed and 74 other respondents who strongly disagreed to this item.

Table 5: Challenges Faced By Caregivers Providing Care and Support Services for the Elderly

Statements		SA	A	D	SD	N	Mean
High cost of medical care provided for the elderly	F	117	81	21	58.0	277	2.93
	%	42.2	29.2	7.6	20.9	100	
Care stress often contributes to elderly abuse	F	119	83	41	34.0	277	3.04
	%	43.0	30.0	14.8	12.3	100	
Self-medication by the elderly people	F	127	85	35	30.0	277	3.12
	%	45.8	30.7	12.6	10.8	100	
Difficulty in providing the care required by the elderly	F	92.0	79	60	46.0	277	2.78
	%	33.2	28.5	21.7	16.6	100	
Lack of extra family support for taking care of dependent elderly	F	98.0	69	67	43.0	277	2.80
	%	35.4	24.9	24.2	15.5	100	
Grand Mean							2.93

Source: field work (2023)

The table 5 shows the challenges faced by caregivers providing care and support services for the Elderly. All the items on this table were accepted with a grand mean of 2.93. The second and third items were accepted with a mean of 3.04 and 3.12 and most appeared frequency and percentage were recorded within the range of strongly agreed to agreed options as shown above. As for the first, fourth and fifth items that were accepted with a mean score greater 2.5, the most appeared responses were recorded within the range of strongly agreed to agreed options. For example, the item measuring “high cost of medical care provided for the elderly” has a mean of 2.93 with (42.2%) respondents who strongly agreed as well as (29.2 %) of them who also agreed but (7.6%) of them disagreed while (20.9 %) other respondents who strongly disagreed to this item.

CONCLUSION

Food security programme, Old age, financial security in form of Cash transfer, free health care services, old people’s home, caregiving awareness are types of formal care and support services that are not regularly provided for elderly people. The study shows that toilet care and support services, housing security, feeding provision and payment of health bills by relative are strongest areas of informal care and support services provided for the elderly persons. The findings revealed that rural/urban migration, poverty experienced by caregivers, unemployment status of caregivers and family responsibilities experienced by family members are the responsible factors hindering care and support of elderly persons. The study result show that high cost of medication, care stress experienced by caregivers, self medication elderly persons, difficulty in providing the care required by the elderly and lack of extra family support for taking care of dependent elderly areas of serious challenges faced by caregivers providing care and support services for the elderly.

RECOMMENDATIONS

Based on the findings, the researchers hereby recommends the following;

- State government and Mashi Local Government in particular should domesticate Senior Citizens Centre Act (2017) to provide different types of formal care and support required by elderly persons.
- The Department of Local Government and Social Development in collaboration with State Ministry of Women Affairs and Social Development should partner with Senior Citizens Centre to provide palliative support for primary caregivers attending to family care of elderly persons in the Local Government Area so that rural urban migration can minimize by the care givers living the elderly people in a bad condition.
- Ministry of Women Affairs and Social Development at Federal and State Ministry levels as well as Senior Citizens Centre should consider developing cash transfer programme to minimize the care factor hindering care and support for the elderly.
- Mashi Local Government Area should provide adequate provision of drugs required by the elderly people in the area in order ease the difficulties experienced in accessing them.

ACKNOWLEDGEMENTS

This work was supported by Tertiary Education Trust Fund (TetFund), Ministry of Education, Federal Government of Nigeria 2016-2017 Institutional Based Research Grant.

DECLARATIONS

All authors listed have significantly contributed to the development and the writing of this article.

REFERENCES

- Active Ageing Policy Framework (WHO, 2002). Non Communicable Diseases Prevention and Health Promotion. Ageing and Life Course Geneva 27, Switzerland.
- American Psychological Association (2006). Memory Changes in Older Adults <http://www.apa.org/research/action/memorychanges.aspx> www.iosrjournals.org.
- American Psychological Association (2014). Older Adults Health and Age Related Changes <http://www.apa.org/pi/ageing/resources/guides/older.aspx>.
- Barrientos, A. (2002). Old age, Poverty and social investment. *Journal of International Development* 14, 1133-1141.
- Brossoie, Nancy (2013). *Social Gerontology for the Health care Professionals*. Jones and Barlett Publishers; USA, 17-42.
- Gesinde, A.M., Adekeye, O.A., & Iruonagbe, T.C (2012). Poverty and old age: the Nigerian situation. In H.O. Osinowo, O.A moronkola and D.A Egunyomi (Eds.), *the adults and aged in Nigeria: Issues and researches* (pp.127-144). Ibadan: proyal people nig.ltd.
- Golant, Stephen M., and joanhyde, eds. (2008). *The assisted living residence: a vision for the future*. Baltimore. The Johns Hopkins University press.
- Hawes, Catherine, mariam rose, and Charles D. Philips. (1999). *A national study of assisted living for the frail elderly: results of a national survey of facilities*. Beachwood, OH: Meyes Research Institute.
- International social security Association (2005). *Social Security programs throughout the world: Africa*. Geneva. Social Security Administration publication.
- Jones, Adrienne I., lisa I. Dwyer, Anita R. Becorits and Genevieve w.strahan (2009). "the national nursing home survey: 2004 overview." *Natural centre for health statics. Vital health statistics* 13:167.
- Kane, Robert I. (2005). "changing the face of long term care." *Journal of aging and social policy* 17(4): 1-18.
- Katsina State Ministry sport and social Development (2019).

- Mashi local Government Education and Social Development Department (2019).
- Mashi local Government Primary Health care Department (2019).
- Mollica, Robert. (2001) "the evolution of assisted living: A view from the states" caring 20:24-6.
- Ogwumike, F.O., & Aboderin, I. (2005). Exploring the links between old age and poverty in Anglophone West Africa: Evidence from Nigeria and Ghana. *Generation Review*, 15 (2), 7-15.
- Okoye, U.O (2012). Family care-giving for ageing parents in Nigeria: gender difference, cultural imperatives' and the role of education. *International journal of education and Ageing*, 2(2), 139154.
- Pasco and Pinellas (2013). Area Agency on Ageing <http://www.ageingcarefl.org/whatisnormalageing/readdate> (12:22:2013)
- Sherwood, Sylvia, (1997). Continuation care retirement communities. Baltimore. MD: Johns Hopkins University Press.
- Zeisel, John, Nina M. Silverstein, Joan Hyde, Sue Ilevkoff, M. Powell Lowton, and Williams Holmes. (2003). "Environmental correlates to Behavioural Health Outcomes in Alzheimers special care units" *The Gerontologist* 43: 697-711.
- Zimmerman, Sheryl, Phillip D.S. Loane, and policies in Residential care for the elderly. Baltimore, MD: Johns Hopkins University Press.