

GENDER DIFFERENCES IN THE CARE, SUPPORT AND EXPRESSED SATISFACTION AMONG OLDER PERSONS IN LAGOS STATE, NIGERIA

Ajiboye, Olanrewaju Emmanue, PhD

Department of Sociology, Faculty of Social Sciences, Lagos State University, Ojo, Lagos

Soyombo, Omololu, PhD

Professor of Sociology/Dean, Faculty of Social Sciences Department of Sociology, Faculty of Social Sciences, University of Lagos, Akoka, Yaba, Lagos, Nigeria

Atere, Adewole Akinyemi, PhD

Department of Sociology and Criminology, Osun State University, Okuku Campus

Abstract

As the world begin to experienced increases in the number of older persons worldwide, it is also evidently cleared that, startling transformations have occurred all over the world, particularly on the mode of caring and supporting of older persons. This transformation affects different people in different ways, depending on sex, location, size of cohort, economic resources (individual, familial and national), norms inherited from the past and individual's live experiences and personality with its attendant consequences for economic security, especially in most societies of the world where pensions are paid only to a small proportion of older persons who had worked in the former sectors of the economy. Even in countries where pensions are more generally available, the burden of an ageing population is increasingly being regarded as unsustainable. Hence, older persons would have to depend on the combinations of informal supports for their survival. This study is therefore set out to examine gender differences in the care, support, overall wellbeing and level of satisfaction among older persons in Lagos State, Nigeria. Triangulation method was used for data collection. A multi-stage sampling procedure was adopted to select 1,200 respondents.

Logistic regression technique was used to test the hypotheses. The study found that gender of an individual and personality is an important determinant of care and support received by older persons in Lagos State. The study concludes that adequate care and support by older persons in the society would engendered improved wellbeing in later life.

Keywords: Gender, Gender Differences, Care, Supports, Well being, Satisfaction, Older Persons.

1.0 Introduction:

As the world begin to experienced increases in the number of older persons worldwide, it is also evidently cleared that, startling transformations have occurred all over the world, particularly on the mode of caring and supporting of older persons. There are a number of important issues, which arise as a result of these transformations and structural shift in the population. This transformation affects different people in different ways, depending on sex, location, size of cohort, economic resources (individual, familial and national), norms inherited from the past and individual's live experiences and personality.

Societies all over the world have a set of norms and practices that define the roles, rights and obligations of men and women, this typically referred to as a 'gender system'. Gender systems differ substantially across societies. Gender systems in turn, are both influenced and reinforced by social and economic institutions. Gender systems also influence the relative access of older men and women to family assets both before and after the death of a spouse.

According to Rahman, et al (2008), at any age, family provides to individual the emotional, social and economic support. In Nigerian for instance, it has been observed that marital status and earlier patterns of childbearing are significant factors influencing the nature of the support available in old age. While co-residence of older persons and adult children is common in many developing countries, the tendency worldwide is for this arrangement to become less common in Nigeria. This has direct consequences for economic security, especially in most societies of the world and particularly Nigeria, where pensions are paid only to a small proportion of older persons (less than 5% of the older population) who had worked in the former sectors of the economy. As a matter of fact, even in countries where pensions are more generally available, the burden of an ageing population is increasingly being regarded as unsustainable, particularly since there is an increasing tendency for those

able to do so to take early retirement. All these affect the overall economic wellbeing and level of satisfaction of the older category in the society.

Although, economic wellbeing is a complex and multi-dimensional phenomenon, however, economic wellbeing depends not only on monetary resources such as earnings or interest income but also on non-monetary resources, such as presence of other family members and one's own ability to perform tasks that generate earnings. From the foregoing therefore, it has been observed that among older persons, especially women in many developing societies of the world in general and Nigeria in particular, there is a real threat of poverty in old-age, and this problem may be exacerbated by social exclusions and the deteriorating health conditions experienced by many older persons particularly, women at more advanced ages.

According to Peil (1991), as life expectancy rises, young couples are more likely to be called upon to provide for their older parents than these parents were at the same stage of the life cycle, at a time when increasing emphasis on educating one's children, rampant inflation and widespread unemployment of young adults make adequate provisions for older parents difficult. The situation among older people without children of their own are even more pathetic. For instance, old people who have no living children tend to risk the chances of isolation and lack of support. Although, personality is a very crucial factor to be considered under this circumstances, this is because, personality can make considerable difference to the help received. For example, an older person who was hard to get along with is more likely to lack support than the cheerful old person who gets along well with family and neighbours (Peil, 1991). All these are important variables, which determine whether individuals will receive adequate care and support from family and society.

In contemporary Nigerian society, economic satisfaction of older members of the family depends on the above conditions on the one hand and also varies by gender on the other. Higher economic satisfaction generally leads to higher life satisfaction particularly in a country where most of the people are living below poverty line.

1.1. Statement of Problem

Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well being. Life satisfaction has been measured in relation to economic standing, amount of education, experiences, and

the people's residence as well as many others including the care and supports received from adult children.

However, reliance on the support from adult children in most developing countries is likely to become strained as older persons' dependency ratios increase (Blommesteijn et al, 2003; Schoenmaeckers, 2007). In addition, the informal old age security systems have been weakened by modernization, urbanization and westernization, thereby making the care of the older persons a no person's responsibilities. Thus, the majority of older people in Africa in general and Nigeria in particular are characterized by lack of support, mass poverty leading to systemic morbidity and mortality. The fragmentation of family structures, relative poverty and economic crises, combine to prevent the younger generation from providing the expected traditional support roles. At the same time, limited coverage, or sometimes, absence of social security systems means that in most African countries, especially in Nigeria, the state institutional framework is not currently in place to protect older people in their vulnerability.

In Nigeria, evidences from literature and observations reveal that social exclusions, attendant hopelessness and deprivation of a segment of the ageing population are now beginning to come to full glare. This is manifested in the living conditions of the greater proportion of the population of older persons in the country. A typical example can be found among the pensioners who died while waiting for their gratuity and even scenes of older persons who protested due to the non-payment of their gratuities. Yet, these are very few lucky ones in the organized paid labour. However, the situation among other category of older persons, particularly, older women is even more precarious and pathetic.

In the light of the above discussion, this study shall examine gender differences in the care and support received by older persons in Lagos State as detailed in the Objectives of the Study.

1.3. Objectives of the study

The main objective of this study is to examine the various factors responsible for gender differences in the care, support and expressed satisfaction among older persons in Lagos State, Nigeria.

The specific objectives of this study are to:

1. Examine the socio-economic status of older persons in Lagos State.
2. Explore family characteristics and economic support of the older persons in Lagos State

3. Determine the extent to which gender of older persons influences the care and support received from the society and from family members in Lagos State.
4. Examine the relationship between gender and older persons' satisfaction with support received from family members in Lagos State.

1.4. Significance of study

Longevity is universally desired by all and across socio-economic, ethno-religious and class divides. How can we enjoy life if we confront discrimination in old age for reasons attributed to gender? Researches have therefore shown that gender and ageing have become important components of the present and future problems of the developing world. Yet the operational attention received on this issue has been very slight and no major resources have yet been allocated to it. It is hoped, therefore, that the findings of this study would contribute to data on the subject matter and enrich the literature in the areas of gender differentials in the care, support and expressed satisfaction among older persons in Lagos State, Nigeria. The findings are expected to fill the gap in knowledge on the subject matter under investigation.

1.5. Scope of Study

Considering the volumes of work that have been done in other areas of the wellbeing of older persons, the scope of the study was limited to the examination of the factors responsible for gender differences in the care, support and expressed satisfactions among older persons in Lagos State. The study was limited to older persons aged 60 years and above of both sexes.

1.6. The Research Questions

The crucial questions to be answered in this study include:

1. What has been the state of socio-economic status of older persons in Lagos State in this transition?
2. Is family still serves as source of care and support for older persons in Lagos State in the face of the economic challenges?
3. Are there gender differences in the supports received by older persons in Lagos State from family members?
4. Are there gender differences in the expressed satisfaction with the care and support received by older persons in Lagos State from family members?

1.7. Research Hypotheses

Following the reviewed of relevant literature and theoretical orientation of study, two hypotheses were proposed for the study which include:

- i. Older women are more likely to receive more (material and financial) support from family members than older men in Lagos State.
- ii. Older women are more likely to express satisfaction with the level of care and support received from family members than older men in Lagos State.

2.0. Gap in Knowledge

Perhaps the major feature of a traditional setting as it relates to the aged is the extended family system. The traditional family set-up is a close-knit social unit, which emphasizes and ensures support for each member, thus security as well as the means of meeting their individual needs. The family system is designed as a social and transaction milieu for every stage of life including old age. In many developing countries, older people are cared for within the extended family and sometimes within the community at large. In those societies, traditional culture emphasizes respect and assistance to older people as a value (Abdulrahman, 1988; ESCAP, 1990; Ottenberg and Ottengerg, 1980; Fortes, 1949)

In African extended family system, people are usually involved in different sets of support relations, either as providers or recipients of support, or both. This multiplicity of social security is a general feature of social organization. In the absence of public funded social security schemes, older persons in developing countries must rely on the family, which becomes the main source of security and shelter. The engagement in multiple support relations among family members is made possible by the fact that relations among family members are not limited by their residential arrangements (ESCAP, 2009). However, the urbanization process has contributed to deteriorating living conditions of older persons as the family breaks up due to migration and different socio-economic conditions accompanying urbanization. Lack of income security in old age has an impact on adequate basic resources such as food and nutrition and better living environments (water, sanitation and shelter) conditions which impact on the health of older people (Kalasa, 2005).

The implication of the above is that, the cultural value that emphasizes the care and support of the older members within the extended family network is becoming a thing of the past due to the effects of social change and some structural impediment in our society. Today, older persons may appear to be in an extended family setting, caring for grand children and

receiving remittances, while in actual fact migrating parents may be experiencing cost of living constraints, which prevent them from sending remittance in form of money back home (Chesnais, 1990; Coombes, 1995; Cowgill, 1972). In an increasing number of developing countries the extended family system is gradually changing towards nuclear family system. This is because of the far reaching rapid economic development, urbanization and industrialization precipitating major social changes in the traditional role and status of older persons in the wider African family (Abdulrahman, 1988; ESCAP, 1990). Older family members are being left on their own as the young members move away from the family residence to seek employment and career opportunities. The status of older persons is reduced by such modernization factors as the development of health and economic technology, mass education and urbanization increases (ESCAP, 1990; Choir, 1996).

As Treas et al (1986) have indicated the status of older individuals decline with development. Old people may be considered as a low priority in developments, or as impediments to developments, and thus, can be viewed as victims of the development process. The challenge will therefore be to simultaneously move towards formal support systems of income maintenance and to maintain family support as the major informal support system. Treas et al (1986) stressed further that this will gradually and hopefully without great burden, move government and the private sector into the formal support system, while the family maintains its support role. Systematic support mainly comes in the form of economic supports, while family support comes in the form of the financial, in kind and emotion. Therefore, it is very important to maintain family support so as to continue to support the Older Persons in need in the society.

Both formal (Institutional) and informal (Non-institutional family) support systems have been and are being challenged as African nations experience poverty, slow development, political instabilities, war and genocide (Togonu - Bickersteth, 1995). Obviously a prerequisite for building formal support systems and maintaining informal family support systems is the elimination of the mechanism that disrupts normal family life. Dixon (1987:14) observed that social security benefits in Africa are provided for some categories of workers in wage employment, while those in the informal sectors are left on their own. Thus, this leaves older persons, particularly older rural dwellers in a vulnerable position. For instance, without strengthening the familial/informal support system, these categories of the Older Persons are at the risk of walloping in abject poverty. In Nigeria in particular, social security benefits in forms of gratuity and pension are provided for few categories of workers in wage employment, and the family, the traditional support unit, is

gradually shifting from a production to a consumption unit. According to Dixon (1987), Nigeria seems to be similar to other Sub - Saharan African countries that are experiencing growing industrialization, higher education, and increased rural-urban migration of the young and middle aged. This leaves older rural dwellers in a vulnerable position, particularly, as the trend towards conjugal family patterns continues.

Furthermore, a breakdown in traditional values and a continued rise of the nuclear family and deteriorating economic conditions in Nigeria have all resulted in declining family support systems for the old. Older persons, particularly in rural areas, do not have formal support systems to substitute for the withdrawal of family support (Dixon, 1987).

To further corroborate the condition of the old persons in Nigeria, Ademchalk (1997:4) observed that much of the gerontological literature show concerns about the increasing number and proportions in the ageing populations of developing countries as well as the breakdown of traditional family support arrangements. In another development, it has been found that older people as a group suffer most from ridden unemployment as a result of the increase in the ageing population in the face of the dwindling economy (Walker, 1994; Phillipson, 1982).

Tout (1959) found that important lessons were to be learned from developed countries of the world where a failure to provide for a family which intended to care for an older person in the household had negative consequences. He further maintained that, not enough thought has been given to alternatives to institutions in many developed countries. In his final submission, he stressed that the principle guiding family relationship is reciprocity, which governs a moral economy of familial exchange that is fairly treated. This expectation underlies implicit contracts concerning appropriate exchanges between kindred; the exchanges include material goods, labour, affection, information and advice, and are conceived in a lifetime framework (Caldwell, 1982; Le vine, 1985; Fapounda, 1988).

3.0. Methodology

3.1. The Study location

The study was conducted in Lagos and its environs. Lagos is situated in the southwestern part of the country and lies approximately between Longitude $2^{\circ} 42^1$ E and $3^{\circ} 42^1$ E and Latitudes $6^{\circ} 22^1$ N and $6^{\circ} 52^1$ N. The boundaries of this vast area are defined by 180km long Atlantic Coastline in the South, the Republic of Benin in the West, while the North and East boundaries are shared with Ogun State (Odumosu, 1999). Lagos State has a

population of about 9,113,605 which accommodates over 6.4 percent of the national population of 140 million (National Population Commission, 2006). At 9 percent per annual growth rate, approximately 300,000 persons per annum or 25,000 per month or 34 persons per hour are added to the existing population of the state (Adedokun, 1999). This has resulted in the very high population density of the state. Lagos State is a centre of learning. Lagos is the commercial centre of the most populous black nation of the world and its domineering presence as the former Federal Capital, as well as her strategic location on the Atlantic, which other states cannot boast of, shows the uniqueness of the state.

Lagos state has been chosen for this study for its high rate of population growth and the diverse characteristics of its inhabitants. The city is regarded as one of the most urbanised in the country, and the commercial and industrial nerve center of the country where ideas, attitudes and change can be fairly accurately observed. In addition, her mixed population (although predominantly Yoruba) consists of all known ethnic groups in the country (Odumosu, 1999). Hence, Lagos was chosen on the basis of its heterogeneity where the problems of older persons' care are prevalent.

3.2. The Study Population

The population of the study consists of all older persons resident in Lagos State. Older persons aged 60 years and over in Lagos State are about 331,071 of both sexes, representing 3.63% of the total population of Lagos State (NPC, 2006). When the figure was further disaggregated into gender, there are 167,839 male and 163,232 female older persons in Lagos State.

3.3. The Unit of analysis and Sample Size

The unit of analysis of the survey is a person aged (60) sixty years and above in Lagos State. The Population of older persons aged 60 years and above in Lagos State is about 331,071, which is about 3.63% of the total population of Lagos State from 2006 national census. A total number of 1,200 older persons were included in the sample. This is because the number was considered relatively large enough to enable us to draw inferences and make a generalization on the entire population of older persons in the state.

3.4. Sampling Procedures

In order to collect an unbiased sample for the study, the multi-stage sampling technique was adopted. One thousand, two hundred older persons were interviewed. The

National Population Commission's enumeration areas (EA's) as contained in the 2006 census were used as the basic clusters for Lagos study areas. Lagos State has 20 constitutionally recognized local government councils and four out of the 20 local government councils namely Lagos Island Local Government, Shomolu Local Government, Ojo Local Government and Epe Local Government were selected using the simple random sampling technique. By constitutionally recognized local government councils, I mean the local government councils including the local government development council areas created out of the existing local government councils by Lagos State Government.

Next was the identification of the enumeration areas using the National Population Commission Enumeration Areas as contained in 2006 population census final figures. There are about 11,297 EA's in Lagos State, while the selected four local government councils have about 4,148 EA's. It should be mentioned that each EA is a small compact area with well-defined and identifiable boundaries consisting of estimated 400 – 650 persons from an average of 120 households (National Population Commission, 2006).

Following the identification of the enumeration areas was the division of the EAs into cluster areas using the National Population Commission 2006 priority tables/census locality. Two hundred and thirty (230) cluster areas were identified in the four local governments selected as depicted in the NPC 2006 census locality. These are as follows: Island local government (11 clusters), Shomolu (39 clusters), Ojo (85 clusters), and Epe (95 clusters). From the various clusters identified, a total of twenty-four (24) clusters were randomly selected from the four local government councils. These cluster areas include: Lagos Island – Isale-gangan, Lafiaji, Epetedo, Olowogbowo, Idumota and Agarawu. In the Shomolu Local Government council, the following cluster areas were selected: Fadeyi, Soluyi, Alapere, Oworonsoki, Agbonyi and Ajelogo. Ojo Local Government – Kuje Amuwo, Sabo Oniba, Shibiri, Iba, Ishashi and Onireke; while in Epe Local government, the following clusters were selected: Igboye, Imope, Iraye Oke, Noforija, Itokin and Fowosedede.

Next was the identification of the streets in each of the selected cluster areas with the aid of a street map used during the pre-study visit to the study areas. Following the identification of the street was the selection of streets included in the interview. In all, twelve (12) streets were randomly selected from the cluster areas for inclusion in the study.

Following the identification of the streets was the selection of the households included in the study. Therefore, to select manageable households, every 5th number was randomly selected using systematic sampling techniques from the selected streets in the cluster areas for the proposed 1,200 respondents, while in the selected households, one adult individual

(male or female) over 60 years and above found was interviewed. It should however be mentioned that where no eligible person is found in the selected household, effort was made to pick the household before or after to make up the expected sample size.

4.0. Data Analysis and Interpretations

Effort was made in this section to analyse the various variables collected on the socio-economic characteristics of the respondents using bi-variate simple percentage distributions method of analysis.

Table 1: Percentage Distribution of Respondents' socio-demographic characteristics by gender.

<i>Variables</i>	<i>Gender</i>				<i>Total</i>	
	<i>Male</i>		<i>Female</i>			
Gender Composition	N =	100%	N =	100%	N =	100%
	567		633		1200	
<i>Age (year)</i>						
60 – 64	237	41.8	166	26.2	403	33.6
65 – 69	65	11.5	390	61.6	455	37.9
70 – 74	164	28.9	41	6.5	205	17.1
75 – 79	77	13.6	20	3.2	97	8.1
80 and Above	24	4.2	16	2.5	40	3.3
Total	567	100.0	633	100.0	1200	100.0
<i>Marital Status</i>						
Married	342	60.3	261	41.2	603	50.3
Separated/Divorced	2	0.4	196	31.0	198	16.5
Widowed/Widower	223	39.3	176	27.8	399	33.3
Total	567	100.0	633	100.0	1200	100.0
<i>Religion Affiliation</i>						
African Traditional Religion	345	60.8	133	21.0	478	39.8
Christianity	220	38.8	498	78.7	718	59.8
Islamic.	2	0.4	1	0.2	3	0.3

Others	0	0.0	1	0.2	1	0.1
Total	567	100.0	633	100.0	1200	100.0
<i>Educational Status</i>						
Literate	429	75.7	429	67.9	858	71.6
Illiterate	138	24.3	203	32.1	341	28.4
Total	567	100.0	632	100.0	1199	100.0
<i>Educational Qualification</i>						
Primary School	6	1.4	27	6.3	33	3.9
S.75/Grade III	42	9.8	15	3.5	57	6.7
WASCE/Grade II	213	49.9	124	28.9	337	39.3
HSC/A'Level/OND/NCE	106	24.8	263	61.3	369	43.1
B.Sc/HND/Postgraduate	60	14.1	0	0.0	60	7.0
Total	427	100.0	429	100.0	856	100.0

Source: Researcher's field survey, 2011

Gender Composition of the Respondents - The data on the gender composition of the respondents revealed that older men constituted 47.25% of the successfully interviewed population while older women constituted 52.75%. It should be mentioned at this juncture that older women are found to be more in the sample than their older male counterparts. This may not be unconnected with the fact that older women are found to be more in the population than their older male counterparts. One of the reasons that can be adduced for this is that, the risk bearing age for women is between age 15 years and 49 years. Women who managed to survive this period are likely to outlive their husbands, hence, older women tend to be widows. This may also be the reasons why they are more co-operative, very receptive and readily available than their older men counterparts.

Age Composition: Although, in answering the question on age at last birthday, respondents indicated single year, however, attempt was made to grouped them into different age cohort to allow for easy computation and analysis. The table reveals that Four Hundred and Fifty-five respondents (37.9%) were between ages 65 – 69 years old. This was followed by those who were between ages 60 – 64 with four hundred and three respondents representing (33.6%) of the total sampled population. However, two hundred and five (17.1%) were between ages 70 -74 years, while ninety-seven respondents representing (8.1%)

and forty respondents representing (3.3%) of the total sample population were between ages 75 – 79 years and above 80 years of age respectively.

When the figures were further disaggregated within gender, the table revealed that older men within age bracket 60-64 years old had the highest number of respondents with 237 representing 41.8%. This was followed by age bracket 70 -74 years old with 164 respondents representing 28.9%, while those who are age 80 years and over recorded the least respondents with 24 representing 4.2% of the total population of older men. Among older women, the age bracket 65-69 had the highest number of respondents with 390 representing 61.6%, while those from 80 years and over had the least respondents with 16 representing 2.5% of the older women total population.

Marital Status - On the marital status of the respondents, the table reveals that six hundred and three (603) representing 50.3% of the total sampled populations were married. 198 (16.5%) were either divorced or separated, 399 (33.3%) were widows/widowers. When the figures were further disaggregated within gender, 342 (60.3%) older men were married, 223 (39.3) were widowers and 2 (0.4) were either divorced or separated. While among older women, 261 (41.2%) were married, 196 (31.0%) were either divorced or separated and 176 (27.8%) were widowed.

It should be mentioned here that the low number of divorced/separated respondents could be an indication of the rarity of divorce among the Yoruba, which constitutes the dominant ethnic group in the study. In cases of irreconcilable differences, the Yoruba couple might live apart but would hardly seek a legal dissolution of the union most especially when the relationship had been blessed with children. The need for women to be respected as married is so great particularly among the Yorubas that, even after years of separation, they may still bear the names of their estranged partners. Another reason that can be adduced for the low level of divorce/separation, particularly among older men' respondents, could be as a result of the polygynous nature of our society. This is because a man tends to marry more than one wife, and where such a man divorced or separated from any of the wives, he would still see or regard himself as married.

Religious Affiliation - From the responses of the respondents interviewed, the distributions showed that more Christians, Seven Hundred and Eighteen, representing 59.8% of the total sample population were interviewed. This was followed by the Traditional Religion with Four Hundred and Seventy-Eight respondents representing 39.8% of the total sample population who were also interviewed. Three respondents representing 0.3% indicated Islamic religion, while only one respondent (0.1%) affirmed other religious

practices. When critically examined within gender, older women Christians were predominant in the study with 498 (78.7%); 133 (21.0%) were African Traditional Religion, while Islamic Religion affiliates and those who claimed others had 1 respondent each, representing 0.2% respectively. Among older men, 345 (60.8%) were African Traditional Religion, 220 (38.8%) were Christians, while only 2 (0.4%) claimed Muslims. The significant of the above distributions is that in spite of social change and the introduction of modern religious practices in the society, the culture of the people of Ilejemeje could be said to still be very strong in influencing the religious practices of the people, hence, the high numbers of respondents who claimed traditional religion in the area.

Educational Status/Educational Qualification - The distribution of respondents on level of education shows that more older persons (men and women) indicated that they were literate with 858 (71.5%) of the total population as against 341 (28.4%) (men and women) who indicated being illiterate. It was observed that only one (0.1%) respondent did not answer the question on the educational status. When further probed from the respondents their various educational qualification. Three Hundred and Sixty-nine (43.1%) had either HSC/A'Level; OND or NCE education; 337 (39.3%) had secondary education or General Certificate of Education; and 60 (7.0%) respondents had Higher educational qualification such as HND, B.Sc and Postgraduate education. Fifty-Seven (6.7%) had either S.75 or Grade III certificate, while 33 (3.9%) had primary education.

When the distribution was further disaggregated within the gender, the data revealed that older men were found to possess higher educational qualifications than their older women counterparts. For instance, the entire 60 (7.0%) respondents with higher educational qualifications were male, while older women were found more among the respondents who indicated the possession of OND or NCE with 263 (61.3%) as against older men with 106 (24.8%) respondents. These distributions may not be unconnected with the traditional views/belief that certain disciplines are meant for women, while others are meant for men. This has also accounted for the low representation of women in some professions that required a more rigorous/mental task such as engineering, medicine, etc, while we have more of them in professions such as teaching, secretariat jobs etc.

Table 2: Percentage Distribution of Respondents' Familial Relationship by gender.

<i>Variables</i>	<i>Gender</i>				<i>Total</i>	
	<i>Male</i>		<i>Female</i>			
	N =	100%	N =	100%	N = 1200	100%
	567		633			
<i>Are you currently married?</i>						
Yes	407	71.8	406	64.1	813	67.8
No	160	28.2	227	35.9	387	32.2
Total	567	100.0	633	100.0	1200	100.0
<i>If yes, do you still live with your spouse?</i>						
Yes	398	98.0	260	64.0	658	81.0
No	9	2.0	146	36.0	155	19.0
Total	407	100.0	406	100.0	813	100.0
<i>If not currently married (widow/widower/separated/divorced) are you planning to re-marry</i>						
Planning to remarry	2	1.2	93	41.0	95	24.5
No Plan to remarry	158	98.8	134	59.0	292	75.5
Total	160	100.0	227	100.0	387	100.0
<i>Have you any child of your own</i>						
Yes	567	100	630	99.5	1197	99.8
No	0	0.0	3	0.5	3	0.2
Total	567	100.0	633	100.0	1200	100.0
<i>Frequency of visit of adult children</i>						
Very Often	264	46.6	421	66.8	685	57.2
Often	303	53.4	209	33.2	512	42.8
Total	567	100.0	630	100.0	1197	100.0
<i>How often do you visit your children</i>						
Very Often	262	46.2	43	6.8	305	25.5
Often	221	39.0	564	89.5	785	65.6
Rarely	84	14.8	18	2.9	102	8.5
Not at all	0	0.0	5	0.8	5	0.4
Total	567	100.0	630	100.0	1197	100.0

Source: Researcher's field survey, 2006

Respondents' Familial Relationship

It is a truism that the social status and situation of individuals in the society have many possible dimensions with cumulative resultant effects on the overall well-being of such individuals. For instance, the level of social interactions and relationships with members of one's immediate family, particularly adult children, extended family members, relatives, friends, even the level and extent of involvement of older people in social activities and social participation have significant consequences for the well being of older persons.

In a quick response to the realization of this basic fact therefore, effort was made to find out about the social situation among older Nigerians, particularly the gender differences in the social and family relationships among the various older persons sampled in the study areas.

On the questions on intra-family relationships and interactions, table 2 reveals that a large majority 813 (67.8%) of older persons sampled were married while the remaining 387 (32.2%) were not. When examined within gender, 407 (71.8%) older men and 406 (64.1%) older women respondents respectively were still married. Among the older male respondents who indicated that they were still married, 398 (98.0%) declared that they still lived with their wives, while a large significant number of older women 260 (64.0%) respondents who indicated they were still married also declared they were still living with their husbands. It is however important to note that, among older men respondents who are still living with their wives, a large significant number of 296 respondents live with one wife each, while a small proportion of 102 respondents are currently living with two or more wives each. Effort was made to find out from those who indicated either being widows/widowers, separated, divorced etc, if they were planning to re-marry or not. Expectedly, only a very small number, 95 (24.5%) declared their intention to re-marry. Further dis-aggregation by gender revealed that very few men (divorced/separated/widowers) of 2 (1.2%) and 93 (41.0%) women who are either divorced, separated or widows declared their intention to re-marry; while a large proportion with 292 (75.5%) said they had no intention of re-marrying. One implication of this is that more older women than men who are widows are likely to be found living alone on their own with all the related old-age adjustment problems. Akeredolu-Ale and Aribiah (2001) also found similar situations among older persons included in their studies on the Public Policy and Old-Age Security in Nigeria and concluded that widowhood is a fundamental aspect of the gender dimension to the challenges of old age adjustment in Nigeria. In a similar vein, a dramatic increase in the proportions of widowed people living

alone has been broadly documented globally (Cherlin, 1983; Clarke, Neidert, 1992; de Jong Gierveld, van Solinge, 1995; Spitze et al., 1992).

Furthermore, table 2 above also reveals that the majority of older person respondents declared that they had child/children of their own. For example, out of the total sample of 1,200 older persons included in the study, 1,197 or 99.8% declared that they had child/children of their own. When further dis-aggregated by gender, the entire 567 older men or 100% of the total sample population declared that they had children of their own, while 630 older women or 99.5% of the total sample population also declared that they had children of their own. However, a small proportion of older women, 3 (0.5%), answered they did not have any children of their own. When our respondents were asked to assert the number of children had, the figures mentioned showed that the vast majority of older Nigerians surveyed had large families with more than four children each. Indeed, the modal number of children is 6 or 7 and only a very small proportion less than one-fifth of the respondents had small families with less than four children. However, about one-tenth of the respondents had families with more than ten children each.

On the question of whether the respondents have grand children, a large proportion of the sample population of 1049 respondents or 87.4% indicated that they had grandchildren. Further dis - aggregation by gender also revealed that 92.8% older men and 82.6% older women respondents reported having grandchildren.

Relationships and interactions with children are more pervasive, and of course more complex, but also an important determinant factor to achieve successful ageing, good quality of life and overall well-being of older men and women in Nigeria. The level of interactions and social relationships with adult children would go a long way, not only to affect the psychological well-being of the individual older person in the society, but also to determine the quality of health enjoyed by older people and the quality of life, and in particular their overall well-being in their later life. Although numerous studies have reported on visits home as an aspect of the maintenance of rural-urban contacts and potentially of social change, Peil and Sada, (1984) maintained that visits were often occasions for the provision of material help, but, most importantly, they were at least as important for the social and psychological support derived from the maintenance of kinship ties. It should also be mentioned that in a situation where telephone and postal systems fail to reach a large majority of the Older Persons, personal visits are an essential means of showing concern for one's parents. Having this at the backdrop of our mind, effort was made to find out whether the situation described above still existed in the contemporary Nigerian society which necessitated the question on

the frequency and regularity of visitations between Older Persons parents and their adult children.

Information available as revealed in the table of distributions above on the exchange of visits gives some idea of how much interaction goes on between these older respondents and their children. The various responses by older respondents to the question on the frequency of visits by adult children revealed that their adult children do visit them. On the whole, 685 or 57.2% of the total population reported that their children visit them 'very often', while 512 (42.8%) indicated 'often'. Further dis-aggregation by gender shows that 264 (46.6%) older men reported 'very often'; 421 (66.8%) older women indicated 'very often'; while 303 (53.4%) men and 209 (33.2%) women reported 'often'. Furthermore, effort was made to find out the gender of the adult children who visited their parents most. The table therefore reveals that those who visited their parents in less than one month are in the majority with adult male children 347(61.2%) reported by older male respondents and adult male children as reported by older women has 213 (33.6%) respondents. In a similar vein, adult female children who visited their parents less than a month ago as reported by older male and female respondents are 224 (39.5%) and 192 (30.3%) respectively. About three months ago as reported by older male respondents, 95 (16.8%), by adult male children; 207 (36.5%) by adult female children, while about three months ago as reported by older women respondents are 241 (38.1%) by adult male children and 51 (8.1%) by adult female children. However, those who visited about six months ago had 86 (15.2%) and 128 (20.2%) adult male children as reported by older male and female respondents respectively, while by adult female children as reported by older men and women are 41 (7.2%) and 260 (41.1%) respectively.

One significant thing to note in the table above is that adult male children tend to stay longer before visiting their aged or older male parents than their female counterparts. This can be seen demonstrated in the table where older male respondents indicated that 94 (16.6%) adult female children visited them more than one year ago, while on the contrary no older women reported that their adult male children visited them more than a year ago. Similarly, the adult male children who visited their parents more than one year ago as reported by both older male and female respondents revealed 'no response' and 8 (1.3%) by older men and women respectively. However, it should also be mentioned that quite significant number of children both male and female still live with their parents. Expectedly in the spirit of reciprocal relationships, older parents themselves visit their children regularly as shown in the table above. 785 (65.4%) older respondents reported visited their adult children 'often';

305 (25.5%) older persons respondents reported 'very often'; and 102 (8.5%) older parents indicated that they 'rarely' visit their adult children, while a small significant proportion of older respondents declared that they had never visited their adult children by answering 'not at all'. Further dis-aggregation by gender showed significant variations in older people's visitation to their adult children. One significant importance to note which, emerged in the findings of the study is that, contrary to expectation, more older men reported visited their adult children 'very often' than their older women counterparts, while more older women indicated 'often' than their men counterparts. The above table revealed that 262 (46.2%) older men respondents reported visited their adult children 'very often', while only 43 (6.8%) older women indicated they visited their adult children 'very often'. On the other hand, 564 (89.5%) older women declared that they 'often' visited their adult children as against 221 (39.0%) older male respondents who reported same. Furthermore, those who reported 'rarely' and 'not at all' are as follow; 84 (14.8%) older men and 18 (2.9%) older women indicated 'rarely' and only 5 (0.8%) older women reported 'not at all', while, no single older male respondents reported same. One significant fact to note from the distribution above is that contrary to the belief in most quarters that modernization has weakened the family relationships and interactions of members, particularly, parent-children relationship as a consequence of the effects of social change on the family, the findings above showed a very strong parental-children relationships in Nigeria. This has been demonstrated in the various ways and manners by which older persons responded to the question on the frequency and regularity of visitation by both parents and adult children. This study revealed that family interactions/relationships and support networks are still strong in Nigeria.

It should be pointed out however, that visits among siblings are less in terms of societal expectations and more dependent on personal relationships. Gierveld, et al, (2003) had earlier maintained a similar position when they wrote in their reports that in today's developed world, the decision to visit older parents and to start giving informal support to frail older parents is not a matter of course. The decision depends on the ongoing quality of social relationships between parents and children, on voluntary principles and on individual agreement (Keith, 1992; Gierveld, et al, 2003)

Hypothesis 1 –Older women are more likely to receive (material and financial) supports from family members than older men in Lagos State.

Table 3: Chi-square table showing older persons' receiving care and support From family by gender

How well are your children looking after you	GENDER		
	Male (%)	Female (%)	Total (%)
Very Well	39 (6.9)	119 (21.8)	158 (13.2)
Well	125 (22.0)	110 (20.1)	235 (19.6)
Could do better	309 (54.5)	318 (58.1)	627 (52.3)
Not well at all	94 (16.6)	0 (0.0)	94 (7.8)
Total	567 (100)	547 (100)	1200 (100)
$X^2 = 135.277$; $df = 3$; $P = 0.000$			

*significant at $P < 0.05$

** significant at $P < 0.01$

Interpretation: The table above shows that 58.3 percent of the older women respondents are more likely to receive (material and financial) support from family members when compared with 41.7 percent of older male respondents who are likely to receive (material and financial) support from family members. The above confirms the earlier hypothesis that older women are more likely to receive (material and financial) support from family members than older men. The chi-square value of 135.277 at 0.05 level of significance further attests to the above.

TABLE 4: Logistic Regression Models showing likelihood of older women receiving more (materials and financial) support from family members.

VARIABLES	MALE		FEMALE	
	Coefficient	Odds	Coefficient	Odds
AGE				
60 – 64	0.342	1.408	0.291	1.338 *
65 – 69	0.224	1.251*	0.32	1.377
70 – 74	0.421	1.523	0.461	1.586
75 – 79	0.22	1.246*	0.273	1.314 *
80+	RC	1.00	RC	1.00

MARITAL STATUS				
Married	0.32	1.377	0.233	1.262 *
Divorced/Separated	-0.234	0.791	-0.61	0.543
Widow/Widower	RC	1.00	RC	1.00
RELIGION				
Islam	0.27	1.310*	0.34	1.405
Christians	0.46	1.584	0.21	1.234 *
A.T.R.	RC	1.00	RC	1.00
EDUCATIONAL QUALIFICATION				
Primary	0.52	1.682	0.211	1.235 *
Secondary	0.266	1.305*	0.342	1.408
Tertiary	0.424	1.528	0.422	1.525
Others (Professional Qualifications, etc)	RC	1.00	RC	1.00
PRESENT JOB STATUS				
Working	0.44	1.553	0.37	1.448
Not Working	RC	1.00	RC	1.00
FAMILY SIZE/NUMBER OF CHILDREN				
1 – 3 Children	0.42	1.522	0.46	1.584
4 – 6 Children	0.22	1.246*	0.273	1.314 *
7 Children and above	RC	1.00	RC	1.00
RESIDENTIAL ARRANGEMENT				
Old People's Home	-0.059	0.943	-0.332	0.717
Adult Children	0.222	1.249*	0.655	1.925
Family House	-0.452	0.636	-0.202	0.817
Personal House	0.23	1.259*	0.402	1.495
Others (Rented Apartment, etc.)	RC	1.00	RC	1.00
REGULARITY OF VISIT OF ADULT CHILDREN				
Very Often	0.226	1.254*	0.404	1.498

Often	0.246	1.279*	0.264	1.302 *
Rarely	0.162	1.176*	0.422	1.525
Not at all	RC	1.00	RC	1.00
DO YOU RECEIVE FINANCIAL SUPPORT FROM ADULT CHILDREN				
Yes	0.31	1.363	0.42	1.522
No	RC	1.00	RC	1.00
DO YOU RECEIVE OTHER FORMS OF ASSISTANCE/SUPPORT FROM CHILDREN				
Yes	0.204	1.226*	0.241	1.273 *
No	RC	1.00	RC	1.00
WHO AMONG YOUR CHILDREN CARE/SUPPORT YOU MOST				
Male	0.422	1.525	0.262	1.300 *
Female	0.402	1.495	0.412	1.510
Both	0.861	2.366	0.922	2.514
None	RC	1.00	RC	1.00
HOW WELL ARE YOUR CHILDREN LOOKING AFTER YOU				
Very Well	0.433	1.542	0.224	1.251 *
Well	0.442	1.556	0.312	1.366
Not Well	-0.201	0.818	-0.211	0.810
Could do better	RC	1.00	RC	1.00

2 log likelihood

173.484

78.957

Model chi square

135.277

135.277

*significant at P<0.05,

**significant at P<0.01,

RC stands for Reference

Category

The primary aim of this section is not different from the general aims of the study. The primary objective of this section is to present an explicit discussion on the adequacy of care and support from children and also to examine the effects of some selected socio-

demographic variables on the adequacy of care and support from adult children and how it has been able to affect or influence the overall well-being of older persons in the Nigerian society. To achieve the above, the logistic regression model was utilized in estimating the effect of the selected socio-demographic variables on the adequacy of care and support from adult children. Table 4 presents the odds ratios of two logistic regression models, that is, two separate models are developed on the basis of gender. In the male model, the age of respondents, religion, educational qualification, family size and regularity of visit by adult children are significantly related to the adequacy of care and support from adult children. On table 4, while men within age bracket 60 – 64 years are 1.41 times more likely, those within ages 65 – 69 years are 1.3 times more likely to report adequacy of care and support from adult children than those aged 80 years and above. Men within ages 70 – 74 years and 75 – 79 years are 1.5 and 1.25 times more likely to report adequacy of care and support from adult children than the people with the reference category. The table also reveals that men who are married are 1.4 times more likely to report adequacy of care and support from adult children, while those who are either divorced or separated are 79 percent less likely to report adequacy of care and support from adult children than the widow or widower category who have been chosen as the reference category for the study. Furthermore, the analysis on the religion shows that Muslims and Christians are 1.3 and 1.6 times respectively more likely to report adequacy of care and support from adult children than the reference category. One interesting thing to mention here is that educational qualification has nothing to do with the adequacy of care and support. For example, table 4 on educational qualification shows that men with primary qualification are 1.7 times more likely to report adequacy of care and support from adult children. Those with secondary qualification are 1.31 times more likely to while those with tertiary qualification are 1.53 times more likely to report adequacy of care and support than the reference category which are men with other qualifications, such as professional qualifications. Those who are presently working are 1.6 times more likely to report adequacy of care and support than the reference category that are currently not working.

Family size shows that men with 1 – 3 family are 1.5 times more likely to, while those with 4 – 6 family are 1.25 times more likely to report adequacy of care and support than the reference category. The significance of this is that, it is not the number of children one has that determines the adequacy of care and support receives from them.

Further analysis of the male model shows the effects of the residential arrangement on the adequacy of care and support from children. Men who live in the Old People's Home are 94 percent less likely to report adequacy of care and support from the adult children. Those

who live with adult children are 1.25 times more likely to report adequacy of care and support from adult children. Those who live in the family house are 64 percent less likely to report adequacy of care and support from children while those in their personal houses are 1.26 times more likely to report than the reference category.

On the effects of the regularity of visit on the adequacy of care and support from adult children, Table 4 shows that those who reported ‘very often’ are 1.25 times more likely to report adequacy of care from children. Those who maintained ‘often’ are 1.28 times more likely to report adequacy of care and support, while those who reported rarely are 85 percent less likely to report adequacy of care and support from adult children than the reference category. Men who receive financial assistance from children are 1.4 times more likely to report adequacy of care and support from adult children. While those who reported receiving other forms of support such as material, non-materials or both are 1.23 times more likely to report adequacy of care and support from adult children than the reference category.

On the question of who among the children care/support the older people most, men who responded ‘male’ are 1.5 times more likely to report adequacy of care and support from adult children. While those who responded female are 1.5 times more likely to and those who answered ‘both’ are 2.4 times more like to report adequacy of care and support from their adult children than the reference category who answered none. Those who maintained that their children were looking after them very well are 1.5 times more likely to report adequacy of care and support from the adult children. Those who reported that their children were looking after them well are 1.6 times more likely to, while those who maintained not well are 82 percent less likely to report adequacy of care and support from the adult children than the reference category.

In table 4, the odds ratios for the female indicate that the age of respondents, religion, educational qualification and family size are significantly related to the adequacy of care and support from adult children. Women between ages 60 – 64 years are 1.34 times more likely to report adequacy of care and support from their adult children. Those within age bracket 65 – 69 years are 1.38 times more likely to report adequacy of care and support. Those within ages 70 – 74 years and 75 – 79 years are 1.6 and 1.3 times respectively more likely to report adequacy of care and support from adult children than the reference category. On the marital status, women who are still married are 1.3 times more likely to and those who are either divorced or separated are 54 percent less likely to report adequacy of care and support than the widow/widower which is the reference category. Women who are Muslim are 1.41 times

more likely to, while those who are Christians are 1.2 times more likely to report adequacy of care and support than the reference category.

Following the same pattern in the male model, the female model reveals that those women with primary qualification are 1.2 times more likely to report adequacy of care and support from adult children. Women with secondary qualification are equally 1.41 times more likely to report adequacy of care and support from children, while those with tertiary qualification are 1.5 times more likely to report same. Surprisingly, women who are presently working are 1.45 times more likely to report adequacy of care and support from adult children than those who are not currently working.

On the question of family size, women with 1 – 3 children are 1.6 times more likely to report adequacy of care and support from adult children than those with 7 children and more. While women with 4 – 6 children are also 1.3 times more likely to report adequacy of care and support from their adult children too. The result of the analysis on the residential arrangement indicate that women who live in the Old People's Home and those who live in the family house are 72 and 82 percent respectively less likely to report adequacy of care and support from adult children; while those who live with adult children and those who live in their personal houses are 1.9 and 1.5 times more likely to report adequacy of care and support from the adult children than the reference category.

Also, on the regularity of visit of adult children and the adequacy of care and support from adult children, table 4 indicates that women who maintained that their adult children visited them very often are 1.5 times more likely to report adequacy of care and support from them. Those who maintained that their adult children visit them 'often' are 1.3 times more likely to report adequacy of care and support from them as against those who maintained 'rarely' with 65 percent less likely to report adequacy of care and support than the reference category. Furthermore, women who receive financial assistance from adult children are 1.5 times more likely to report adequacy of care and support from the adult children. Those who receive other forms of support, such as material, non-materials or both are 1.3 times more likely to report adequacy of care and support than those who do not receive other forms of assistance.

The question on who among the children care and support most was equally analyzed. Table 4 reveals that those who reported that both children care and support them most are 2.5 times more likely to report adequacy of care and support from the adult children. Those who maintained that the male child/children care for them most are 1.3 time more likely to report adequacy of care and support as against those who maintained that the female child/children

care and support them most with 1.5 times more likely to report adequacy of care and support from the adult children.

On the question of how well children look after them, those women who reported to the very affirmative are 1.3 times more likely to report adequacy of care and support from the children than those who believe that the children could still do better which is the reference category in the table. Women who said their children were looking after them well are 1.4 times more likely to report adequacy of care and support from children, while those who said their children were not looking well after them are 81 percent less likely to report adequacy of care and support from their children than the reference category.

Hypothesis 2 – Older women are more likely to express satisfaction with the level of care and support received from family members than older men in Lagos State.

Table 5: Chi-square table showing older persons' expressed satisfaction by gender

Expressed Satisfaction with support from family members	GENDER		
	Male (%)	Female (%)	Total (%)
Highly Satisfied	0 (0.0)	201 (31.8)	201 (16.8)
Satisfied	528 (93.1)	432 (68.2)	960 (80.0)
Not Satisfied	39 (6.9)	0 (0.0)	39 (3.3)
Total	567 (100)	633 (100)	1200 (100)
$X^2 = 246.716$; $df = 2$; $P = 0.000$			

*significant at $P < 0.05$

** significant at $P < 0.01$

Interpretation: The table above shows that 54.5 percent of the older women respondents are more likely to express satisfaction with the level of support received from family members when compared with 45.5 percent of older male respondents who were likely to express satisfaction with the level of supports from family members. The above confirms the earlier hypothesis that older women are more likely to receive (material and financial) supports from family members than older men. The chi-square value of 246.716 at 0.05 level of significance further attests to the above.

TABLE 6: Logistic Regression Models showing older females likelihood to express satisfaction with care and support from family members.

VARIABLES	MALE		FEMALE	
	Coefficient	Odds	Coefficient	Odds
AGE				
60 – 64	0.321	1.379	0.286	1.331 *
65 – 69	0.356	1.428	0.296	1.344
70 – 74	0.421	1.523	0.116	1.123 *
75 – 79	0.332	1.394	0.412	1.510
80+	RC	1.00	RC	1.00
MARITAL STATUS				
Married	0.496	1.642	0.289	1.335 *
Divorced/Separated	-0.552	0.576	-0.350	0.705
Widow/Widower	RC	1.00	RC	1.00
RELIGION				
Islam	0.401	1.493	0.334	1.397
Christians	0.440	1.553	0.343	1.409
A. T. R.	RC	1.00	RC	1.00
EDUCATIONAL STATUS				
Literate	0.412	1.510	0.245	1.278 *
Illiterate	RC	1.00	RC	1.00
FAMILY SIZE/NUMBER OF CHILDREN				
1 – 3 Children	0.542	1.719	0.342	1.408
4 – 6 Children	0.481	1.618	0.224	1.251 *
7 Children and above	RC	1.00	RC	1.00
REGULARITY OF VISIT OF ADULT CHILDREN				
Very Often	0.331	1.392	0.442	1.556
Often	0.132	1.141*	0.228	1.256

widower counterparts. Those who are either divorced or separated are 58 percent less likely to express satisfaction than those who are widows or widowers, the reference category. Men who belong to the Islamic religion are 1.5 times more likely to and those who belong to the Christian religion are equally 1.6 times more likely to express satisfaction with the care and support received from the adult children than their counterparts in other religions such as the traditional religion, which has been chosen as reference category in the table. The table also indicates that men who are literate are 1.5 times more likely to express satisfaction with the care and support from adult children than their illiterate counterparts, the reference category.

Furthermore, the odds ratios for men indicate that family size is significantly related to the expressed satisfaction with care and support from adult children. For instance, the table shows that men with 1-3 family size are 1.72 times more likely, just as much as those with 4-6 family size are 1.62 times likely to express satisfaction with the care and support from adult children than their counterparts with large family sizes of more than 7 members.

Effort was also made to examine the relationships between the regularity of visit of adult children and the satisfaction in old age. The table indicates that those men who indicated that their children do visit them very often are 1.4 times more likely to express satisfaction with the care from them, while those who said the adult children visited often are 1.14 times more likely to report satisfied with the care and support receives from them. On the other hand, those men who maintained that their adult children rarely visited them are 71 percent less likely to express satisfaction with the care and support from adult children than those in the reference category. On the regularity of financial assistance or support from children, men who receive very regular financial assistance from adult children are 1.54 times more likely to express satisfaction with the care and support from the adult children. Those who also maintained they received regular financial support are 1.1 times more like to and those who said the financial assistance from adult children were not quite regular are 71 percent less likely to report satisfaction with the support and care from the adult children.

On the relationship between how well children look after the respondents and the satisfaction expressed on the care and support received from adult children, the table indicates those men who believed that their children looked after them devotedly are 1.54 times more likely to and those who said they were being well looked after are 1.14 times more likely to express satisfaction with the care from the adult children. Those who indicated that they were not well looked after are 64 percent less likely to express satisfaction with the care and support received from their adult children.

The odds ratios for the female model indicate that the age of respondents, religion, educational status and family size are significantly related to the older persons' expressed satisfaction with the care and support received from adult children. For instance, the table indicates that women within the ages of 60-64 and 65-69 years are 1.3 times respectively more likely to express satisfaction with the care and support received from adult children than those in the reference category. Also, women between the ages of 70-74 and 75-79 years are 1.1 and 1.5 times respectively more likely to express satisfaction with the care and support from adult children than their counterparts in the reference category. Expectedly, women who remained in their marriage are 1.34 times more likely to express satisfaction with the care and support from adult children, while those who are either divorced or separated are 71 percent less likely to express satisfaction with the care from adult children.

Analysis along the line of religion shows that Muslims and Christians are 1.4 and 1.41 times respectively more likely to express satisfaction with the care and support from adult children than those in the reference category. Women who are literate are 1.3 times more likely to express satisfaction with the care and support from the adult children than their counterparts in the reference category who are illiterate. Table 6 indicates that women with 1-3 and 4-6 children are 1.41 and 1.3 times respectively more likely to express satisfaction with the care and support from the adult children than those in the reference category with large family sizes of over 7 children.

On the regularity of visit of adult children, women who indicated that their adult children visited very often are 1.6 times more likely to; those who maintained often are 1.3 times more likely and those whose children rarely visited them are 75 percent less likely to express satisfaction with the care and support from adult children than those in the reference category who indicated not at all. The analysis on the regularity of financial support from the adult children followed the same pattern in the male model. For example, women who maintained that they received 'very regularly' financial assistance and those who said they received 'regular financial' support from adult children are 1.53 and 1.33 times respectively more likely to express satisfaction with the care and support from adult children. Those who indicated not quite regular are 80 percent less likely to express satisfaction with the level of support and care received from adult children than those in the reference category.

Finally on how well children look after the respondents, table 6 indicates that those who believed they were being taken care of very well are 1.72 times more likely to report satisfaction with the care from adult children. Those women who reported that they were well taken care of are 1.5 times more likely to and those who were not well taken care of are 80

percent less likely to report satisfaction with the level of care and support from adult children than those in the reference category who believe their children could still do better in caring for them.

4.1. Findings of study

The study specifically employs both chi-square and logistic regression model of analysis. The section has successfully addressed the relationship between the various socio-demographic and economic variables and the overall socio-economic well-being of the older persons in Lagos State. The study found that

- the regularity and adequacy of income is an important factor that affects or influences the well-being of individuals in the society.
- the adequacy of care from adult children is very central to the care, support and socio-economic well-being of older persons in their later life.

5.0. Conclusion

The rapidity and scale of population ageing in developing countries, most of which lack the socio-economic and formal support systems to cope with this entirely new phenomenon, calls for sound and forward-looking strategies and policies for the diverse needs of older persons. The failure of governments to respond in a timely fashion to the emerging challenges of population ageing will inevitably lead to major problems in caring and supporting the increased number of populations which will have serious consequences for development. From the various findings, both from the primary and secondary sources of data collected and critically analyzed, this study therefore concludes that:-

- ❖ Population ageing is taking place most rapidly in developing countries where social and welfare infrastructures and resources are minimal, therefore increasing the number of older people in developing countries such as Nigeria within the prison-house of poverty. The proportion of older women will continue to increase and also face multiple disadvantages in Nigeria. In view of the above, effort must be made to create enabling environment that support health and wellbeing of older persons in Nigeria.

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