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INTERGENERATIONAL HOUSEHOLDS AND WELL-BEING OF THE ELDERLY IN NIGERIA

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Abstract

Intergenerational household and Well-being of the Elderly has been identified as an important determinant in the lives of older people in Ojo Local Government Area. Intergeneration refers to the comparison between generations. This study aims at explaining and identifying the various ways by which the care given to the Elderly in our society can be improved on.

The study employed the use of questionnaire method to achieve its aim and objectives. A total of 250 questionnaires were administered to various respondents within the study area. The study then adopted the use of Chi- Square statistical method to test the strength of the relationship between the identified variables in the hypotheses.

The study suggests that an improvement in Elderly care within each household will help improve the living conditions of the Elderly in Ojo Local Government area of Lagos State.

Keywords: Elderly, Lagos, households

Introduction

Population is ageing in most countries of the world today. Going by the recent current economic recession, the care of the elderly has been a course for serious attention being the most vulnerable subset of the population (Ekpeyong, 1995). The implications of ageing are more serious for developing countries where majority of the elderly do not have regular earnings after retirement where there are problems of earning from assets in old age. In all

societies, intergenerational households are large and potentially have an important influence on equality and economic growth. The development of each generation of elderly depends on the resources that it receives from productive members of society for health, education and sustenance (Lee, 1994). The well-being of the elderly on the other hand depends on the social programs that provide health care, income and support e.tc by the family systems that dominate in many developing countries. The importance of intergenerational households has not gone unnoticed. During the last two decades, there have been important advances in measuring, modelling, and assessing the implications of intergenerational households and well-being of the elderly both at the micro and macro level (Bommier and Lee, 2004).

As population ageing increases in both developed and developing countries, issues surrounding support and care of older persons are receiving more attention. The living arrangements of the older population can have an influence on the demand for formal and informal support systems. Living arrangements are influenced by a variety of factors including marital status, financial well-being, health status, and family size and structure, as well as cultural traditions such as kinship patterns, the value placed on living independently or with family members, the availability of social services and social support, and the physical features of housing stock and local communities on the older generations. Changing family structures also influence the need for formal support systems. There are several alternative forms of family and generational structure that are shaped by changes in marital status, fertility, mortality and migration. Much of the research has focused on the traditional paths through the life course (e.g, marriage, bearing children and widowhood) and has not considered the alternative pathways and their consequences on living arrangements and well-being in later life.

In traditional societies, the family has been the most rural and conducive social organization for the care and support of old aged persons. The care and support to old aged persons was provided by family members especially the wife, sons, daughters, son-in-laws and daughter-in-laws. This care giving was backed not simply by the emotional bonds of relationship emerging out of blood relationship or marital relationship but by the force of persuasive influence of traditional values, norms and behaviour which were not simply practiced as a matter of routine but also defied (Sijuwade, 1991). The care of the elders was the moral imperative which was considered not only material bliss but also spiritual salvation (Gore, 1992).

However, this traditional bond between the elders and the younger members of the family is gradually becoming weak in Nigeria. The physical deterioration due to chronologically advancing age makes a person aged. In this process of becoming old, there are both intrinsic as well as extrinsic changes in the individual. The intrinsic changes are those which take place within the functioning of body organs. The basic deprivation gradually crops up initially in the youth and adult age (Russell, 2003; Thurston, 2001). The aged is, therefore, deprived of smartness, promptness, dynamism and confidence which were basic personality features of youth and adulthood. Further, the optimistic outlook of the aged gradually turns into pessimism. Extrinsic changes among the aged are the effects of disorganized social institutions, values and norms arising out of surrounding social forces of urbanization, industrialization, modernization and globalization (Ushasnee, 2004).

Hence, the disorganized society, family and personality produce deprivations to the aged in the contemporary society. The greater longevity of the elderly demands care and support for a longer period and also entails high cost of medical and health care. The rising cost of living and shrinking income pattern often makes it difficult for the family to provide adequate care and support (Neysmith and Edward, 1984; Kalache, 1990). It is important to also note that the patterns of intergenerational support vary by culture and economic status, both at the household and geo-political level. An exclusive literature of family support has consistently found out that all societies engage in some level of intergenerational support. The variation in what constitutes support can vary greatly, but in general, few societies allow the open abandonment of the aged. Levels and types of support are typically impacted by social factors such as the density of co- resident which in turn is impacted by external factors such as labour force migration (Martin, 1990). Levels of support are also impacted by the presence of lack of programs by the government that relieve the immediate family of the direct care and burden and financial cost of the elderly such as pensions, social security, provident funds and other forms of portable wealth (Mc Nally,2003).

In Nigeria, it is often assumed that the family will automatically take on the responsibility of caring for the elderly, yet little is known about the contemporary condition of the elderly within the safety net in practice. Currently, little is known about the link between intergenerational households and the well-being of the elderly in Lagos metropolis. As the elderly constitute an increasing proportion of Nigeria's population, it is pertinent to examine their needs and concerns which have direct impacts on their well-being and quality of life. Hitherto, question on how to care for these growing numbers of elderly, their concerns

and need are yet to feature prominently in major policy debates. The following research questions were probed into: Can improvement on the care given to the aged or elderly increase their life expectancy? Who should be more responsible for the care of the aged or the elderly? Is elderly abuse or abandonment more common among the old people in intergenerational households in Lagos metropolis? What are the problems and challenges faced by the aged or the elderly in the various households?

Hypothesis

- (1) Relationship between intergenerational households and well-being of the elderly.
- (2) There is no significant relationship between the income of the family and economic stability of the elderly.
- (3) There is no positive relationship between the levels of individualism in the family and elderly care in Ojo Local Government Area.

Methods and Materials

Study population

The study population will include all the elderly within the intergenerational household in Ojo Local Government Area ranging from 60 yrs and above. For this study, the frail elderly, retired elderly, and working class elderly will be included.

Sample size and sampling procedure

The Ojo Local Government is made up of 5 wards namely: Ward A, Ward B, ward C, Ward D and Ward E respectively. While wards A, B and C makes up the Upland areas, wards D and E consist of the riverine areas. A total sample size of 250 will be drawn from the selected wards in Ojo Local Government. But due to logistic problems, this study will concentrate on the 3 wards in the Upland areas. Ward A cover areas such as Idi – Orogbo, Awori, college, Ojo central, Ojo Jetty side, Franklas, e.t.c. Ward B covers areas such as Ira, Ilaje, Tedi, Muwo, Agric, Barracks, Post service, Mile 10 e.t.c. Ward C covers areas such as Alaba, Mosafejo – ilufe, Sabo, Ajangbadi, Jakande, Igbede New Site e.t.c. The sample size will be drawn using multi stage sampling technique. The stratified random sampling technique will be used to select the required sample in order to give every member of the population an equal chance of being selected and to increase the variability and also to ensure adequate representativeness. A proportionate sample will be drawn from each of the 3 wards

and in each of these 3 wards chosen; the elderly will be purposively sampled. Questionnaire method will be administered to the selected elderly (250 of them). It will be further divided into ratio 90:90:70 in order to get desired results. This is based on the fact that Wards A and B have more streets as compared to Wards C.

Research instrument and data collection method

Structured questionnaire method will be adopted for the collection of data and other relevant information for this study. The questionnaire will be structured into 4 (four) sections. Section A will be based on obtaining information on their socio demographic profile. Section B will be on their economic background and household composition. Section C will be based on their wellbeing and old age security within the household. Section D will focus on their suggestions and recommendations.

Methods and data analysis

The method of data analysis and presentation for this study will include chi square technique. It is important to note that both statistical and research analysis are quite interwoven such that one is the direct result of the other. However, frequency table will be adopted to analyze the relevant response in the questionnaire while chi square will be adopted to test the hypothesis of this study.

The computed chi square analysis will later be compared with the table of analysis to give a rationale for the reason of the decision rule about the hypothesis.

Results:

Characteristics of respondents

Table 1 Summary of Socio-Demographic profile of Respondents

VARIABLES	FREQUENCY	PERCENTAGE
SEX		
Male	125	46.6
Female	117	53.4
Total	242	100
LAST BIRTHDAY		
60-64 years	47	17.5

65-69 years	64	23.9
70-74 years	76	28.4
75-79 years	33	12.3
80 and Above	22	8.2
Total	242	100
MARITAL STATUS		
Married	133	49.6
Divorced	36	13.4
Separated	25	9.3
Widowed/widower	48	17.9
Total	242	100
RELIGIOUS AFFILIATION		
Islam	120	44.8
Christianity	115	42.9
African Traditional Religion	1	.4
Others	6	2.2
Total	242	100
ETHNIC AFFILIATION		
Yoruba	154	57.5
Igbo	47	17.5
Hausa	37	13.8
Others	4	1.5
Total	242	100
EDUCATIONAL ATTAINMENT		
SSCE/WASCE	49	18.3
HND/BSC	147	54.9
NCE/OND	16	6.0
OTHERS	30	11.2
Total	242	100

Source: researcher's field survey, 2011

Interpretation

The above table 4.1.1 shows that more than half of the sample population are males and almost one quarter of the remaining respondents are females. This implies the survey was able to capture more male elderly than females.

The next cadre of measurement captured the age of respondents as at their last birthdays, it was discovered that more than one-quarter of the respondents are between the ages 70-74 which shows a little fraction of the sample population are aged. Those within the age brackets 65-69 and 60-64 years represent the most active population as regards the elderly within Ojo Area but the survey captured only less than one tenth of the respondent. This implies more of the respondents were the less strong and inactive population.

Only four categories of marital status were observed from the sample survey. These are married, divorced, separated and widowed. It was discovered that almost more than half of the respondents are married. Others ranked below one-tenth, to which 25 out of 242 were separated as at the time of this survey. This shows more of the respondents are happily married with their families.

From the Table above it could be inferred that almost half of the respondents each were either Muslims or Christians which were more than three-quarter of the entire respondents. The remaining formed a minority interest group that constituted less than one-tenth of the respondents who worship traditional gods and lastly a minute fraction constituted other kinds of religion not captured.

The table also revealed the ethnic affiliation of the respondents and it was observed from the sample survey that more than half of the respondents belong to the Yoruba speaking tribes, one-fifth are from the Igbo speaking ethnicity which ranked the second highest ethnic group of respondents covered by the research survey. The least of the entire ethnic group captured were the Hausa tribes, which is due to the fact that the research was carried out in the western region.

Finally, the table above also shows the highest level of qualification of the sample survey. The table shows that more than half of the sample population have either HND/B.Sc certificate, which means more elders within Lagos have attended an institution of higher learning. One-fifth of the respondents are holders of WAEC certificate which implies that a little fraction of the respondents had no opportunity to attend higher institutions.

Table 2: Economic Background and Household Composition of the Elderly

VARIABLE	FREQUENCY	PERCENTAGE
AGE OF RETIREMENT		
60-64		32.8
65-69	88	7.8
70-74	21	.7
75-79	2	.7
NO RESPONSE	2	48.1
Total	129	100
	242	
NATURE OF RETIREMENT		
MANDATORY RETIREMENT	79	29.5
ILL HEALTH RETIREMENT	23	8.6
RETRENCHMENT	2	.7
OTHERS	10	3.7
NO RESPONSE	128	47.8
Total	242	100
DO YOU RECEIVE ANY GRATUITY/ PENSION?		
	108	40.4
Yes	134	49.6
No	242	100
Total		
HOW OFTEN DO YOU RECEIVE YOUR PENSION?		
	53	19.8
OFTEN	57	21.3
VERY OFTEN	5	1.9
RARELY	127	47.4
NO RESPONSE	242	100
Total		
DO YOU HAVE ANY CHILD/ CHILDREN OF YOUR OWN?		
	237	88.4
Yes	5	1.9

No Total	242	100
ARE YOU LIVING WITH ANY MEMBER OF YOUR FAMILY?		
Yes	174	64.9
No	68	25.4
Total	242	100
IS THIS HOW YOUR OWN PARENTS ALSO LIVED WITH THEIR OWN CHILDREN?		
Yes	144	53.7
No	98	36.6
Total	242	100
ARE YOUR CHILDREN FULLY IN CHARGE OF YOUR WELL-BEING WITHIN THE HOUSEHOLD?		
Yes	110	50.7
No	132	49.3
Total	242	100.0
ARE THERE ALSO ANY KIND OF SUPPORT YOU RENDER WITHIN THE HOUSEHOLD?		
Yes	131	48.9
No	111	41.4
Total	242	100.0
DO YOU PREFER INTERGENERATIONAL HOUSEHOLD ARRANGEMENTS?		
Yes	108	40.0
No	134	60.0
Total	242	100.
WHERE DO YOU PREFER STAYING MOST?		
INTERGENERATIONAL HOUSEHOLD	92	34.3
PERSONAL HOUSE	123	45.9
EXTENDED FAMILY	15	5.6
WITH ADULT CHILDREN	12	4.5

Total	242	100.0
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Source: researcher's field survey, 2011

The table 2 above summarizes the age of retirement of the elderly within the Ojo Area and it was observed that more than one-fifth of the respondents retire between ages 60-64. This by implication represents the active elders within the state who still possess the will power to earn income. On the other hand a larger number of respondents were undecided as regards their age of retirements, may be due to fear of being assessed by their employers.

The table further revealed the nature of retirement the respondents have been subjected to accept and it was disclosed in the afore presented table that more than one-quarter have been subjected to mandatory retirements. This is a function of age limits. Less than one-tenth said ill health retirement but this happens occasionally. A very small fraction of the respondents said retrenchment is prevalent which in normal sense is not termed as retirement but lay off.

Approximately one-half of the respondents said they don't receive gratuity. This is normal within the climate of this part of the world where policies on pension and gratuity are not strictly adhered to because of corrupt practices. Two-fifth of the respondents said they receive gratuity.

Table 2 also shows the rate at which the gratuities are paid. It is seen that less than one-quarter of the respondents said they receive that gratuity very often and one-fifth said they receive theirs very often. On the other hand only less than one-tenth said they rarely receive their own gratuity.

The table also showed that three-quarter have children on their own while a minute portion does not have children of their own. This is due to the fact that almost all the respondents covered in the survey are either married or have been married before. Most of the respondents said they stay with their family members which implies that the level of elderly care will be high.

The response of one-half of the sample population as regards if their children are responsible for the well being of the household was affirmative. Meaning their children are responsible for the well being while less than one-half said they are not. Three-quarter of the respondents are of the opinion that they don't support intergenerational household

arrangement, may be due to the nature of parental care experienced. On the other hand, two-fifth of the respondents are not in support.

Finally, the table above shows that almost one-half of the respondents prefer personal households to any other kind of household. This could be due to the poor level of care received from members of the family. But one-fifth are of the opinion that intergenerational household is preferable.

Table 3: Well Being and Old Age Security of the Elderly

VARIABLES	FREQUENCY	PERCENTAGE
HOW IS YOUR HEALTH STATUS GENERALLY?		
EXCELLENT	60	22.4
GOOD	139	51.9
FAIR	37	13.8
POOR	2	.7
VERY POOR	4	1.5
Total	242	100.0
DO YOU HAVE ANY MAJOR HEALTH PROBLEMS?		
Yes	59	22.0
No	183	68.3
Total	242	100.0
ARE YOU SATISFIED WITH THE SUPPORT YOU RECEIVE FROM THE HOUSEHOLD?		
VERY SATISFIED	81	30.2
SATISFIED	151	56.3
NOT SATISFIED	10	3.7
Total	242	100.0
DO YOU RECEIVE OTHER FORMS OF SUPPORT/CARE FROM INDIVIDUALS, ORGANIZATIONS OR GOVERNMENT?		
VERY ADEQUATE	58	21.6
ADEQUATE	123	45.9
	61	22.8

FAIRLY ADEQUATE	242	100.0
Total		
WHAT ARE THE CHALLENGES OR PROBLEMS YOU FACE IN THE HOUSEHOLD?		
NONE	47	17.5
DISREGARD/LACK OF RESPECT	58	21.6
POVERTY	45	16.8
HEALTH ISSUES	48	17.9
LACK OF BASIC FACILITIES	44	16.4
Total	242	100.0

Source: researcher's field survey, 2011

Interpretation of Findings

On the health status of the elderly in the area, more than one-half of the respondents said they enjoy good health generally while more than one-quarter are in excellent conditions as at the time of this research. This means a large population of elders within the area enjoy good health. On the contrary, less than one-tenth of the respondents have either failing health or bad conditions that require urgent medical expertise.

A very large number of respondents have not had any major health problems. This is a sign that elderly ones are not prone to frequent and terminal health crisis and just a quarter of the respondents have had major health crises.

The table further shows if the elderly are satisfied with the level of care received from the household. It is obvious that the elderly are well taken care of within Ojo Local Government Area as almost 100% of the respondents said they are well taken care of by their household. Only a minute portion of the respondents said they are not well cared for.

As regards the adequacy of care been received from other individuals, organisations and the government, it is seen from the table that more of the respondents are of the opinion that those care facilities provided are adequate enough in meeting their needs.

One-quarter of the challenges faced by the elderly is more attributed to lack of respect or disregard received from the younger populations which results to mental and emotional distress. Less than one-tenth of the population are of the opinion that poverty and inability to purchase the basic facilities to aid living constitute a challenge in meeting their needs. Other

problems faced by the elderly include health issues and lack of basic amenities but it was also noted that over one-tenth of the population said they have no problems.

Table 4: Distribution showing Suggestions, Conclusions and Recommendations

VARIABLE	FREQUENCY	PERCENTAGE
WHO DO YOU THINK OUGHT TO GIVE THE PRIMARY RESPONSIBILITY TO LOOK AFTER THE ELDERLY?		
FAMILY/CHILDREN	140	52.2
GOVERNMENT	62	23.1
ELDERLY THEMSELVES	18	6.7
OTHERS	22	8.2
Total	242	100.0
ARE YOU AWARE OF ANY SPECIAL FACILITIES WHICH PRIVATE ORGANIZATIONS ARE PROVIDING FOR THE ELDERLY?		
Yes	144	53.7
NO	98	46.3
Total	242	100.0

Source: researcher's field survey, 2011

The table 4.1.4 above revealed the opinions of respondents as regards who ought to be given the primary responsibility to look after the elderly. It was observed that more than one-half of the respondents are of the opinion that the family members or children should be responsible. One-half of the respondents said the government should be responsible which in my opinion should be in the area of prompt payment of pension arrears and less expensive medical accessible facilities. Only a few of the respondents were a little bit sarcastic to have said the elderly themselves.

Lastly, the table further showed that more than half of the respondents are aware of special facilities been offered by private organisations to the elderly.

Results and Hypothesis Testing

Inferential statistics helps us infer from statistics that have been given in the frequencies and description (all forming the descriptive statistics). It points out certain meanings and important relationship which are hidden within the data. Hypothesis is simply a conjectured statement about an unknown statistical parameter to which a test of inferential analysis is carried out. The chi-square analysis was done using the statistical package for social scientist (SPSS).

Hypothesis I

H₀: There is no inverse relationship between intergenerational households and well-being of the elderly.

H₁: There is an inverse relationship between intergenerational households and well-being of the elderly.

Table 4.1 Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
DO YOU PREFER INTERGENERATIONAL HOUSEHOLD ARRANGEMENTS? * HOW IS YOUR HEALTH STATUS GENERALLY?	242	90.3%	26	9.7%	268	100.0%

DO YOU PREFER INTERGENERATIONAL HOUSEHOLD ARRANGEMENTS? * HOW IS YOUR HEALTH STATUS GENERALLY? Crosstabulationn

Count

		HOW IS YOUR HEALTH STATUS GENERALLY?					Total
		EXCELLEN T	GOOD	FAIR	POOR	VERY POOR	
DO YOU PREFER	YES	23	61	21	1	2	108
	NO	37	78	16	1	2	134
INTERGENERATION AL HOUSEHOLD ARRANGEMENTS?							
Total		60	139	37	2	4	242

Table 4.2.2 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.266 ^a	4	.514
Likelihood Ratio	3.260	4	.515
Linear-by-Linear Association	2.383	1	.123
N of Valid Cases	242		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is .89.

Decision Rule

The chi-square calculated of 3.266 with 4 degree of freedom at 5% level of significance is less than the decision criterion or the alpha level of 9.49, therefore the null hypothesis is accepted and the alternative hypothesis is rejected. Hence, there is an inverse relationship between intergenerational households and well-being of the elderly.

Hypothesis II

H₁: There is no significant relationship between the income of the family and economic stability of the elderly.

H₀: There is a significant relationship between the income of the family and economic stability of the elderly.

Table 4.2.3 Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
DO YOU RECEIVE ANY GRATUITY/ PENSION? * ARE YOU SATISFIED WITH THE SUPPORT YOU RECEIVE FROM THE HOUSEHOLD?	242	90.3%	26	9.7%	268	100.0%

DO YOU RECEIVE ANY GRATUITY/ PENSION? * ARE YOU SATISFIED WITH THE SUPPORT YOU RECEIVE FROM THE HOUSEHOLD? **Crosstabulation**

Count

	ARE YOU SATISFIED WITH THE SUPPORT YOU RECEIVE FROM THE HOUSEHOLD?	Total
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	VERY SATISFIED	SATISFIED	NOT SATISFIED	
DO YOU RECEIVE YES	32	75	1	108
ANY GRATUITY/ NO	48	76	9	133
PENSION? 4.00	1	0	0	1
Total	81	151	10	242

Table 4.2.4 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.996 ^a	4	.059
Likelihood Ratio	10.189	4	.037
Linear-by-Linear Association	.231	1	.631
N of Valid Cases	242		

4 cells (44.4%) have expected count less than 5. The minimum expected count is .04.

Decision Rule

The test statistics of 9.996 with 4 degree of freedom at 5% level of significance is greater than the decision criterion of 9.49m therefore the null hypothesis is rejected and the alternative hypothesis is accepted. Hence, there is a significant relationship between the income of the family and economic stability of the elderly.

Hypothesis III

H₀: There is no positive relationship between the levels of individualism in the family and elderly care in Ojo Local Government Area.

H₁: There is positive relationship between the levels of individualism in the family and

Table 4.2.5 Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
ARE YOU LIVING WITH ANY MEMBER OF YOUR FAMILY? * DO YOU RECEIVE OTHER FORMS OF SUPPORT/CARE FROM INDIVIDUALS, ORGANIZATIONS OR GOVERNMENT?	242	90.3%	26	9.7%	268	100.0%

elderly care in Ojo Local Government Area.

ARE YOU LIVING WITH ANY MEMBER OF YOUR FAMILY? * DO YOU RECEIVE OTHER FORMS OF SUPPORT/CARE FROM INDIVIDUALS, ORGANIZATIONS OR GOVERNMENT? Crosstabulation

Count

	DO YOU RECEIVE OTHER FORMS OF SUPPORT/CARE FROM INDIVIDUALS, ORGANIZATIONS OR GOVERNMENT?			Total
	VERY ADEQUATE	ADEQUATE	FAIRLY ADEQUATE	
ARE YOU LIVING YES WITH ANY MEMBER OF YOUR FAMILY?	46	91	37	174
NO	12	32	24	68
Total	58	123	61	242

Table 4.2.6 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.658 ^a	2	.059
Likelihood Ratio	5.517	2	.063
Linear-by-Linear Association	5.158	1	.023
N of Valid Cases	242		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 16.30.

Decision Rule

Decision Rule

The test statistics of 5.658 with 2 degrees of freedom at 5% level of significance is less than the decision criterion of 5.99, therefore the null hypothesis is accepted and the alternative hypothesis is rejected. Hence, there is no positive relationship between the levels of individualism in the family and elderly care in Ojo Local Government Area.

4.3 Discussions of findings

This chapter has been to analyze all the data obtained from the field survey and relevant test of hypotheses was carried out in order to answer the research questions and achieve the research objectives. The results from the test carried out shows that there is an inverse relationship between intergenerational households and well-being of the elderly. That is, the well-being of the elderly is largely determined by the care and support received within the household.

Also, the result from the test shows that there is a significant relationship between the income of the family and economic stability of the elderly. This also states that the more viable one's income is, the more the care that would be given to the elderly.

Finally, it was revealed that there is no positive relationship between the levels of individualism in the family and elderly care in Ojo Local Government. That is, the care attributed to the elderly in the household does not depend solely on an individual or individuals in the household but also other government, organizations, institutions are also to cater for these senior citizens.

Conclusion

This study established the fact that there is no human society where the aged are not present. The care for this group of people should be the major concern of the children and family members of the aged, the government and the aged themselves during their active years.

Our society must be transformed from act of seeing our aged or elderly as not a burden but a gift that needs to be tapped from their wealth of experience about life. More attention must be given to them to feel among when they are not dispersed off. The children and family of the aged should show great concern to their old ones by taking good care of them financially and materially.

Government must also rise up to their responsibilities by institutionalizing some schemes for the benefits of the old. More policy making should not be encouraged but rather the implementation of these schemes should be effected.

5.3. Recommendations

The following suggestions and recommendations are made based on the findings:

Firstly, people must not see the elderly people as a burden to the society but rather as a custodian of customs and traditions, often critical to the survival of the group and must be treated as such. The stereotypical perception about the ageing population must be corrected so as to make life worthwhile for these members of the population, particularly having spent the best part of their lives for the service of their society and community at large.

Secondly, on the part of the aged the idea that ‘ Government must do everything for us syndrome should be discouraged’. They should learn how to make provisions for themselves during their active service years.

Thirdly on the part of Government, there must be with immediate effect review of all the existing welfare policies for the aged in the country so as to make them beneficial to the ageing population. Other areas of government need to focus include:

1. Government must make available to every elderly Nigerian adequate physical and mental health care facility in both rural and urban centre.
2. There must be provision for adequate and decent accommodation for the elderly both in urban and rural areas across the country.
3. The aged should be allowed to participate in the formulation and implementation of policy that can address their needs and plights.
4. There should be income security for the elderly that is, empowering the elderly by giving them special allowance most especially to those that do not have anybody to take care of them within the localities.
5. Also more private organization should be encouraged to take part in the catering for the elderly by providing the necessary facilities and incentives to make them work and gain peoples acceptance.

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