Limitations of spouse and children in supporting older people in Nigeria: implications and policy relevance

Abstarct-150 words
Studies have documented that family, particularly children and spouses are the main support providers for the elderly in most African countries. Traditional African belief supported high fertility and polygamous unions in order to guarantee adequate support in old age. With the changing social and demographic structures, how well can this view hold? This is the crux of this paper. In a study that covered randomly selected 947 elderly respondents in South-Western Nigeria, we examined five indicators of measures of unmet needs from Spouse and children. The study found that there were high levels of unmet needs from spouse and children. Unmet need for finance, visitation and improved status were more pronounced from children than spouse. Logistic regression model further showed the correlates of high unmet needs from spouse and children. The study concludes that spouse and children capacity to support the elderly is limited.

<u>Extended Abstract</u>

In most African societies, the traditional belief and practice was that the care of the elderly was part of family responsibility and was highly esteemed by family members, particularly, children and the spouse. Culture, norms and values are naturally part of the normal way of life in traditional African societies. Such were passed from one generation to another and were held in high esteem. The issue of support of the elderly is one of such values. In any traditional African society and in most countries in the world the family is charged with the responsibility for the provision of support for the elderly. Such support predominates and was provided voluntarily without any remuneration (Kosberg, 1992; Brown, 1999).

This current study was conducted in South-western Nigeria to examine the extent of support provided to the elderly by the immediate family which consists of the children and the spouse. South-western Nigeria comprises of predominantly *Yoruba* communities with historical antecedent of holding firmly to traditional beliefs and culture. Historically, it is important to understand the role of older people within the Yoruba family. The elders provided care to the children who in turn provided care to them in their old age, hence the Yoruba adage, "*ti okete ba dagba tan, omu omo re ni o ma nmu*" (As a rodent becomes aged, it sucks the child's breast). This is a major reason for the high demand for children.

Also, polygamous marriages are common practices among the Yorubas. One of the main reasons for this practice is anchored on expectations for old age support. In some cases, marriages are conducted in old ages in anticipation of a better care in old age. Also, widows and in some cases widowers are encouraged to re-marry sometimes from late spouse's relations. All these are focused towards ensuring adequate old age support.

Social structures and values are gradually changing. Societal values concerning the care of the elderly are part of these changing issues. Many reasons are accountable for the falling and diminishing support of the elderly by the family. Massive unemployment of the youths, migration of youth to more prosperous environment, HIV/AIDS upsurge and nucleation of the family system, are crucial in this respect. Demographic features are also changing, as there is a noticeable generational gap in fertility and mortality rates in most African societies. Fertility rates is falling in almost all the countries of Africa and the contribution of HIV/AIDs and new emerging non-communicable diseases to mortality in the region is enormous. For instance, the age-specific migration of the youths to developed nations as well as urban centers greatly affected both kinship and loyalty ties within the family. Social support systems are generally changing and the extent to which these affect elderly supports in Africa demands serious attention.

Fertility level is gradually falling and the cost of investment in children is becoming higher. Among the few children who had adequate training, specifically educated children, large proportions among them are not gainfully employed. This is evident in many developing countries. In the face of massive unemployment among the youth, high rate of inflation and unstable government policies, the experience of the elderly and their expectations are clouded in uncertainty and neglect. Some of these have very serious effects on the elderly. The effect of these on the changing traditional pattern of support for the elderly through the family and kinship ties constitutes serious research concern. The research focus of this article is to ascertain the extent of support from children and spouse on old age support.

Methods
The data were gathered during a Nigerian survey of the elderly population (age range 60 to over 90 years), who spoke the Yoruba language and were ready to participate. The sample consisted of 456 elderly men and 491 elderly women. The study was a cross sectional survey covering three local government areas (LGAs) of Osun State in South-western Nigeria. A multi-stage systematic random sampling method was employed to select the respondents in the LGAs. Information was collected through the administration of questionnaires, using face-to-face interviews, on selected respondents. In-depth interviews and focus group discussions were also conducted to support quantitative instruments.

Variable Measurement

Using a Likert-scale rate, respondents were asked what their expectations and experience were regarding five patterns of support including financial, daily care, visitation, improved social status, and medical. We identified ten sources of people or groups of people that provide the elderly with care (as identified in literature), but this article is based on children as major care providers for their elderly ones. Using a weighting factor, levels of unmet need were computed as a measure of discrepancy between expected level of care and the actual level of care received. The proportion of those with computed values of unmet need above the median scores was assigned as high unmet need. Bivariate and Multivariate analyses were used to examine the effects of the independent variables on the outcome.

Results and Discussion

Examining the correlates of respondents to high unmet need for financial support from their spouses, seven categorical predictor variables were seen to be of statistical significance (p<=0.05). These variables include marital status, family type, household headship, status of housing accommodation, and wealth index. The odds showed that those who are widowed were less likely to have high unmet need for financial support compared with those unmarried. Those in polygamous families were twice more likely than those in monogamous families to report high unmet need for finance. Those in rented apartments were less likely, compared with other categories, to have high unmet need for financial support from spouse. Those who are of rich wealth index were less likely to have high unmet need for financial support from spouse compared with other categories. There was no difference in levels of unmet need for financial support from spouse between those of poor wealth index and those of average wealth index.

Three categorical variables were consistently significant in predicting high unmet need from children and spouse. Those who are household heads were thrice more likely and those headed by spouse more than twice likely, compared with that headed by a child to have high unmet financial need from the two sources. This pattern is similar in both models. Those residing in personal houses were less likely to report high unmet need from children but twice more likely to report high unmet financial need from spouse. According to model 2 for children, age of the respondent, household headship (self), wealth status (average), family of orientation type, and presence of a child in the same town with the elderly were significant for high unmet need for daily care. Those 66 years and above were less likely (0.6) to report high unmet need than those 65 years or less. The possible explanation here is that those in the age group 65 years or less are likely to be economically active and therefore able to support themselves. Those who are heads of households were three times more likely than those in children-headed households to have high unmet need for daily care from children. This is possible in the sense that those living with the children are likely to have almost all their needs supported by the children. Those in average wealth index category were less likely than the poor to report high unmet need for daily care from children. Those in monogamous families and those with a child within the same town were less likely than the reference category to report high unmet need for daily care.

According to the distribution by spouse in model 2, the significant determinant variables were marital status, family of orientation, children ever born and presence of a child within the same town. The odds for the significant variables showed that those married and widowed were less likely, compared with those unmarried, to report high unmet need for daily care. Also, those born into monogamous family and those with three or more children were more likely than the reference categories to report high unmet need for daily care. Those with a child living within the same town had lower odds of reporting high unmet need for daily care. Although the odds vary and showed inverse odd relationship, there was a consistency in the level of significance of unmet need for daily care from children and spouse by family of orientation type and presence of a child living in the same town.

The odds of high unmet need for personal visitations from children were presented in model 3. Eight categorical variables were significant in predicting this. The odds showed that men are twice more likely than women to report high unmet need for personal visitation from children. Those who are widowed are three times more likely than those unmarried to report high unmet need for personal visitation. Those who are married were also almost twice more likely than the

reference category to report this but the distribution was not statistically significant. Pensioners were eight times more likely than those self-employed to report high unmet need for personal visitation. Those who are household heads were twice more likely than those headed by a child to report high unmet needs for visitation. Those born into monogamous families were twice more likely than those born to polygamous families to report this. Those with three children or more were less likely than those with two or less, and those with a child living in the same town were less likely than the reference categories to report high unmet need for personal visit from children.