

AFRICA, THE AGED AND THE SOCIAL WORK INTERVENTION

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Abstract

Economic growth is hinged on several factors. One of which is the reduced stress on those who are adding productively to the advancement and achievement of the overall development. These are those who are at the prime of their productive years, aged 15 – 54 years, estimated at about 54.71 % of the Sub Saharan Africa population with Nigeria contributing 54% of the population. Those in these age range have dependents (the elderly, 55 – 65 years) who constitute 7.08% of the Nigerian population. The concern of the researchers in this study is the rising neglect of this age group, the elderly; attributed partly to the decline in the extended family structure and socialization as more women previously with the major societal role of taking care of the aged are now empowered to work outside the home, thereby creating a gap in the care for the aged. These dependents (aged), if not properly cared for, are susceptible to other psycho emotional disturbances that can ultimately put them in stressful situation which may impair their healthy living. This act of inaction can thus have a ripple effect on the stability and productivity of their children and their personal economic growth. Hence, having a support system for the family within or outside the family as it is the current practice in the developed country may be needful. ‘In Nigeria we care for our own’ is an acceptable slogan held by many and so the idea of a home/rehabilitation centre for the aged is seen as “Unaffrican”. The major thrust of this paper is to show and discuss how the support and psycho social care of the aged is done in the setting, particularly in Nigeria. Also, the perception of social work interventions in homes and the challenges are further discussed in this study.

Keywords: *Aged, Africa, Intervention, Social Workers*

Introduction

The aged, the elderly, senior citizens are words used interchangeably to connote that the adult persons seem to have lived a long time, preferably above 70 years. Alternatively, these are those in their hale days, are regarded as archive of information,

experience and relevant history. The United Nations generally use 60+ years to refer to the older population and many developed countries have accepted 65 years as the definition of the old. Most of the foreign concepts do not fully describe the Africans’ definition as the aged in Africa are usually

those who cannot function at any kind of work again (Gorman, 1999; Eboiyehi, 2015) thus, a 75 year old woman, actively engaged in firewood business would frown at you calling her old.

Wikipedia (2011) puts the elderly population age 65 and above as 3.23 per cent of the world's population and categorized them as the young old (65-74 years), the middle old (75-84 years) and the oldest (85 years and above) and their overall figure is projected to reach 1.2 billion by 2025 and 2 billion by 2050 (UNFPA, 1999). It is also projected that the number of people over 60 living in Africa will increase from just under 50 million to just under 200 million. Kenya, for example, is expected to be more than double its population from 2010 to 2050 and Nigeria is projected to be nearly triple and to overtake the U.S. population by 2050. Northern and Southern Africa are said to be the most rapidly ageing regions on the continent with an estimate by the United Nations (2019) that 5% of the total population was aged 60 and above and it is expected to reach 6.0% in 2025 and 9.9% in 2050 (Mudare, 2013). The concern of such projections is that the working population of ages 15-54 years will reduce comparatively, leading to economic meltdown and then this same population has to support the older population that is on the increase. This will put financial strains on the family and also the government as they would have to put plans in place to support that expanded population (National Research Council, 2012).

The reasons for the increase in elderly population are not far fetched. Life expectancy has increased due to improved medical provisions, clean water supply and sound public health. Also, there is widespread decline in fertility due to wide spread acceptance of family planning

(Stratton and Lunenfield, 2013) attested to in varying degrees- higher in countries like Kenya, Rwanda, Zimbabwe, Botswana, South Africa, and Cote d'Ivoire and lower degrees in Malawi, Tanzania, Zambia, Cameroon, Central African Republic, Burkina Faso, Gambia, Ghana, Senegal, and Sierra Leone.

Since these populations are dependent, there is a need to take up their care. In the traditional African setting, the care of the aged is regarded as the primary responsibility of their children. Then because 'in Africa, we care for our own' – care is expected and at times demanded from the young, extended family members, and every member of the community or the entire clan (Togonu-Bickersteth, 1989). It is purely unAfrican not to take care of your aged (Aboderin and Hoffman, 2015; Aboderin, 2019) as everyone is expected to contribute in one way or the other to the care of these people regarded as sages. This collective and contributory care ensures the old of their relevance, dispels any form of depression and makes the ageing experience a time to be desired and look forward to.

In a typical African setting, it is not unusual to see children gathered around the elderly to hear repeated folktales – the very act ensuring that the elderly are not lonely or isolated. However, in recent time, many families now put in esteem their nuclear families, creating a changed attitude towards the aged. For instance, in a research of 13,320,615 houses in Canada, only 400,000 are multigenerational - meaning the practice of having the older living with their children or grandchildren has become unusual, particularly in developed countries (Statistics Canada, 2012). Also in Africa, several changes have occurred in the culture and

practice held in high esteem by Africans with the care of the aged being one of the ones badly affected by colonization, urbanization and modernization (Abanyam, 2013).

Africans now find themselves pushing to the background; values and norms that in the past created strong filial support and as recent breed of Africans (now) know more of European ways of life than their own indigenous culture. Some of the changes are unavoidable perhaps; with the present economic status of most African nations, men and women want to have a cushioned life; provide for their children and make their parents and family to be proud of them. Many who are lucky to have good, though time demanding jobs, move almost like a plant following the direction of light to the dictates of the job; leaving their aged behind in a different location or if in the same location, leave early in the day and come late at night. The aged are, therefore, left in a quiet world living with total strangers. The recent upsurge of social media made things worse; a person can be physically present but totally absent; all these contribute to a structure wherein elders are abandoned to just feed and live (Okumagba, 2011).

Some elderly can be highly demanding and some health challenges experienced by some aged persons, for example, like dementia which can make them wander around having lost direction and with intense stares, sometimes make them to be labeled as witches and suffer much abuse even from family members. In some cultures, the aged are seen as possessing some strange supernatural powers and often face accusations of causing ills and misfortune in their community and are sometimes ostracized and banished from their society (Eboiyehi, 2015). The elderly have become like having a dog in a manger – you don't

want it in, yet you can't have it out. This creates a lot of stressful situation and psychological disturbance for the aged and consequently for the caregiver and then on the nation's economy because an emotionally distressed individual cannot be highly productive. There is, therefore, a need to provide a relief in this situation for both concerned to enable a win-win situation.

A recent research in Nigeria to find out the elderly peoples' mode of living by geopolitical zones shows that the elderly people with their children are 37.28%, those living with their families are 22.15%, those living alone are up to 15.2% and elsewhere (Senior citizens' home) 4.09% (Shofoyeke and Amosun, 2014). From the data, it can be deduced that some caregivers (children and families) still want their aged with them (some from guilt) but would rather have someone else care for their dependent need. This shows that, although minimal, there is a recent shift (Shiaka, Anyebe, Danjuma, Ali, and Afiniki, (2016) towards two arrangements for the care of the aged – the provision of care services in the home of the aged and the placement in residential home for the aged.

Some nations are warming up to the residential home arrangement primarily, for their destitute older persons, for example in Lesotho (for those without families), in Tanzania, for the sick and for homeless in Zimbabwe. Wherever they live, however, the elderly most time present medical challenge before underlining social and psychosocial issues are discovered. Medical social workers are primarily involved in intervention processes, wherein they help patients understand their illness more fully and deal with their emotions and response to illness, such as depression or anxiety. The scope of practice in aged care in developed countries, include assessments, counselling,

therapy, mediation and conflict resolution, practical assistance, case management and service coordination, education and resources, hospital discharge planning and advocacy work, (Policy and Research, AASW, 2015). They can also use family therapy to ameliorate difficulties in the family settings, maintaining their resources and perform their daily activities, and help family to deal with communication issues. Whether they are engaged in performing these functions in the home care setting in African nations is a different case.

Research Questions

To guide the study, research questions were directed to different levels of participants who were residents in a formal home facility. There were also in depth interviews with four elderly outside formal residential facility; an in-depth interview/Opinion poll of Caregivers; with Directors/Carers; with a Medical Social Worker; with a UK Trained Carer; with two clients with Care Service provider and in a Focus Group Discussion with elderly outside home care facility and Caregivers (those with their elderly in families).

Interview

1. What type of services do you offer as a formal carer (giving care in clients' home)?
2. What type of trainings do you undergo?
3. How do you perceive your jobs as home carers in clients' home?
4. What are the challenges?
5. What type of services do you offer as a formal carer (in structured home setting)?
6. What type of trainings do you undergo?

7. How do they perceive your jobs as home carers in a structured home setting?
8. What are the challenges?
9. How is the practice with your experience as a carer in the UK compared with Nigeria?
10. Would you put your relation in a Home facility?
11. How do you as a medical social worker in the Geriatric setting of 6 years of experience that has attended to about 13,000 elderly see people's use of Home care service in Nigeria?
12. What is your perception?
13. What interventions do Social workers offer in such homes?
14. As caregivers (family/children) will you put your elderly in a home?
15. What is your perception of home care system in Nigeria?
16. As clients with Home care service providers how has the care offered been?
17. What is your understanding as elderly outside Home care provision of a Home facility arrangement?
18. How would you feel about being placed in a Home care facility?
19. As residents in a Formal Home Facility, how do you perceive your situations?
20. What are the factors that led to your staying in the home considering the societal belief about the care of the elderly?
21. Do your children/families visit?

Focus Group Discussion

1. As elderly outside home facility, what do you know about Home care arrangements?

2. What is your perception of Home care placements?
3. As those with your elderly in families, how is the care of the aged?
4. Would you make use of residential home facility?

Methodology

An explanatory and qualitative research method was adopted for this study. This is necessary to enable the researchers engage in-depth interviews with residents, carers and staff of the homes selected. It is also an appropriate method on the issue at hand to facilitate a cause and effect relationship; primary and secondary data were used. This method was considered appropriate because it enabled the researcher to obtain and interpret information and its meaning and the experiences contained therein, from a relatively broad perspective. In-depth Interviews and Focus Group Discussions were used.

Sample and Sampling technique

The population of the study consists of elderly persons resident in registered care homes and those living within Ibadan North Local Government Area in Nigeria.

A multistage sampling technique was then observed as follows:

Stage A: An online survey was done for Home care services in Nigeria; a list of seventeen registered names was displayed majorly located in Lagos and Oyo State. Calls were made to ascertain the kind of services provided.

Stage 2: Two residential homes were selected for visitation in Oyo State but attempt to visit one was unsuccessful as the home coordinator refused the researchers entry.

Stage 3: Three visits were made to the second home. The home had 20 occupants at the time of research, aged from 65 years and above. The first two visitations were to observe the routine while the third was used as interviews – with the director and then some occupants of the home.

Stage 4: To increase the sample size, purposive sampling method was used, considering the nature of the research. The method also provided an opportunity to get information on limiting factors to giving support.

A total number of 38 respondents were interviewed, which included 10 aged men and women resident in a home facility (aged 65 years to 80 +) who are capable of giving independent answers; interview with 5 elderly resident outside a formal facility; 7 aged men and women living outside formal home facility (aged 60- 74 years) were engaged in Focus Group Discussion. Furthermore another set of respondents (16) aged 35 years to 52 years were involved in the Focus Group Discussion (6) and in unstructured interviews (10), and interview with 4 elderly resident outside a formal facility. This enabled the researchers to obtain firsthand and detailed information on the aged groups' perception of care and support in old age.

Procedure

Two Focus Group Discussions (FGDs) were conducted. The first included 4 aged men (65 years – 75 years; 2 retirees; 2 still in business all with a level of formal education) and 3 aged women (68 years-75 years; all retired, 2 without formal education and never worked with formal sector), 4 of the participants are widowed, 1 is in an inter-tribal marriage and 1 is a Ghanaian. The second involved 6 carers (those who had

elderly they were taking care of) aged (35-52 years); 5 were married, 1 was from South-South zone of the country, 1 from South East, 1 was a Liberian, 3 were in inter-tribal marriages. All participants had formal education least being a Senior School leaver and all are actively employed.

Both FGDs were conducted in the urban area and sessions were held at a time convenient for all participants. Discussions were held in a hall, participants were made to sit round in order to have good discussion. During the discussion, it was ensured that participants were not restricted to their answers. All participants were encouraged to contribute. Each discussion lasted between 20-25 minutes. The researcher personally moderated the discussions.

In addition, face-to-face interviews and unstructured interviews were conducted, using an interview schedule with interviewees; all interviewees were unrestricted and encouraged to express their views freely and as elaborately as time allowed. The respondents included a director of residential home care facility, a carer who has been employed in the service for 6 years with an organization that rendered home care service in all Geo political zones; a medical social worker with a Geriatric centre and a registered trained carer in the UK. Interview sessions were recorded where the interviewees' permission was obtained. An unstructured interview was also conducted with a nurse in an aged rehabilitation facility.

Responses

A. Interviews

What type of services do you offer as a formal carer (giving care in clients' home)?

The interviewee responded *"We usually offer two care arrangements: Live Out arrangements (Monday to Saturdays (12 hourly) and Live In arrangements where 2 carers take on shifts of 12 hours or 15 days shifts."*

Those who engage in house care offer hourly service as needed, 6 hourly, 12 hourly and 24 hourly service – depending on the need. Two staffs are usually engaged for the 24 hourly care, Charges are given on assessment of need and vary depending on the facility, carer and location". She added that *"The elderly with special needs are attended to by trained medical personnel engaged by the organization on additional cost."*

What type of trainings do you undergo as a formal carer in client's home?

She said, *"They give us very little training on basic care, drug administration and engagement. It is when you get there, you will begin to adjust as the need is required".* There is no strict pre qualification for the job; she said, *"You can be employed as far as you know how to take care of people, there is no need for any certificate."*

How do you perceive your job as a formal carer in client's home?

She responded, *"Our work is to take the stress of caring for old people off the family and make sure the old people are happy, because you may have to sing for them and dance with them at times".* She stressed that it takes having a passion for the work and understanding the situation of the aged.

What are the challenges?

The major challenge, she claimed is that host families wanted them to take up other housekeeping job against their

organizational principle. She said *"They want us to do some other things; we help out when we have stayed long with them, like me - now I help sweep, stay overnight, go to market at times here but they must not hear at the office."*

What type of services do you offer as formal carers (in residential (structured) home setting)?

The Director (a female over fifty years of age) responded that *"We offer hourly, day care, weekend, short stay and permanent stay home services. In the home, we hold a routine of devotion, day preparation, taking meals and sometimes going for an outing for the old people that some community individuals invite them to."*

What type of trainings do you undergo?

She responded that *"The Geriatric centre, University College Hospital, Ibadan, usually organizes training programmes for us and we also train on the job"*. She said that the aged mix with their peers and cope well once they are treated with respect, welcomed warmly to the home and a relationship is established.

How do you perceive your job as home carer (in residential (structured) home setting)?

She said *"I regard it as a solution to abandonment, loneliness, abuse - most reported even of relation, and or carers, disrespect and careless treatment of the aged and some cultural practice such as carrying the aged through the back door or the window if he/she dies in an in law's home"*. She continues that *"I see my work as interesting though it is very demanding and tedious; that is why there is need to be passionate about the job; and to express*

understanding towards the aged as each manifests unique features."

What are the challenges?

One of the challenges she claimed is that home placement is still unacceptable to many. *"We sometimes experience uncooperative attitude from the society, lack of understanding from relations of the occupants and we have major challenge of finance, though some religious bodies and well meaning individuals extend needed help to us and do visitations during special holidays."*

How is the practice with your experience as a carer in the UK compared with Nigeria's?

The Carer claimed *"The way it is practised in the developed nations is quite convenient and comfortable with the aid of many gadgets, adequate staff and homely environment with professional medical personnels (including social workers on call). In Nigeria, those in the services have little or no experience and they have no special gadgets they are using."*

Would you put your relation in a Home facility in Nigeria?

The carer gave a firm response *"No, not until it improves"*.

How do you as a medical social worker in the Geriatric setting with 6 years of experience, having attended to about 13,000 elderly, see people's use of Home care service in Nigeria?

He responded that *"The society is moving towards fully utilizing the service of formal residential home care – people have accepted care from formal carers in their personal homes; but very few have engaged institutionalized residential home care."*

What is your perception as a Social worker in Geriatric setting?

He said *“The home care service is not as standard as it should be in Nigeria; that is why we help all such service providers by giving them a yearly training on the handling/treatment of old people”*.

What interventions do Social workers offer in the aged homes?

To the above question, he responded that *“Interventions in the aged’s homes or institutionalized home care by social workers are not provided for except in the case where social concerns are discovered on presentation of medical complaints at the hospital, that is when home visit is carried out and the support system around the old are interviewed and interventions are carried out, many old people present depression at the hospital.”*

As caregivers (family/children) will you put your elderly in a home?

Seven interviewees do not consider residential home care as an option. One felt *“It will kill my mother if I take her to such a place.”* Two of the interviewers have elderly who have become blind but do not agree to going to a residential home because according to them they are comfortable in their familiar space (room). One of the respondents said her mother’s response was *“What am I looking for in another place or do you want to go and throw me away?”* Two interviewees said residential home care can be considered when their aged become really old and incontinent; *“When she becomes really very old, and starts all these lack of control of urine, I can consider it.”*

What is your perception of home care system in Nigeria?

According to one of the interviewees *“They are not well equipped in Nigeria to manage my dad appropriately.”* Others felt they were quite negligent in their duty.

All respondents agreed that it could be stressful and emotionally disturbing; one of the interviewees said *“It is not burdensome, it is my responsibility.”* All interviewees saw the care of their elderly as their responsibilities.

As clients with Home care service providers, how has the care offered been?

Both respondents affirmed that it has been a great relief. One of them, a single lady confessed, *“I have been able to sneak some time to handle my life affairs.”* The other said, *“I have had occasions to report her (the carer) twice to her organization, and they changed them. I will feel more comfortable if they give them a special kind of training.”*

What is your understanding as elderly outside Home care provision of a Home facility arrangement ?

Two males of the four people interviewed said they have heard of the arrangement before, while the two, who are females and had no formal education, responded that they have not heard of it.

How would you feel about being placed in a Home care facility?

An interviewee (74 years, taking care of his 96 year old aged mother) said, *“It is an act of ingratitude; if you cast your mind back to the time you were young and try to remember the sacrifices your mother or father made for you and then now she is old you want to put her in a home; you are an ungrateful person.”* To the second male, *“That means that a child does not want me to enjoy*

his/her children, they don't want me to be happy being with my grand children". A female interviewee said, 'My child will not agree.' Another said, 'Who will be doing what I do for them?'

How do you as residents in a formal home facility perceive your situations?

They all responded that it is okay. *'We eat good food and they take care of us.'* All except three expressed that they will prefer to be with their children.

What are the factors that led to your staying in the home, considering the societal belief about the care of the elderly?

Three refused to respond. Two said they understood the need since their children were not around (abroad/not around the locality). *'My children are abroad.'* said one. Another said *'I have only one son and he does not work here and he needs to live his life.'* Another claimed, *'All my children are females.'* Another person, *"I do not have children."* The rest claimed it was because of their children's nature of work.

Do your children/families visit?

All except two responded in the affirmative, one of those in exception (a vibrant male) said, *"I don't even want them to visit me."* When asked the reason he refused, he just continued his cheerfulness. The other claimed, *"My nieces brought me here, they don't visit. I don't have children of my own; but people from the church I attend visit me sometimes."*

Focus Group Discussions

What do you as elderly outside home care facility know about Home care arrangements?

Participants who are educated are aware of Home care arrangement but it had to be explained to those who do not have formal education.

What is your perception of Home care placements?

One of the participants (who has lived a while out of the country) warned, *'It is a sad reality in our present time.'* Other participants made comments like, *"I took care of them, they should take care of me;" "It is like being put in a prison;" "It will be like being put in a boarding school like in secondary school;" "It deprives me of the joy of being with grandchildren;" "My child will not like it."* Asked what if they and the children are not in the same location – *"God will provide for them – they should get a live in for me"*. It was concluded that, Home care, particularly in a formal home arrangement is not a culture in the Nigerian setting- *"It is not our culture,"* they all agreed.

How is the care of the aged in your in families?

All respondents agreed that it is very involving. *"Some are very difficult to deal with as they take out their frustrations on you;" "They can be very demanding."* One respondent said, *"It can work only when one's spouse agrees."*

Would you make use of residential home facility?

Two respondents totally disagreed. Three claimed that because of the nature of peoples' jobs, the house situation with spouses and the abuse of life in informal carers, they can use a home care residential facility. Two of them said they would be bringing the aged home once in a while. They further said it has to be with the

agreement of the aged and other siblings. A respondent said it would make him feel better putting his aged in the facility if standards for such places are specified and followed through.

Discussions of findings

The care of the aged outside family members has been affirmed to have no support from the government and is presently being taken up by the private sectors in Nigeria; a situation similar as addition to what is obtainable in several developed countries where non-profit and profit oriented organizations sometimes provide care for their citizens. In recent times, a joint effort of both government and private institutions is being made into the care of the elderly in the developed countries (Cohen, 2006). The United Kingdom, for instance, funds the care for her elderly, but this tradition is increasingly becoming rationed as the cost of care becomes high (Humphries et. al. 2016). The definition of home care is found to be culture based; the Nigerian structure of care is also a bit different from what is obtainable in some African countries as in Lesotho (as elsewhere in South Africa) for instance, the care is a shared responsibility of the nuclear family. Government and voluntary organizations with free health policy provided though at clinic level. Institutionalized care as at the time of the research is not well established as there are only two run by the church for destitute older persons (Dhemba and Dhemba, 2015). At present in Nigeria, very few persons are disposed to living in families rather than elsewhere. In a research by Shofoyeke and Amosun (2014) to find out the living arrangement of the elderly in Nigeria, studies show that 37.28% live with their children, 22.51% live with the extended family, 15.2% stay alone and 4.09% stay elsewhere (senior citizen's home and mission house). As a

further break down, those in the South-South of Nigeria prefer living alone; those in South-East and South-West prefer living with their children; those in North – Central prefer living with extended families, so the challenge seen in locating alternate arrangement aside from families is well explained. The interview with carers from both types of home care arrangements identified through this research indicate that such services are gradually gaining grounds in the Nigerian setting as there seem to be a structure established suitable for the peculiarities of families though cultural beliefs and lack of cooperation by families are still a great challenge.

In response to the kind of training carers are given, there is no pre qualification required for the job; carers are employed and are given basic trainings of care and drug administration and then left to learn on the job. The only form of formal training is offered at the good will of the Geriatric Department of University College Hospital, Ibadan which does so yearly. According to the Geriatric social worker, the training is presently the only regular involvement by social workers except a medical case is presented that needs further interventions in families or homes by social workers. Many of those who own the homes are neither social worker, nor do they have a social worker on their employees' list. This is contrary to the assertion by Sung and Dunkie (2009) that social workers are a significant part of the world of the elderly in later years.

The carers in both categories acknowledged need to be passionate about the job; they saw it as a solution, way of ensuring the happiness of the aged and taking stress off their clients. This is supported in a document by (WHO, 2015) which attests that Home health care will reduce pressure on families

because many of them are already balancing full time employment and parenting. Their challenges are quite different for the carers. For the carers rendering service in clients' home, families require that they take up roles aside from only the care for the aged, probably seeing them as means of cutting family cost in some areas while for those in a resident home facility, funds for sustenance (some non-governmental organizations help out) and high requirements and lack of understanding from the families are a great concern. Summatively, the families of the aged in both settings are a form of challenge or the other in the performance of duties for the carers.

The care giving was attested to as not being as practiced in the developed countries like United Kingdom (UK); as the certified UK carer interviewed pointed out. The researchers did not see any facility used for the care on visits made to the home. It was observed that the compound was very large with a lot of trees but no other recreational or exercise facility. The certified UK carer would not want to work in a Nigerian setting and would not want to put a relation in such facility – an expression of lack of confidence or trust in the system. No wonder she affirmed so because a home health care encompasses a lot more than just drug administration and entertainment for the elderly; it involves health education, personal care, psychosocial support, building family capacity; management of simple disease and so on as provided in some nations of the world with few African countries struggling to measure up (Oluwagbemiga, 2016).

From the research, both types of care systems claimed to have medical personnel on call – a claim affirmed by the researchers on one of the visits where one of the residents was taken for hospital attention to

treat a skin disease. This, however, can still not be compared with the situation obtainable in the developed countries as several medical personnel, staff and social workers are involved in the care of the aged in order to provide all round support.

Families or relations may need to engage the services of such care from the studies based on two main challenges - the aspect of reluctance to accept because of culture and lack of public trust for such arrangements. One of the respondents said she had occasions to report the carer assigned to her aged twice. Societal views of those who place their elderly in homes or call someone else to offer the care is that of 'lack of gratitude for sacrifices made' as a respondent pointed out. Many of the respondents who are themselves over 60 years of age using such services believed that is not an option.

From In Depth Interviews with the aged who are presently not in a Home care arrangement, this aspect of care for the aged is only quite popular among those with formal education and those who are well travelled. In actuality, according to Abanyam (2013), culture contact with the Europeans through colonization was the start of the change in perception of Africans when it comes to the care of the elderly ones. Some of the participants without formal education are hearing about it for the first time during the study, particularly the resident home arrangement.

Respondents who use the care services confessed to have time for themselves – affirming that it takes weight off the family of the aged; they, however, expressed that it would put their minds more at rest if the carers were taken through structured formal training.

The elderly who were not in any form of outside family care affirmed that home care

for the aged outside families is an act of ingratitude. This is in support of Abanyam (2011) that claimed that parents make supreme sacrifices for their children and they are, therefore, expected to make the sacrifices of caring for them till they die. The care outside is also seen as a denial of role and deprivation of happiness, particularly with grandchildren that seems to matter a lot to the aged.

From the response of the elderly already placed in resident homes, their attitude was observed to be that of resolve and acceptance of present situation, they would rather not be in an outside family arrangement but they understood the situation. This was affirmed by Oluwabamide and Egbafona (2012) in a study in Nigeria, as a reason of emphasis on nuclear family resulting in the ignoring of the aged and the eroding of mutual obligations of the extended families by emphasis on material success and individualism.

Many of the residents in the residential home said they understood why they were put in the home; though some did not want to think about it. On visitations, one resident with no children placed in the home by her nieces had no visitations except for those from the church she attended. All except one resident who was noted to be extremely cheerful expressed that he needed no visitation from families and he gave no reason. This in the researchers' opinion points to some underlying issues for concern.

On the perception of the elderly of Home care placements in a Focus Group Discussion, the study shows that those who were well travelled were more receptive to it as an inevitable end. A respondent who was also well travelled preferred carers' service in family while others perception of being in a home facility was that of being in a hostel or prison.

Respondents in the Focus Group Discussion of those aged 35 – 52 years, found the care of the aged quite demanding and sometimes interfering with their work; they felt some of them sometimes got dissatisfied with their dependent situation and took their frustrations out on them as affirmed by Oluwagbemiga (2016) that old age can be characterized by physical and mental impairment.

All participants expressed that "The arrangement cannot be a happy one, if one of the spouses in a marriage situation is unaccepting of it." Despite the stress and demand it places on them, few would consider using care services where the carer stays in their personal homes only when their aged is really old. Some would consider putting the aged in a residential home facility because of the nature of their jobs, abuse of life in carers and privacy if all the parties in their extended family are in agreement. This is in support of the findings by Wahab and Adedokun, (2013) that formal institution of care as substitute was disapproved by quite a number of respondents. Though from these findings, the respondents (age range 35 years to 52 years) were not too disagreeable to the idea because of their work schedule, the attention demanded by the elderly and the stress associated with the care; most would still not place their aged in a residential home facility as mark of respect, regard for their aged and the societal disapproval of such move. From the findings, the majority of those presently using the services were those whose immediate family have migrated abroad or were working outside the parents' location. Some who could not engage the consent of their spouses also saw it convenient to place their aged in a home. Some children still left their elderly living in a deplorable situation just because of fear of abuse based on reports of the type of care

and treatment experienced by some who have made contacts with such homes, ignoring the fact as supported by Okoroafor 2015 that the aged could also be abused in the family. In a research by Okoye, (2005), results from a study group to find out views of Nigerian youths on ageing parents, showed that though a good number of the respondents shared the view that anyone who could not take care of his/her parents was irresponsible and saw it as their special responsibility to care for their parents. Majority, however, would not want to live with their parents or grandparents in the same house, they would rather prefer to live far away from them and visit occasionally.

Recommendations

The findings from the study imply that additional support for families in terms of home care – in homes or institutionalized setting is quite needed with the way the society is evolving. The government of Nigeria should emulate countries like South Africa, put in place a relief scheme to care for their aged and give adequate support in finance, supply and supervision to those who have taken up this worthy cause for posterity. Possible encouragement of civil society, Non- Governmental Organizations, Faith Based Organizations in creating or increasing programmes for senior citizens' welfare or well being is to be looked into. A bill specifying what the care of the aged involves and spelling out the standards required in establishing a home needs to be enacted to ensure progressive change in public attitude towards such facilities and enable a healthy environment for the residents of such homes. A structured training and certification should be required for those who desire to or are presently working as carers and social workers. Trainings in Geriatric care must be made compulsory for all concerned - medical

personnel, social workers and carers. Governments are to make the environment of elderly friendly, for example, constructing ramps; making side arrangement for elderly and establishing Geriatric centres in the University College Hospital, Ibadan, Nigeria – first of its kind (endowed by Chief Anenih). Social Workers should be employed by home care service providers, Geriatric hospitals, hospices. This will ensure psycho social issues and interventions for happiness, ultimately leading to reduced stress on the aged, the carers, the caregivers (families) and in the process, providing employment opportunities for thousands of people who have acquired degrees of Social Work.

Awareness concerning Home Care arrangement needs to be made, particularly for those without formal education. This may ease family tension leading to happiness for all concerned. The care of the aged should be included in the school curriculum as a way to preserve practices that are beneficial to ensure the young people's mind are prepared for acceptance of this set of people whether as children or as in-laws.

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