Attitudes towards Care of the Elderly in Otor-Owhe Community, Isoko North, Delta State

By

Oyowavotu, Okeoghene Joy
Department of social work, University of Benin, Benin City, Nigeria.
joygiftono@gmail.com
&
Omorogiuwa, Tracy B.E. *PhD*
Department of social work, University of Benin, Benin City, Nigeria.
tracy.omorogiuwa@uniben.edu, joygiftono@gmail.com

Abstract

This study examined attitude of care givers attitudes towards care of the elderly in Otor-Owhe Community, Isoko North, Delta State. The survey research design was adopted using a four point Likert scale questionnaire. The population of this study consists of all elderly persons within the age range of 60 years and above, both male and female and the caregiver of the elderly in the Otor-Owhe, Isoko North, Delta State. The sample size of 556 respondents was collected using the multistage sampling technique. The instrument of this study was content validated by experts in the field of gerontology. The test re-test reliability of the instrument was determined by administering twenty (20) questionnaires to twenty caregivers of the elderly who did not form part of the respondents twice at an interval of two weeks. The two sets of scores were subjected to Cronbach alpha formulae at 0.50 significant levels; the reliability co-efficient of 0.68, 0.80, 0.67, 0.65 and 0.83 were obtained respectively. The data obtained were analysed using tables, descriptive statistics, such as mean, standard deviation and frequency counts. The findings revealed that the independent variables with the exception of psychosocial attitude had negative influence towards the care of elderly. This study recommends amongst others the social work intervention measures to improve care givers attitude towards care for the elderly.

Keywords: Care givers, Attitude, Elderly, Social work, Otor-Owhe,

Introduction

Usually, adulthood is described as a sequential age of 65years old. The age between 65 years to 74 years old are known as "early elderly" while the age between 75 years old and above are known as "late elderly" (Orimo et al., 2006, p. 149). Images of aging exist at two levels; personal (Our own opinion i.e. self-image), and societal (opinion of others in the

society i.e. social image) which are mutually reinforcing (Sujiwade, 2009). This is when the elderly acknowledges the chronological age, how they feel and the aged group they associate with. They may not feel they are aged at 65 years even when others in the society perceived them to be old. On the other hand, societal perception is based on their attitude towards the aged which mostly bring about stereotype. Ageism refers to prejudice, discrimination and stereotype against someone based on his or her age. While it can refer to prejudice against younger person, ageism, as the term is used by most researchers, typically refers to prejudice against older person (Nelson, 2007). This is when the societal attitudes towards the elderly are either favorable or unfavorable depending on the stereotypes. In most cases, the stereotype is usually negative or unfavorable, where old age is seen as forgetfulness, intellectually rigid, unproductive, and asexual and this in turns leads to discrimination and prejudice.

Discrimination of the elderly in the society in all the phase of social structure or institution is something that needs proper attention and a call for government intervention. Individual behavior towards elderly is highly determined by specific features including the age of the individual, their past events, customs and morals, traditional beliefs and educational setting (Akdemir, 2007). People tend to treat the older people in the society based on what they have passed through and their condition in life. There is an increasing rate in the population of the elderly in Nigeria and this has attracted public attention to seek for their well-being. One of the challenging problems facing the world today is the elderly population, in both unindustrialized and industrialized countries round the world. In the industrialized countries, there has already been series of research papers on how people deal with or cater for the elderly and challenges they encounter.

There are numbers of problems that come along with ageing, this includes: chronic illness, death of loved ones, absence of treasured social positions, high level of seclusion and economic problem (Lu, 2011). All of these losses can cause low self-esteem of the aged person in which many crises situations may follow. They may also lack confidence in facing all these losses, or considered themselves weakened to face them, which experts' intervention may be needed (Featherstone & O Curso Da Vida, 1994). Majority of the care for the elderly emanates from their immediate family (National Alliance for Caregiving and AARP, 2009; Quadagno, 2008). This implies that most care for the elderly in the society are mainly from their immediate family. This care could be from children to parents, young ones in the family to their uncles and aunties, which is mostly shouldered by the female counterparts.

Most times, the male counterpart on the other hand usually neglect their parents once they get married living their parents to carter for themselves. Thereby causing them psychosocial trauma or disorder whenever they think of the pain it took them to bring them up till when they got married. Also some children neglect their parents once they have been labeled witch or wizard in the society by pastors or fake prophets which maybe false accusation in some cases and this may cause those elderly to be isolated from the society (Akdemir et al., 2007). This may cause them illness and it may lead to their early grave. The young adult should be made to understand that they will advance in age one day (Sijuwade, 2009). That is to say, adulthood is a period in life which everyone will undergo no matter how intelligent, rich, handsome, beautiful, young and your achievement in life. It is certain that we would all get to that stage of life. In this regard, elderly people should be treated in a way that will be beneficial to them and will help to improve their entire lifespan.

Basically, the annual average growth rate of the elderly around the world continues to increase rapidly, posing a threat to families without adequate provision to cater for older members of the family. From 1950-1955 the annual increase in the growth rate for the elderly, i.e. people aged 60 years and above, is 1.7 per cent and this is close to the annual increase in the growth rate of the total population which was 1.8 per cent (United Nations, 2009). Similarly, from 2005-2010, the elderly population annual growth rate is 2.6 per cent, which is more than twice the annual growth rate of the total population recorded as 1.2 per cent of the total population. In the future, this gap is predicted to widen, due to large members of post-war persons reaching the age 60 years and above in many parts of the world (United Nations, 2009). In Nigeria, there is an increase in the population growth of the elderly, just as it is the case in other countries of the world. According to National Population Commission (2017), the elderly population was about 4.56 percent (6.4 million) of the total population which was put at 140,431,790. More importantly, it is expected that the population will grow rapidly in 2030.

Social Disengagement Theory is adopted for this study**.** This theory states that as the elderly are lonely and depressed because of social seclusion as a result of loss of contact with others such as children, siblings spouse and close family friends, which the elderly sees as insufficient, and that the inadequate contact had contrary personal impacts on them (Aroogh & Shahboulaghi, 2020). Social seclusion has been connected to with increase in death rate of the elderly above 65 years raised blood pressure, dementia and suicide (Gutzmann, 2000). Theory assists us to know the origin, nature, aspect and effect of the elderly living the frontier of the Nigeria society. Moreover, the social disengagement theory helps to understand the process of ageing and the challenges that surface during

this period. Hence, the need for society, caregivers, family and helping professionals to have better understanding of the usefulness of engaging these elderly in social activity, which will help to reduce the level of isolation, depression, dementia and suicide found among the elderly, thereby creating a favourable living condition for the aged. According to Atchley (2000), the provision of support and care-giving are considered as the responsibilities of the adult children to their parents or guardians but this assumption is socially constructed and is seen as social roles of both adult children and parents in many societies. However, according to Abdulraheem (2005), this relationship is affected by or destroyed by difference in geographic location of both parties or lack of ability to perform the role by one of them due to health or other problems.

Statement of the Problem

The elderly are faced with a number of challenges, which can be as a result of biological, physical or societal issues, all of these add up to tell on them. Attitudes of young people towards the elderly in what is referred to as the 21st century, global and industrial era, with the loss of the communal system and family integration has put some elderly persons in isolation and seen as no longer a functional member of the society (Oluwabamide & Eghafona, 2012; Okoye, 2012; Egwu, 2013; Omorogiuwa, 2016; 2020). The society become distanced from the elderly and this make them to feel like a second-class citizen, as the aged become more dependent on family, they become helpless, worthless, unwanted and alienated as family see them as a burden (Sijuwade, 2009). Thornston (2002) highlights the danger of stereotype and negative attitudes towards the elderly which could hamper their wellbeing and general welfare. Stereotype of the aged like laziness, ill health, talkative, poor physical and mental health functioning, dependency can lead them to self-isolation thereby causing them to engage in over thinking which can lead to depression, and high blood pressure.

The problems of inadequate income after retirement, loss of spouse, poor health, social isolation, lack of psychosocial support, ill health in the post retirement period and others are intertwined that affect the elderly (Omorogiuwa, 2016). Even though research has been done on problems of the elderly, more studies need to be carried out on the attitudes toward the care of the elderly who are seen as the community leaders, and who not only enact viable laws that promote social unity, but enhances justice that unified families. It is against this backdrop that this study vividly examines attitudes of indigenes and caregivers towards the care of the elderly in Otor-Owhe, Isoko North Delta State.

Objectives of the Study

The general objective of this study is to examine the attitude towards the care of the elderly in Otor-Owhe community, Isoko North, Delta State. Other specific objectives are to:

i. Ascertain whether psychosocial attitude affects care of the elderly in Otor-Owhe Community.
ii. Determine whether gender affects care of the elderly in Otor-Owhe community.
iii. Find out whether religious attitude affect care of the elderly in Otor-Owhe, Isoko North, Delta State.
iv. Ascertain whether family types influence care of the elderly in Otor-Owhe Community.
v. Determine whether stereotypes affect care of the elderly in Otor-Owhe, Isoko North, Delta State.

Research Questions

The followings research questions guided this study.

i. Does psychosocial attitude affect care of the elderly in Otor-Owhe Communty?
ii. Does gender influence care of the elderly in Otor-Owhe Community?
iii. Does religious attitude affect care of the elderly in Otor-Owhe Community?
iv. Does family types influence affect care of the elderly in Otor-Owhe Community?
v. Does stereotypes affect care of the elderly in Otor-Owhe Community?

Methods

The study adopts the descriptive survey research design. The population of this research consists of all elderly persons within the age range of 60 years and above, both male and female and the caregiver of the elderly in the Otor-Owhe, Isoko North, Delta State. The operational sample size for this study will be 556. Multistage sampling method was used to recruit the elderly in Otor-Owhe. Given the random sampling of households in the village, elderly persons were also selected based on the available number in each home. Using four point Likert Scale, a self-developed instrument tagged Attitudes towards the Care of the Elderly Questionnaire (ACEQ) was used to measure the predictors (explanatory variables) in the study. The instrument of this study was content validated by experts in the field of gerontology. The rationale for the validation is to allow them to scrutinize the contents of the instrument in order to ascertain the representativeness of the contents of the instrument and the extent to which they were related to the variables under investigation. The test re-test reliability of the instrument was determined by administering twenty (20) questionnaires to twenty caregivers of the elderly who did not form part of the respondents twice at an interval of two weeks. The two sets of scores were subjected to Cronbach alpha formulae at 0.50 significant levels; the reliability co-efficient

of 0.68, 0.80, 0.67, 0.65 and 0.83 were obtained respectively. The study employed both the descriptive statistics to analyse the data collected. This involved the use of mean ranking and frequency counts as presented in the tables below.

Research Question 1: Does psychosocial attitude affect the care of the elderly in Otor-Owhe Community

Table 1: Descriptive Statistics of Psychosocial Attitude and Care of the Elderly
Descriptive Statistics

Item	N	Minimum	Maximum	Mean	Std. Deviation
1. Anxiety of the elderly influences the ability of a care giver	556	0	4	2.08	.932
2. Depression of the elderly influences ability of a care giver	556	1	4	2.09	.946
3. Delirium (violent mental agitation) of the elderly influences the ability of a care giver	556	1	4	1.94	.949
4. Dementia (mental deterioration-forgetfulness) of the elderly influences the ability of a care giver	556	1	4	2.20	.964
5.Physical assault (castigating often) of the elderly influence your ability of a care giver	556	1	4	2.06	.852
6. Substance abuse of the elderly influences the ability of a care giver	556	1	4	2.10	.937
Mean Sore	**556**			**2.08**	**0.93**

Source: *Researchers' Computation (2021) using SPSS 23*

Criterion Mean: 2.50

Table 1 shows that respondents on the psychosocial attitude of caregivers towards care of the elderly has a grand mean of 2.08, which is below the criterion mean of 2.50. This implies that respondents indicated that psychosocial attitude have no influence on the care of the elderly. The results of the descriptive statistics further showed that there was a wide

dispersion between the grand mean and the criterion mean. The implication of this is that there was a consensus agreement by the respondents that psychosocial attitude has no significant effect on care for the elderly in Otor-Owhe Community in Isoko North, Delta. This finding is contrary in line with the works of Butler (2006) and Omorogiuwa (2016) that status and attitudes of the members of the society towards the elderly are basically described in psychosocial in nature. Similarly, Sijuwade (2009) concluded that the elderly face such problem of being neglected by the society as they are treated as second-class citizens, due to the more distance between the elderly and society at old age.

Research Question 2: Does gender affects the attitude towards the care of the elderly in Otor-Owhe community.

Table 2: Descriptive Statistics of Gender and Care of the Elderly
Descriptive Statistics

Item	N	Min	Max	Mean	Std. Deviation
1. The male folks neglect the elderly	556	1	4	2.78	.907
2. The female folks neglect the elderly	556	1	4	3.17	.942
3. The male folks tend to care more for the elderly	556	1	4	2.57	.801
4. The female folks tend to care more for the elderly	556	1	4	1.94	.910
5. Male and female folk care for the elderly in the same way	556	1	4	2.54	.922
6. Peer influence negatively affect the attitude of the male and female towards the elderly	556	1	4	2.27	.978
Mean Scores	**556**			**2.55**	**0.91**

Source: *Researchers' Computation (2021) using SPSS 23* ***Criterion Mean: 2.50***

The 2 reveals that grand mean is 2.55 of gender type, which is higher than the criterion mean. This indicates that majority of respondents agreed that gender type has influence on the care for the elderly in Otor-Owhe Community in Isoko North. The results of the descriptive statistics further show that there was a wide dispersion between the Grand mean and the criterion mean. The implication of this is that there was a consensus agreement by the respondents that gender influences the care for the elderly in Otor-Owhe Community. The study conducted by Okoye, (2012) relating gender and care-giving,

supports that female have the possibility of providing care-giving support than male. Thus Heitz (2019) agrees that females are more likely to help with care provision duties for the elderly than males, as sons tend to become caregivers only in the absence of a female sibling. Apparently, it is someone's perception towards the elderly that justifies the way they care for them.

Research Question 3: Does religious attitude by care givers affect the care of the elderly in Otor-Owhe, Isoko North, Delta State.

Table 3: Descriptive Statistics of Religious Attitude and Care of the Elderly
Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
1. Christians tend to have more positive attitude towards the care of the elderly	556	1	4	2.24	.926
2. Muslim tend to have more positive attitude towards the care of the elderly	556	1	4	2.53	.895
3. Christian tends to have more negative attitude towards the care of the elderly	556	1	4	3.19	.728
4. Muslim tend to have more negative attitude towards the care of the elderly	556	1	4	2.99	.789
5. Traditional worshippers tend to have more positive attitude towards the care of the elderly	556	1	4	2.81	.855
6. Religion has nothing to do with the attitude towards care of the elderly	556	1	4	1.86	.960
Mean Scores	**556**			**2.63**	**0.86**

Source: *Researchers' Computation (2021) using SPSS 23*

Criterion Mean: 2.50

Table 3 shows that respondents on the religious attitude of caregivers towards care of the elderly has a grand mean of 2.63, which is above the criterion mean of 2.50. This implies that respondents indicated that religious attitude has influence on the care of the elderly in Otor-Owhe Community. The results of the descriptive statistics further show that there was a wide dispersion between the grand mean and the criterion mean. The implication of this is that there was a consensus agreement by the respondents on influence of religious attitudes of care givers on care for elderly in Otor-Owhe Community. This is in agreement with the religious claims as Christians in Ephesians 6:1-3 and 1 Samuel 2:31 see old aged

is a favour and blessing from God. That is why it is also stated that these elderly should be honoured and respected which in returns attract long life. Similarly, Ajrouch (2008) points that Islam see the elderly as God's blessing in life for upsurge piousness, and that it is the responsibility of society to cater for the elderly.

Research Question 4: Does family types affect attitude towards care for the elderly in Otor-Owhe Community.

Table 4: Descriptive Statistics of Family Type and Care of the Elderly
Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
1. Nuclear family tend to affect caregiver attitude towards the care of the elderly	556	1	4	2.37	.913
2. Extended family tend to affect caregivers attitude towards the care of the elderly	556	1	4	2.34	.837
3. Polygamy tend to affect caregivers attitude towards the care of the elderly	556	1	4	2.24	.901
4. Monogamy tend to affect caregivers attitude towards the care of the elderly	556	1	4	2.62	.904
5. Children from polygamous home do not have care for the elderly	556	1	4	2.91	.805
6. Children from monogamous home do not have care for the elderly	556	1	4	3.02	.774
Mean Scores	**556**			**2.58**	**0.856**

Source: *Researchers' Computation (2021) using SPSS 23*

Criterion mean: 2.50

Table 4 shows the mean score for family type as 2.58, higher than the criterion mean of 2.50, which indicated the strongest argument by respondents that family type has influence on care for the elderly in Otor-Owhe Community. The results of the descriptive statistics further show that there was a wide dispersion between the overall mean and the criterion mean. The implication of this is that there was a consensus agreement on influence of family type of care givers towards elderly care in Otor-Owhe Community. This is confirmed by Sureswari Das (2012), which found that the extended family type and social network gives the elderly an atmosphere in which they spend their lives. In the same light,

Turagabeci et al. (2007) affirm that compared to extended families, elderly living in a small family are likely to be more affected with hypertension and poor mental health.

Research Question 5: Does stereotypes affect care of the elderly in Otor-Owhe, Isoko North, Delta State.

Table: Descriptive Statistics of Stereotype and Care of the Elderly

	N	Min	Max	Mean	Std. Deviation
1. Memory loss of the elderly limit caregivers attitude towards the care of the elderly	556	1	4	2.57	.940
2. Sexually inactive of the elderly limit caregivers attitude towards the care of the elderly	556	1	4	2.98	.899
3. Loneliness of the elderly limit caregivers attitude towards the care of the elderly	556	1	4	2.67	.896
4. Being a burden of the elderly affect caregivers attitude towards the care of the elderly	556	1	4	2.44	.941
5. Talkativeness of the elderly limit care givers attitude towards the care of the elderly	556	1	4	2.64	.938
6. Feeling abandoned of the elderly affect caregivers attitude towards the care of the elderly	556	1	4	2.49	.933
Mean Score	**556**			**2.63**	**.892**

Source: *Researchers' Computation (2021) using SPSS 23*

Criterion Mean: 2.50

Table 5 shows that respondents on the stereotype attitude towards care of the elderly have a grand mean of 2.63, which is above the criterion mean of 2.50. This implies that respondents indicated that stereotype has influence on the care of the elderly in Otor-Owhe Community. The results of the descriptive statistics further show that there was a wide dispersion between the grand mean and the criterion mean. The results of the descriptive statistics further showed that there was a wide dispersion between the mean of 2.63 and standard deviation value of 0.892. The implication of this is that there was no consensus

agreement by the respondents regarding the influence of stereotype attitude of the elderly towards care for the elderly in Otor-Owhe Community. This finding supports the work of Thornston (2002), which highlights the danger of stereotype and negative attitudes towards the elderly, which could hamper their wellbeing and general welfare. This also agrees with Abrams et al. (2009) that a number of people see age discrimination as serious issue; aged stereotype was based on perceiving them as "warmer" and less competent to younger people; as the elderly are seen as burden; as disregarded persons due to their old age.

Conclusion

The main objective of this study was to examine the attitudes of care givers towards care for the elderly in Otor-Owhe Community. Based on the findings, the study concluded as follows that Psychosocial attitude of the elderly has a positive and significant effect on care of the elderly in Otor-Owhe Community in Isoko North, Delta State This implies that as psychosocial attitude increases, care for the elderly also increases in Otor-Owhe Community. Gender type had a positive and insignificant effect on care for the elderly in Otor-Owhe Community in Isoko North, Delta State. This also implies that as gender type increases, care for the elderly correspondingly improves in Otor-Owhe Community at an insignificant level. Religious attitude by care givers had positive and significant effect on care of the elderly in Otor-Owhe Community in Isoko North, Delta State. This similarly implies that as religious attitudes increases, care for the elderly in Otor-Owhe Community also increases at an insignificant level.

Care of the Elderly and Implications for Social Work Intervention

As the population of aged people increase, coping with the psychosocial and social problems relating to the elderly as they advanced in age becomes critical. This implies that there is rapid growth of the aged in the society which requires immediate intervention of the government, caregivers and social workers to help them in managing their emotional, societal, health and economic problem (Sigaroudi et al., 2013). Social workers, by their direct intervention in the lives of the older people can play an important part in assessing and evaluating their conditions in order to assist them to improve their functionality (Association of Social Worker, 2010). More so, social workers can also play a major role in knowing their health challenges, emotional trauma, economic problems and other related issues facing the elderly through their closeness and kind heartedness towards the aged. As care professionals, social workers are in the right position to identify the older people who are living in hardship or who have different psychosocial problems (Association of Social Worker, 2010; Omorogiuwa, 2016). They are well suited intervening measures can be aimed to either support the ability in the elderly or help to enhance their functioning

abilities as they advanced in age. The result of these intervening measures is to improve and promote the aged adequate living

The individuals need to possess awareness in terms of how to adequately cater for the need and requirements of the aged people. The following are some suggested social work intervention measures that can be apply when working with the elderly. They are as follow

- Education: Social workers enlighten the general public about the dilemma of the elderly, which is exasperated by the discrimination allotment of soothing measures and deprivation of access to health care services. Social workers reaffirm their knowledge in social welfare administration and repossess their stance in this regard (Omorogiuwa, 2020).
- Counselling: Through counselling the social worker know the problem the elderly are facing and their strength, and appeal to policy makers to take action for service delivery (Omorogiuwa, 2016).
- Advocacy: Scholars have pinpointed three policy fronts important for making an impact, these includes ad hoc, intermediate and long-term (Omorogiuwa, 2016; IFSW, 2020). Specifically, ad hoc policy action as fashioned to tackle the current needs of the elderly aided by cash transfer or kind services. Intermediate policy is targeted to evaluate actions and to correct purpose (Omorogiuwa, 2020). Thus, social workers can set out to evaluate usefulness of ad hoc policy intervention in a view of achieving gains.

Recommendations

Based on the findings of the study, the following recommendations are made:

i) Care givers should always watch out for psychosocial attitudes in the elderly to enhance care for the elderly in Otor-Owhe Community in Isoko North. Therefore, the more the psychosocial attitude of the elderly is deteriorating; care for the elderly must increase accordingly to enhance the wellbeing of the elderly. This is based on the fact that psychosocial attitude had positive and significant influence towards care for the elderly in Otor-Owhe Community in Isoko North.

ii) Females (women) should be more engaged as care givers to enhance care for the elderly. This is because the results of the study showed that gender type had positive and insignificant effect towards care for the elderly in Otor-Owhe Community.

iii) Religious attitudes of care givers should be encouraged because it has positive although insignificant effect towards care for the elderly in Otor-Owhe Community.

iv) Family attitude as care givers should continue to care for the elderly. This is because the results of the study showed that family attitude had positive and significant effect towards care for the elderly in Otor-Owhe Community.

v) Stereotype attitude of the elderly should be managed in Otor-Owhe Community because it had a positive effect on care for the elderly, but at an insignificant level. Measures should be put in place by care givers to alleviate some of the problematic stereotype behaviours.

References

Abdulraheem, I.S. (2005). An opinion survey of caregivers concerning caring for the elderly in Ilorin Metropolis, Nigeria. *Public Health, 119*, 1138-1144. http://dx.doi.org/10.1016/j.puhe.2005.04.005

Abrams, D., Eilola, T. & Swift, H. J. (2009). *Attitudes to Age in Britain 2004–08*. Research Report, No. 599. London: Department for work and pensions.

Ajrouch, K. J. (2008). Social isolation and loneliness among Arab American elders: Cultural, social, and personal factors. *Research in Human Development, 5*(1), 44–59

Akdemir, N., Gorgulu, U. & Cınar F.I. (2007). Perception of ageing and ageism. *Turkish Journal of Geriatrics, 10*, 215-222.

Aroogh, M. D. & Shahboulaghi, F. M. (2020). Social Participation of older adults: A concept analysis. *Int J Community Based Nurse Midwifery, 8*(1), 55-72.

Association of Social Workers (2010). *Family caregivers of older adults*.750 First Street. NE Suite 700, Washington, DC 20002-4241 202.408.8600 Social Workers.org

Atchley, R. C. (2000). *Social forces and ageing: an introduction to social gerontology.* Belmont, CA: Wadsworth/Thomson Learning.

Butler, R. N. (2006). *Introduction: In ageism in America*. New York: International Longevity Center-USA.

Egwu, C. (2013). Modernization and Ageing Pattern in Nigeria. *International journal of social Science and humanities review. 4*(10), 116-119.

Featherstone, M. (1994). O curso da vida: Corpo, cultura e imagens do processo de envelhecimento. In: Debert, G.G. *Antropologia e velhice: Textosdidáticos.* Campinas: IFCH/UNICAMP; p. 45-64.

Gutzmann, H., (2000). Diagnosis and therapy of depression in advanced age. *Therapeutische Umscham, 57*(2), 95-97.

Heitz, D. (2019). *Study: Daughters do twice as much as sons to care for the aging parents*. healthline. https://www.healthline.com Retrieved April, 2021.

International Federation of Social Work (IFSW) (2020). *Statement on IFSW and COVID-19*. Available online at: https//www.ifsw.org/statement-on-ifsw-and-covid-19/ (Retrieved 23 March, 2020)

Lu, L. (2011). *Attitude towards aging and older people's intentions to working: A Taiwanese Study*. Department of Business Administration, National Taiwa University Taiwan.

National Population Commission. (2017). *National population census*. Abuja, Nigeria: National Population Commission.

National Alliance for Caregiving and AARP. (2009). *Caregiving in the U.S.: Executive summary.* Washington, DC: National Alliance for Caregiving and AARP. Retrieved on 1st April, 2020 from http://www.caregiving.org/

Nelson, T. D. (2002). *Ageism: Stereotyping and prejudice against older people*. Cambridge, MA: MIT Press.

Okoye, U. (2012). Family care-giving for ageing parents in Nigeria: Gender differences, cultural imperatives and role of education. *International Journal of Education and Ageing, 2*(2), 139-154.

Oluwabamide, A. & Eghafona, K. A. (2012). Addressing the challenges of ageing in Africa. *Kamla-Raj; Anthropologis, 14*(1), 61-66.

Omorogiuwa, T.B.E. (2016). The psychosocial problems of the elderly: Implications for social work practice. *Journal of Nursing, Social Studies, Public Health and Rehabilitation, 3–4*, 111–118.

Omorogiuwa, T.B.E. (2020). COVID-19 and older adult in Africa: Social workers' utilization of mass media in enforcing policy change. *International Social Work* (SAGE), *63*(5), 646-650.

Orimo, H., Ito, H., Suzuki, T., Araki, A., Hosoi, T. & Sawabe, M. (2006). Reviewing the definition of elderly. *Geriatrics & Gerontology International, 6*(3), 149-158.

Quadagno, J. (2008). *Aging and the life course: An introduction to Social Gerontology (4th ed.).* Boston: McGraw Hill.

Sigaroudi, A.E., Nayeri, N.D. & Peyrovi, H. (2013). Antecedents of elderly home residency in cognitive healthy elders: A qualitative study.*Global Journal of Health Science, 5*(2), 200-214.

Sijuwade, P.O. (2009). Attitudes towards old age: A study of the self-image of aged. *Stud Home Comm Sci., 3*(1), 1-5.

Sureswari Das, (2012). The Role of Family in Health and Healthcare utilization Among Elderly

Thornton, J. E. (2002). Myths of ageing or ageist stereotypes. *Educational Gerontology,28, 301-312.*

Turagabari, A. S., Nakamara, K., Kizuki, M. T. & Takano, S. (2007). *Family structure and health, how companionship acts as a buffer against ill health.* PMID: 18036211 PMCID: PMC22343394 DOI: 10.118611477-7525-61

United Nations (2009). *World Population Ageing 2009 (ESA/P/WP/212).* Retrieved on 25th March, 2020 via: http://www.un.org/esa/population/publications/WPA2009/WPA2009_WorkingPaper.pdf

United Bible Society (1994). *Good News Bible.* Second Edition. Genesis, 37, 12-36.