Gender Issues Affecting Health Needs of the Elderly in Egor Local Government Area Edo State Nigeria

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Abstract

The elderly population in most societies is increasing, due to a number of interrelated factors. However, with the impressive increase in the number of elderly persons, which naturally includes those who are dependent and need constant care due to geriatrics ailments. It is evident that the dependent elderly population needs care just as the little babies. The study examines Gender issues affecting health needs of the elderly in Egor Local Government area Edo State Nigeria. The theoretical framework was informed by the age stratification theory, and the hierarchical-compensatory model; and 384 questionnaires were administered using the simple cluster sampling technique. This study found that pressure from family members evidently affects the health of elderly women (83.1%); the government had not provided care for the elderly through health facilities (68.3%), and had neglected the elderly in their budgetary allocation (74%); formal caregivers had not done enough to channel the needs of the elderly to the appropriate quarters (65.1%); informal caregivers had helped to prolong the lives of the elderly (58.3%). There was a significant statistical relationship between the non-provision of the elderly in government budget and the non-existence of policies that cater for the elderly ($p < 0.05$); and there was a significant statistical relationship between the trust that the elderly have for informal caregivers for proper care and the ability of the help informal caregivers render to prolong the lives of the elderly ($p < 0.05$). Apart from the adverse medical conditions that the elderly experience, they also experience adverse psychological conditions which usually arise from the negative social interactions which they have with both family and non-family members. It is recommended that the elderly men and

women should be given equal health care in times of needs and the government should give them priority attention.

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Keyword: Caregivers, Elderly, Gender, Health, needs

Introduction

The elderly population in most societies is increasing, due to a number of interrelated factors. There has been an exceptional increase in world population in the 20th and 21st centuries in contrast to previous centuries (U.S. Department of Commerce 2007; Sachs 2014). There has also been a decline in infant and childhood mortality; discoveries in the field of medicine prolonging lifespan; increase in the average life-expectancy; declining fertility and increasing longevity have favoured elderly population in the society (Oluwabamide and Eghafona, 2012).

The elderly are the custodians of culture and tradition mediators during conflict resolution and contributors in enforcing peace in their various communities. Old Age, this is the chronological age of the elderly which is 65 years and above (WHO, 2010)

Classification of age50-63 near old age, 64-73 Old Age, 74-84 late old age, 84 and above frail old age. However, with the impressive increase in the number of elderly persons, which naturally includes those who are dependent and need constant care due to geriatrics ailments, the society is now faced with increase in the number of persons in a situation of dependence. It is evident that the dependent elderly population needs care just as the little babies. They are in need of a caregiver, just like little children who should not be left on their own. Caring for the elderly formally (institutional) or informally (within the family setting) becomes imperative.

Decades ago, the elderly in the African societies were said to face little or no challenges because within the African cultures, adequate care and respect for the elderly was part of the culture (Oluwabamide and Eghafona, 2011). The authors further emphasized that the care of older people within their families in Africa was guaranteed until the intervention of colonial rule, modernization, urbanization and industrialization. The extended family system practiced by most African societies enhanced collective care for the aged. But since 1990s to 2000 upwards the elderly persons are at higher risk, unfortunately, Nigeria government does not provide social security to elderly and the support from the family are fading out. Therefore, the well-being of the elderly is been compromised (Attonen, and Zechner, 2011)

According to (Popham, and Hess 2015). Over the years, the impact of modernization, industrialization and the accompanying strong western influence have brought about changes in the structure of African society. Thus, recent breed of Africans know more of European ways of life than their own indigenous culture. Therefore, modernization has brought about changes in attitudes toward the elderly in African society. Such changes may include the relevance of formal and informal care giving of the elderly in the current society. With regards to the changes in family setting, it is necessary to research into what the elderly may need and receive in terms of care.

Statement of the Problem

The effect of increasing diseases and dependence of the older persons is burdensome on the caregiver for both formal and informal caregivers. The needs and opinions of older persons should be integrated into shaping of health policy. Ensuring enabling and supportive environments, urges recommendations for improved housing and living environments of older persons, promoting a positive view of ageing and enhancing public awareness of the important contributions of older persons.

The inability of government to promote gender equality, protect and promote human rights has created discrimination such as age discrimination, recognizing the value of older females in the home and societies at large. Culturally, some individuals see the older persons especially the female folks as witches responsible for some of their misfortune in life and in turn, they subject them to abject poverty through total deprivation of basic amenities leaving them to die under harsh condition, hence some of them are forced to go out to look for food inside the dustbins or market places because of hunger and lack of care. This may allow onlookers and passerby to see these elderly as people with mental impairment. Thereby reducing the amount of care rendered or given to them. (Oluwabamide and Eghafona 2012). In the United States of America (USA), New Zealand, Australia, United Kingdom (UK) and Canada thorough research has been conducted on the formal and informal caregiving to ascertain, the best way to care for the elderly.(New Zealand 2005-2015).:

Objective of the Study

1. To examine how gender issues affect health need of the elderly

Literature Review

Among spouse care givers, women currently predominate both for cultural reasons but also due to their greater life expectancy and to the tendency for marriages to take place between younger women and older men. However, mainly due to a reduction in mid-life

mortality for men during the past 20 years, gains in life expectancy (and particularly for healthy life expectancy) for men have been greater than for women, with the result that the gender gap in life expectancy at age 65 for men and women is decreasing (Huber et al, 2009). This implies a possible future increase in the numbers of male spouse care givers due to the higher availability of couples to care for each other, although this may be offset by the growing number of single-person households due to increasing levels of non-marriage, separation and divorce, as well as the unpredictable effect of patterns of re-marriage on care responsibilities.

The role of informal carers is to examine within the elderly systems and the connected health and social care sectors: in particular we look at the extent to which informal care has been recognized and acknowledged as a consistent and constant linking element of formal care process, as reflected policies constructed to ensure the continued contribution of informal care givers together with that of formal services. The report therefore addresses the issue of how to achieve a 'hand-in-hand' approach between all care providers towards the provision of good formal and informal care for older people, in all formal and informal care settings and whatever the present status of the elderly in the different European countries. Whilst recognizing the limitations of the terms "informal" and "formal" carers, we have retained these terms in this report as a necessary distinction between care provided by informal and formal care sectors, despite the blurring of boundaries between the two (Huber 2009).

Care and Gender

The importance of opportunities to reconcile work and caring is particularly for women, who have traditionally been the main caregivers. As they are increasing their participation in the paid labour market, whether from economic necessity or personal desire, and as they look for better education to enhance their employment opportunities, the frequently postpone their first birth in order to give priority to their first job. For the generation of 30-50 years olds this entails the issue of caring not only for their young children but also for their aging parents.

Their changing roles give thus rise to questions as to whether they will be able to continue providing both types of caring or whether they will have to sacrifice their own education and working ambitions to remain caregivers. The question of reconciliation of work and care is central, as these women are currently both higher users of health service due to the physical and mental burden of care, as well as being at risk of future poverty due to their potential non-participation in the paid labour force (Merin 2009).

It is important to identify and analyze how these provides of help work together to ensure that the need of the elderly persons are met. Understanding the various means patterns, interaction and adequacy is vital in planning for the future of the elderly and caregiving. The intergenerational relationship between grandparents and grandchildren will be studied because of larger shared lifespan and healthier grandparents, these relationship have received increased attention and are important for the well-being of both the grandparents and the grand children (Arber and Timonen, 2012).

Theoretical Framework: Age Stratification Theory

This theory was propounded by Riley and Foner (1973).Its adopted to this study because below it shows explicit explanation of the phenomenon under investigation. According to this theory, society typically arranged themselves into a hierarchy of age strata. In other words, society is divided into strata. These strata most of the time are as a result of age. And each stratum has obligation or prerogative assigned to them. As you move from one stratum to another, the obligation changes. People in the same stratum tend to have the same motivation, ability and capacity.

They also have expected roles, rights and privileges that society accorded to them. Usually, people in the same stratum have major historical experiences that they all went through together. E.g. these strata may have children, teenagers, adults etc. people in the same stratum can be expected to be treated the same way. In Africa, age is a major determinant of how one is treated. Therefore, if one does something at 40 years and somebody who is, may be 20, 60, or 80 years does the same thing, they will be viewed or seen differently. According to age stratification, theory each generation is unique because they are a reflection of the particular experience that they passed through. So society imposed certain structural factors by which each cohort is measured or viewed. Therefore, the nature of aging may be determined by the experiences a particular generation went through.

The hierarchical-compensatory model put forward by Cantor in 1975 (as cited in Lyons and Zarit, 1999) that the caregiving preferences are based on social relationships, meaning that the care should be provided by a family member who is available and most closely located. The closest relatives, spouse and children are preferred but if they are not available, substitutes can be found (Connidis, 2010; Lyons et al, 2000). However, easier access and better standards of the providing formal care have resulted in a majority of older scandinavians preferring care from official resources. Receiving such care is no longer seen as a socially stigmatic (Daatland and Herlofsson 2001).

Research Methodology

The aggregate of persons from whom data pertinent to the study that were collected are the elderly, couples who have aged parents leaving with them and single who have aged parents leaving with them in Egor LGA in Benin City. These set of people form the respondents for both qualitative and quantitative surveys. In 2006 the population of the elderly was 17,307.Usingthe population growth rate of 2.47 the population of the elderly is estimated to reach 26,273 by mid-year 2015. (Nigeria Population census 2006). The sample size for the study was 384 using Conchran determination sample size formula. In order to meet the objective of the study, one time survey was used which is also known as cross sectional study design. Questionnaire was administered to respondents.

Gender Issues in the Health/Need of the Elderly

Table 1 ElderlyHusbands Create More Need For Elderly Women

Variable	Frequency	Percentage	Cumulative Percent
Strongly agree	46	12.0	12.0
Agree	244	63.5	75.5
Disagree	80	20.8	96.4
Strongly disagree	14	3.6	100.0
Total	**384**	**100.0**	**100**

Source: Fieldwork 2015

In view of ascertain if the elderly can create problems for their fellow elderly, respondents were asked if elderly husbands create more need for elderly mothers. Table 1 and Figure 1 show that a cumulative percentage (75.5%) of the respondents affirmed that elder husbands did create more need for their elderly wives. It therefore follows that 24.4 percent did not agree to the concerned assertion. This finding suggests that the social relationship of the elderly could cause them problem apart from health and systemic factors.

Figure 1. A Bar Chart Showing Responses on Elderly Husbands Create More Need for Elderly Mothers

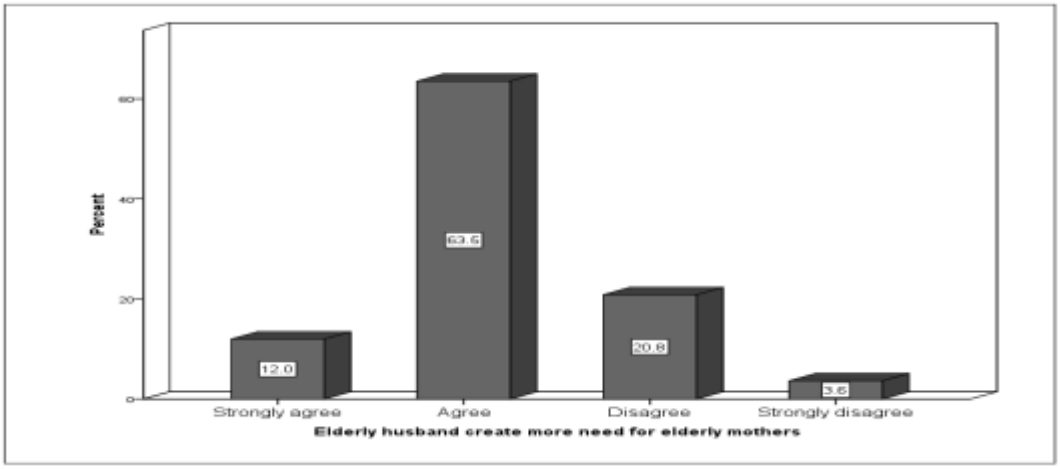


Table 2. Elderly Don't Create Burdens for Caregivers

	Frequency	Percentage	Cumulative Percent
Strongly agree	33	8.6	8.6
Agree	85	22.1	30.7
Disagree	235	61.2	91.9
Strongly disagree	31	8.1	100.0
Total	**384**	**100.0**	**100**

Source: Fieldwork 2015

Those who provide care for the elderly, could do so formally and informally. While those who formally provide care for the elderly are professionals and skilled, the reverse is the case for those who informally provide care. On the general level, the elderly creating burden for caregivers was assessed, hence Table 2.and Figure 2. indicate that the elderly do not create burden for caregivers, as a majority (a cumulative 69.3%) attested to elderly and that of other demographic groups which reveals that the care of other vulnerable demographic groups are relatively more compared to that of the elderly. This finding implies that while the elderly do not relatively create burden for caregivers, more needs to be done structurally and administratively to boost the operations of caregivers.

Figure 2. A Bar Chart Showing Responses on Elderly Create Burden for Caregiver

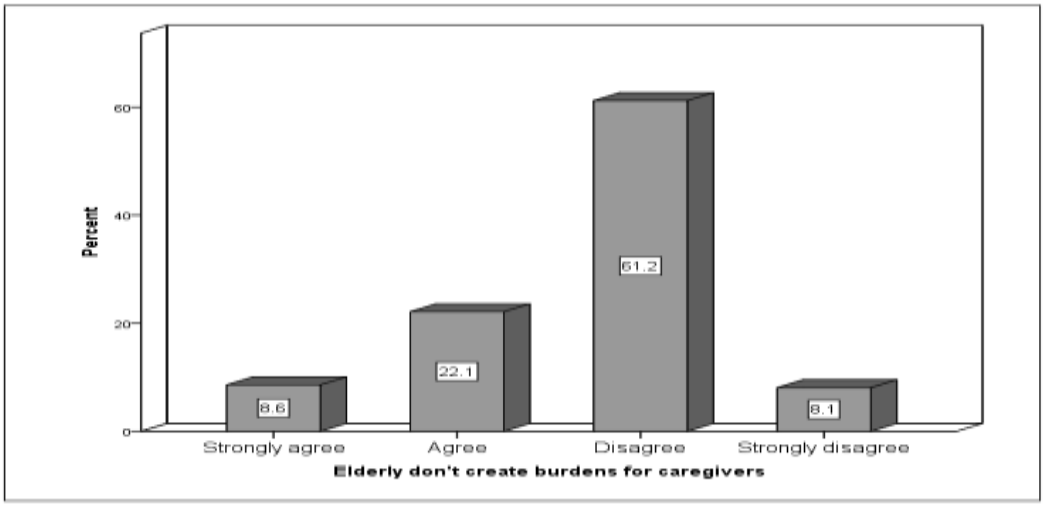


Table 3. Pressure from Family Members Affects the Health of Elderly Women

Variable	Frequency	Percentage	Cumulative Percent
Strongly agree	198	51.6	51.6
Agree	121	31.5	83.1
Disagree	26	6.8	89.8
Strongly disagree	39	10.2	100.0
Total	**384**	**100.0**	**100**

Source: Researcher's fieldwork, 2015

For the elderly women, Table 3 and Figure 3. Indicate that pressure from family members evidently affects their health, as a cumulative percentage of the respondents (83.1%) agreed to the assertion. Hence, what goes for elderly men in terms of the health implication of the pressure that family members mount on them, also goes for the elderly women. These associated findings suggest that apart from the adverse medical conditions that the elderly experience, they also experience adverse psychological conditions which usually arise from the negative social interactions which they have with both family and non-family members.

Figure 3. Bar Chart Showing Responses on Whether Pressure from Family Members Affects the Health of Elderly Women

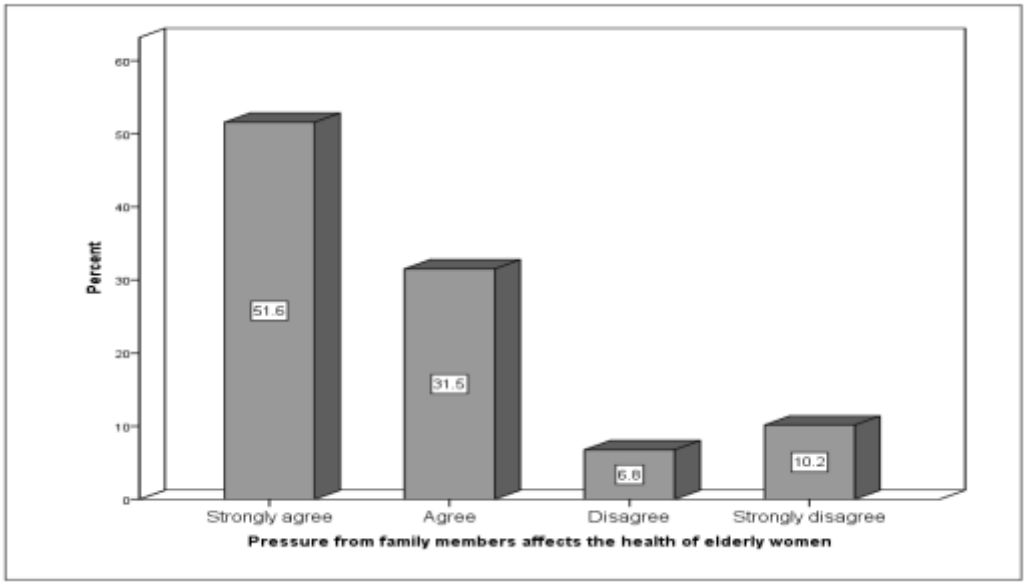


Table 4. Government provides care for the elderly through health facilities

Variable	Frequency	Percentage	Cumulative Percent
Strongly agree	52	13.5	13.5
Agree	70	18.2	31.8
Disagree	122	31.8	63.5
Strongly disagree	140	36.5	100.0
Total	**384**	**100.0**	**100**

Source: fieldwork, 2015

Apart from pension scheme, the provision of health facilities designed for the medical needs of the elderly is yet another measure through which the government can provide care for vulnerable elderly persons. Unfortunately, this aspect of care for the elderly by the government has not been effective, as a majority of this study's respondents (cumulatively 68.3%) believed that the government had not provided care for the elderly through health facilities (Table 4 and Figure 4) While lack of seriousness on the part of the appropriate ministry, department, or agency could be the cause of this failure of the government to

provide care for the elderly through health facilities, the very few existing ones are unequipped, and operating far below for their envisaged capacity. An implication of this finding is that minor sicknesses and health issues that could have been easily handled by a functional health facility are causing the death and further incapacitation of the elderly.

Figure 4. A Bar Chart Showing Responses on Whether the Government Provides Care for the Elderly through Health Facilities

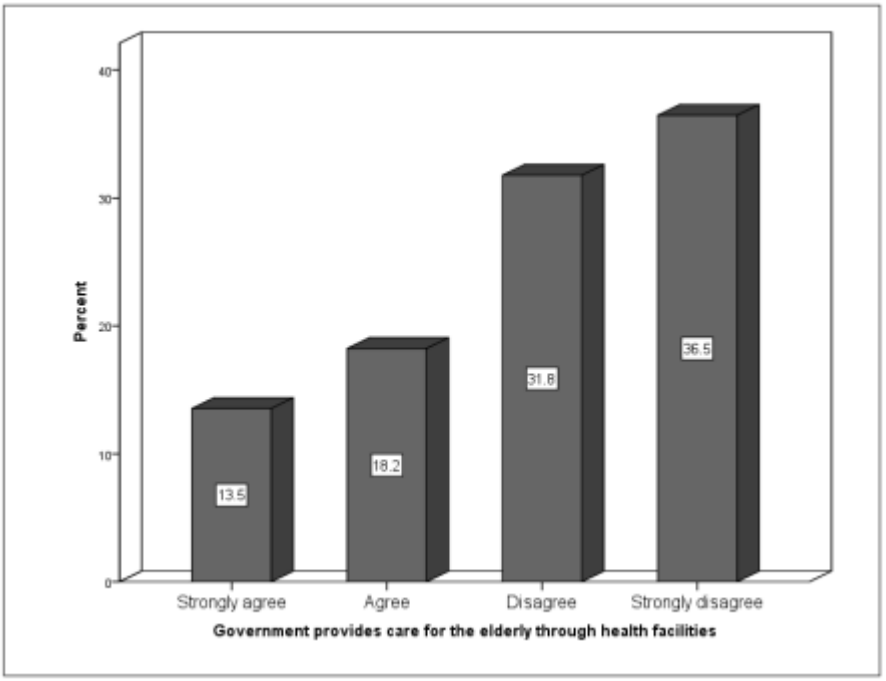


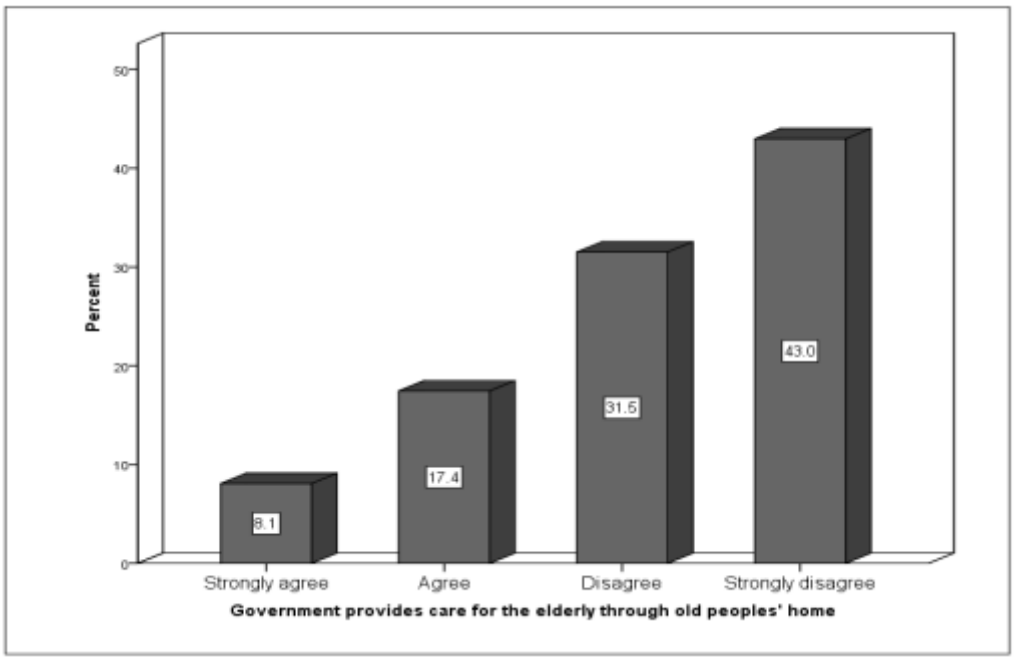
Table 5 Government Provides Care for The Elderly Through Old Peoples' Home

Variable	Frequency	Percentage	Cumulative Percent
Strongly agree	31	8.1	8.1
Agree	67	17.4	25.5
Disagree	121	31.5	57.0
Strongly disagree	165	43.0	100.0
Total	**384**	**100.0**	**100**

Source: fieldwork, 2015

Indigent elderly people are usually housed in the old people's home usually provided by the government and in very few cases by private individuals and organizations. However, since it is the constitutional responsibility of the government to cater for senior citizens, the performance of this responsibility was evaluated through respondents' responses. Table 5 and Figure 5 graphically depict that still in the area of old peoples' home, the governments at all levels had failed to cater for the elderly as a cumulative percentage of 74.5 percent of the respondents confirmed that the government had not provided care for the elderly through old peoples' homes. This implies that a majority of the elderly in Nigeria are at the mercy of informal caregivers who most times confound the challenges of the elderly.

Figure 5 A Bar Chart Showing Responses on Whether Government Provides Care for the Elderly through Old People's Home



Conclusion

Going by the findings of this study, it could be submitted that the elderly women get more health care than the elderly men from care givers. However, the elderly are better off when they are being cared for by formal or professional caregivers; who will not be stressed to the extent of mounting pressure on the elderly. The social relationship of the elderly could

cause them problem apart from health and systemic factors. Hence, what goes for elderly men in terms of the health implication of the pressure that family members mount on them, also goes for the elderly women. Apart from the adverse medical conditions that the elderly experience, they also experience adverse psychological conditions which usually arise from the negative social interactions which they have with both family and non-family members. On the whole, while the elderly do not relatively create burden for caregivers, more need to be done structurally and administratively to boost the operations of caregivers.

While lack of seriousness on the part of the appropriate ministry, department, or agency could be the cause of this failure of the government to provide care for the elderly through health facilities, the very few existing ones are unequipped, and operating far below for their envisaged capacity. Therefore, minor sicknesses and health issues that could have been easily handled by a functional health facility are causing the death and further incapacitation of the elderly. Most of the elderly in Nigeria are at the mercy of informal caregivers who most times confound the challenges of the elderly.

In the midst of the competitive demand for the scarce public resource, the needs of the elderly has been relegated to the background such that no direct and specific allocation is made for them in the successive national, state, and local government budgets. This is the reason why pension schemes, health facilities, and old peoples' homes are no longer the sources of adequate succor for the elderly. Old age comes with a lot of biological, emotional and psychological incapacities; hence old age more often than not leads to associated illness. This implies that the elderly cannot be left without proper care. On the whole, while the elderly do not relatively create burden for caregivers, more needs to be done structurally and administratively to boost the operations of caregivers.

Recommendations

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

- Both elderly men and women should be given equal health care in times of needs
- The government should treat the elderly as senior citizens as it is in other advance countries like USA
- At regular intervals, social activities should be organized for the elderly to boost their social interaction that will conduce to the psychosocial wellbeing.

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