

ASSESSMENT OF FAMILY CARE, HOUSING, GENDER, DAILY ACTIVITIES, AND PHYSICAL WELLBEING OF THE ELDERLY IN IBADAN, NIGERIA

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ABSTRACT

The paper investigated housing condition, gender differences in activities of daily living and the link between care, daily activities, housing condition and physical well of the elderly with a view to examine the quality of life of elderly in Ibadan, Nigeria. The data used in the paper is from a cross-sectional survey of 721 households systematically carried out in Ibadan, Nigeria. The analysis focused on 191 households' subgroup in which women and/or their spouse (if any) aged over 55 years. Simple frequency analysis, analysis of variance (ANOVA), correlation and regression statistical techniques was used to analyze the data. The result shows that majority of the elderly are living in a deplorable housing condition. Analysis of daily activities of the elderly revealed that they are generally more involved in service to others, followed by domestic chores, household maintenance and social activities. In the categories of domestic chores, household maintenance and service to others more elderly women are involved than elderly men. In the category of social service more elderly men than elderly women are found to be involved. There is significant variation in elderly family care ($F = 5.79$; $p < 0.01$) and physical well being ($F = 3.25$; $p < 0.05$); there is significant relationship between: (i) elderly housing condition and physical well being ($r = 0.12$; $p < 0.01$); (ii) elderly daily activities and physical well being ($r = -0.19$; $p < 0.05$); and (iii) elderly family care and household income ($r = 0.23$; $p < 0.01$), elderly age ($r = -0.60$; $p < 0.01$), age of the youngest child in the household ($r = -0.24$; $p < 0.01$). Policy implication suggests that quality of life of elderly could be improved through the socio-economic empowerment of families and provision of efficient and effective social welfare/health, amenities and services.

Keywords: housing, gender, daily activities, elderly care and physical well being.

INTRODUCTION

Elderly population is increasing in all countries of the World. This is ascribed to be one of the major achievements of mankind in the modern era (Hornchi and Robire, 2005). This achievement is possible due to several factors which include decline in fertility and elderly mortality and

morbidity, improvement in public health and increase in life expectancy. Decline in fertility was brought about by more wide spread acceptability of family planning. Various explanations for the decline in elderly mortality and morbidity include: improvements in medical technology, reduced infectious disease rates, reduced occupational stress, improved nutritional intake,

life style changes, rising incomes, and rising education (Costa, 2005). These have resulted to increase in life expectancy and declines in disability at older ages (Freeman, et al., 2002). Studies have shown that life expectancy at older ages rose very slowly at the beginning of the Twentieth Century and then accelerated sharply towards the end of the Century (Costa, 2005). Manton, et al, (1997) and Manton and Gu, (2001) observed decline disability at older ages. These suggested that improvements in elderly health have been accelerating (Costa, 2005).

Troisi (2004) observed that already one out of every ten persons is now 60 years or above. By 2050, one out of five will be 60 years or older and by 2150, one out of three persons will be 60 years or older (Troisi, 2004). Troisi also observed that the older population is ageing, that is, the oldest old (80 years or older) is the fastest growing segment – constituting 11 percent of the 60 years or older age group, is projected to grow to 19 percent by 2050. The number of centenarians is projected to increase 15-fold from approximately 145,000 in 1999 to 2.2 million by 2050 (Troisi, 2004).

Even though population of the elderly is increasing in all countries of the World, up till the early 80s, the demographic transition was mostly viewed as a phenomenon of the Developed Countries (Sylvia,

2000; Troisi, 2004). But in fact as observed in the literature, majority (two-thirds) of those over 60 years of age live in the developing World and that the proportion is increasing steadily and will reach nearly three-quarters by the 2030s (UNFPA and CBGS, 1999 cited by Sylvia, 2000). Troisi (2004) noted that already in 1985, 56.5 percent of the World's elderly lived in developing countries and this proportion is projected to reach 61.5 percent by the turn of the century and 71.9 percent by the year 2025.

In Nigeria, the proportion of the aged population has been increasing. Before Nigeria independence in 1960, there was a population census conducted in 1952/53. Since independence, the country had only conducted three successful population censuses in 1963, 1991 and 2006. The total number of persons aged 50 years and above in 1952/53 was 2,448,000. In 1963 and 1991 population census the total number of persons aged 50 years and above was 3,617,000 and 8,227,782 respectively (see table 1). Table 2 show the trend in the growth of persons in age groups 0-14 years, 15-44 years and above 45 years from 1952/53 to 1991. This table shows increasing growth in all age groups. It also shows increasing growth in the total number of elderly persons. The full detail of 2006 population census is yet to be released as at the time of writing this paper.

Table 1: Total population of the elderly in 1963 and 1991 population censuses

Age group (Years)	1963 population census			1991 population census		
	Male	Female	Total	Male	Female	Total
50-54	683,000	534,000	1,217,000	1,388,650	1,182,149	2,570,799
55-59	277,000	186,000	463,000	638,375	481,394	1,119,769
60-64	447,000	339,000	786,000	898,801	791,573	1,690,374
65-69	162,000	111,000	273,000	408,540	387,400	795,940
70-74	182,000	132,000	314,000	492,186	394,116	886,302
>75	331,000	233,000	564,000	684,099	573,399	1,257,498
Total	2,082,000	1,535,000	3,617,000	4,510,651	3,810,031	8,227,782

Source: Federal Office of Statistics, Lagos

Table 2: Population of Nigeria by age group (1952/53 – 1991) ('000)

Year	0-14 yrs	15-44 yrs	45 & above	Total
1963**	23926	26959	4785	55670
1970*	28510	32120	5701	66331
1971*	29220	32940	5843	68003
1972*	29970	33770	5992	69732
1973*	30720	34620	6144	71484
1974*	31510	35500	6298	73308
1975*	32290	36390	6459	75139
1976*	33120	37410	6622	77152
1977*	33960	38260	6790	79010
1978*	34810	39220	6961	80991
1979*	35397	39884	7080	82361
1980*	36293	40894	7259	84446
1981*	37211	41930	7443	86584
1982*	38154	42991	7631	88776
1983*	38419	44079	7824	90322
1984*	40110	45195	8022	93327
1985*	41125	46339	8225	95689
1986*	44744	50417	8949	104110
1991**	39993	38354	10645	88992

Source: *Population projection as given by the Federal Office of Statistics, Lagos

**Census Result

NOTE: 1952/53 Census Result is as follows 0-14 yrs = 13458; 15-49 yrs = 14504; 50 & above yrs = 2448 (Thousand)

In Nigeria, studies that focus on the elderly are not many. Such studies focus on issues ranging from the description of the traditional form of care of the elderly, demographic data, government's policy on the elderly, life-satisfaction of the elderly, effects of structural adjustment programme on the elderly, and the nutritional assessment and health status of the elderly (Anionwu, 1986; Adeokun, 1986; Akukwe, 1992; Ekpeyong, 1995; Bakare et al., 2004 and Okoye, 2004). In Nigeria, no study has examined the housing condition and daily activities of the elderly. Also, no study has examined the link between family care situation, daily activities, housing and the physical well being of the elderly.

The objectives of this paper is to examine housing condition and gender differences in activities of daily living as well as explore the link between the elderly family care situation, daily activities, housing condition and physical well being with a view to examine the quality of life of the elderly in Nigeria.

LITERATURE REVIEW

From the time immemorial, care of the elderly was within the extended family system in Nigeria (Anionwu, 1986; Adeokun, 1986; Akukwe, 1992 and Ekpeyong 1995). The elderly are cared for by their children, son's wife and the extended family members, particularly the women. There is the practice of marrying young girls by the elderly men, and at times his children may marry the young girl for him to take care of the elderly man's need. The mother of my father married a young woman for her aged husband. She also married a young woman for her aged brother. Some parents do send their chil-

dren home to live with the grandparents so that they can run errands for them while the grandparent teaches them cultural and moral values (Akukwe, 1992). Within the traditional system the social obligations of the aged were multi-dimensional in the sense that they encompassed religion, education, politics, recreation, economic, and prophetic issues. In those days, people looked forward to getting old.

In this contemporary time, social and economic changes currently occurring have put into doubt the continued viability of such traditional arrangements for the elderly. Such changes like increased emphasis on smaller family units, migration to urban areas, more working wives, new life styles and changing values all have effects on the traditional forms of care of the elderly. Financial difficulties have made it imperative for many women to now work for pay outside the home and also the issues of education for the young have reduced the caring role of the grandchildren.

A recent study by Okoye (2004) explored how Nigerian youths feel about care-giving for the elderly and their views about traditional ways of taking care of the elderly. She observed in her study that the youngsters are not willing to live with their aged parents; neither are they willing to send their wife nor their children to the village to live with their aged parents. An earlier work examines the link between social support/networks, urban condition and physical well being of the elderly in Ibadan, Nigeria (Asiyanbola, 2004). Urban environment affects the quality of life of the elderly. Living environment exerts impacts on elderly person's attitudes and behaviour. Poor environment makes life more difficult

for the elderly. Poor housing conditions and hygiene cause disease, poor housing environment cause accident, noisy and crowding environment leads to poor health and poor environment causes more psychological stress. In a study, Houston, et al. (1990) found that a large percentage of elderly persons require special architectural modifications in the home and an infrastructure that is accessible if they are to age in place. Reschovsky and Newman (1990) found that renting makes independent living more difficult. In Singapore, Wong (2004) found that limited number of elderly-friendly public spaces such as parks and exercise areas is one of the reasons why the elderly are dissatisfied with the art and leisure scene in Singapore. Wong (2004) observed that Singapore has been actively providing for a young post-war baby-boomers population since the 1960's, the majority of its housing stock, physical infrastructures as well as leisure and recreation facilities are not suitable for an elderly population. Mart et al. (2003) in their study of the temporal aspects of the out-of-home activities of the elderly found that there is a tendency to change from the fast modes to the slow modes as walking and cycling, when the health condition deteriorates. The elderly are thus in desperate need of walkable cities, cities that provide public transportation and cities that do not segregate affordable housing from others.

The present work is an addition to the existing literature and attempt to examine housing condition and gender differences in activities of daily living as well as explore the link between the elderly family care situation, daily activities, housing condition and physical well being with a

view to examine the quality of life of the elderly in Nigeria. The null hypotheses tested in the paper are that:

(i) there is no significant impact of housing condition of the elderly on their physical well being;

(ii) there is no significant gender difference in the elderly men and women activities of daily living;

(iii) there is no variation in the elderly (a) family care and (b) physical well being;

(iv) there is no significant relationship between (a) the elderly family care and their household socio-economic characteristics, and (b) daily activities of the elderly and their physical well being.

METHODOLOGY

The data used in the paper is from a cross-sectional survey of households carried out in Ibadan, Oyo State, Nigeria between November 1999 and March 2001. The sampling frame utilized was the total number of estimated households in Ibadan municipal area as of 1999. The average household size declared for Nigeria in the result of the National Population Commission (NPC) 1995/96 household survey is 4.48. This was used to divide the projected 1999 population of each locality as defined by the NPC in the Ibadan municipal area to get an estimate of the number of households. Due to cost consideration, a total of seven hundred and twenty-one households were selected as the sample size. This sample represents 0.20 percent of the estimated households in Ibadan as of 1999. To make for effective and objective coverage, due to non-availability of the list of all households in each locality in Ibadan, the number of questionnaires administered in each locality was proportional to the total number of

estimated households in each locality. For the purpose of intra-urban analysis, each of the locality in Ibadan municipal area as defined by the NPC was accordingly sorted into four residential areas – high density residential area (comprising traditional core high density residential area of Ibadan and non-traditional core high density residential area), medium density residential area and low density residential area - according to where it was located.

The classification of high density into two – traditional core and non-traditional core – was based on the observation that these two residential areas which are usually classified together in Ibadan are distinct in social and physical patterns. This was observed from the literature, reconnaissance survey and consultation with town planners. In terms of socio-economic status and housing condition non-traditional core high density residential areas are better off. Also, in terms of ethnic status, traditional core areas are relatively homogeneous in the sense that majority of the residents are indigenes of Ibadan. In the non-traditional core high density residential areas, residents are of different ethnic

background.

The sampling procedure adopted was aimed at sampling systematically along the major streets in each locality. Systematic random sampling was used in the selection of houses along the streets. The first house was selected by the use of random numbers and all subsequent units in the sample were chosen at uniform intervals of fifth houses. From each of the selected houses, a household, particularly a woman and her spouse (if any) were interviewed. Information were collected on the following variables that are used in the analysis: elderly family care variables (presence of spouse whose age is younger and househelp in the household); socio-economic characteristics (age, household income, educational level, age of the youngest child in the household, household size); activities of daily living variables (domestic chores, household maintenance, service to others and social activities); housing condition variables; and physical well being variables which are specific measures of health problems. Tables 3 to 5 show the definition of these variables respectively.

Table 3: Definition of the family care and other socio-economic variables

Variables	How measured
Family care	
Having a housemaid	-1 if having a housemaid
Men having a wife that is younger in age (<55yrs.)	-1 if having a wife that is younger in age (<55yrs.)
Socio-economic characteristics	
Income	- Total household income in Naira - 1 if having post secondary qualification
Educational level	- Total in years - Total number in the household
Age	- Total in years
Household size	
Age of the youngest child in the household	

Table 4: Definition of activities of daily living variables

Variable	How measured
Domestic chores	
Cooking	- 1 if it is part of daily activity
Shopping	- 1 if it is part of daily activity
Fetching water	- 1 if it is part of daily activity
Domestic activities generally	- 1 if it is part of daily activity
Household maintenance	
Cleaning the house and the surroundings	
Getting rid of household waste	- 1 if it is part of daily activity
	- 1 if it is part of daily activity
Service to others	
Going to religious centre	- 1 if it is part of daily activity
Paid employment	- 1 if it is part of daily activity
Childcare	- 1 if it is part of daily activity
Social activities	
Going to recreation centre	- 1 if it is part of daily activity

Table 5: Definition of housing condition and physical well being variables

Variable	How measured
Physical building condition	- 1 if there are any cracks in the wall of the house - 1 if there are any cracks in the floors of the house - 1 if the house roof is leaking and needs repairs - 1 if the house need general repair - 1 if pests are prevalent in the house
Neighbourhood facilities/services	- 1 each if the following neighbourhood facilities/services are bad: neighbourhood road, garbage collection, public transport, street light, neighbourhood water supply, power supply, school quality, shops, and the general condition of the neighbourhood
House location distance	- 1 each if the house distance to each of the following activity areas is far: workplace, shopping centre, children school and childcare centre, where they fetch water and dispose of solid waste
Physical well-being	- 1 if experiencing any of the following specific health problems: persistent cough, wheeze, blocked nose, breathlessness, skin infections/diseases (e.g. eczema, rashes), tiredness or body weakness, feverish or feeling hot internally, malaria, headache, cholera and diarrhea.

In the paper, the analysis focused on a 191 households. In 42 households (22.0%) subgroup of the households in which both women and her spouse are over 55 women and/or their spouse (if any) aged 55 years; in 99 households (51.8%) only over 55 years. This subgroup comprises of women's spouse are over 55 years.

The remaining 50 households (26.2%) are female-headed households where the women are over 55 years. Simple frequency analysis, analysis of variance (ANOVA), correlation and regression statistical techniques was used to analyze the data.

RESULTS AND DISCUSSION

Living and housing situation of the elderly

Table 6 shows the living and housing situation of the elderly. About 24.1 percent are living in a rented accommodation

while about 64.4 percent are living in owner occupier accommodation. Majority (71.2%) of the elderly are living in less than 10.1 household sizes. Also, majority (83.2%) are living in a household with less than 10.1 children. Furthermore, majority (71.7%) of the elderly are living in a household where the age of the youngest child is less than 20.1 years old. This result indicates that majority of the elderly in Ibadan, Nigeria lives among their family.

Table 6: Living and housing situation of the Elderly in Ibadan, Nigeria (n = 191)

Living situation of the elderly	Freq.	Percentage
Living in rented accommodation	46	24.1
Living in owner occupier accommodation	123	64.4
Living in less than 10.1 household size	136	71.2
Living in a household with less than 10.1 children	159	83.2
Living in a household where youngest member is less than 20.1 years old	137	71.7
Type of house		
Rooming apartment (face me I face you)	73	38.2
Flat	28	14.7
Duplex	4	2.1
Bungalow	30	15.7
Storey building	51	26.7
Others	5	2.6
Are there any cracks in the walls of your house?		
Yes	133	69.6
No	58	30.4
Are there any cracks in the floors of your building?		
Yes	71	37.2
No		
Is your roof generally looking old/leaking and needs repairs?		
Yes	122	63.9
No	69	36.1
Do the walls of your house need repainting?		
Yes	113	59.2
No	78	40.8
Does your house need general repairs?		
Yes	88	46.1
No	103	53.9
Prevalence of pests in the house		
Prevalent	107	56.0
Not prevalent	84	44.0

In terms of housing condition, majority of the elderly are living in a deplorable housing condition (see table 6). The percentage of the elderly that are living in rooming apartment is 38.2%, flat is 14.7%, duplex is 2.1%, bungalow is 15.7%, and storey building is 26.7% (table 6). Most of the houses have cracks in the walls (69.6%) and floors (62.8%) of the house. Also, most (63.9%) of the houses are generally looking old/leaking and needs repairs

(table 6).

Regression statistical technique is used to test hypothesis which state that there is no significant impact of housing condition on the physical well being of the elderly. Table 7 shows the result of the regression analysis. The result shows that there is a significant ($p < .01$) impact of housing condition on the physical well being of the elderly.

Table 7: Impact of housing condition on the elderly physical well-being

Model	Variable Name	Level of Explanation (R-Square Change)	R-Square	Std. Error	F- Change	Sig. F-Change	Multiple Regression Result	Stepwise ANOVA
							F-value	Sig.
1	Housing condition	0.12	0.12	1.99	6.01**	0.00	6.01**	0.00

R-Square = 12.2%

** Significant at $p < 0.01$

Activities of daily living of the elderly

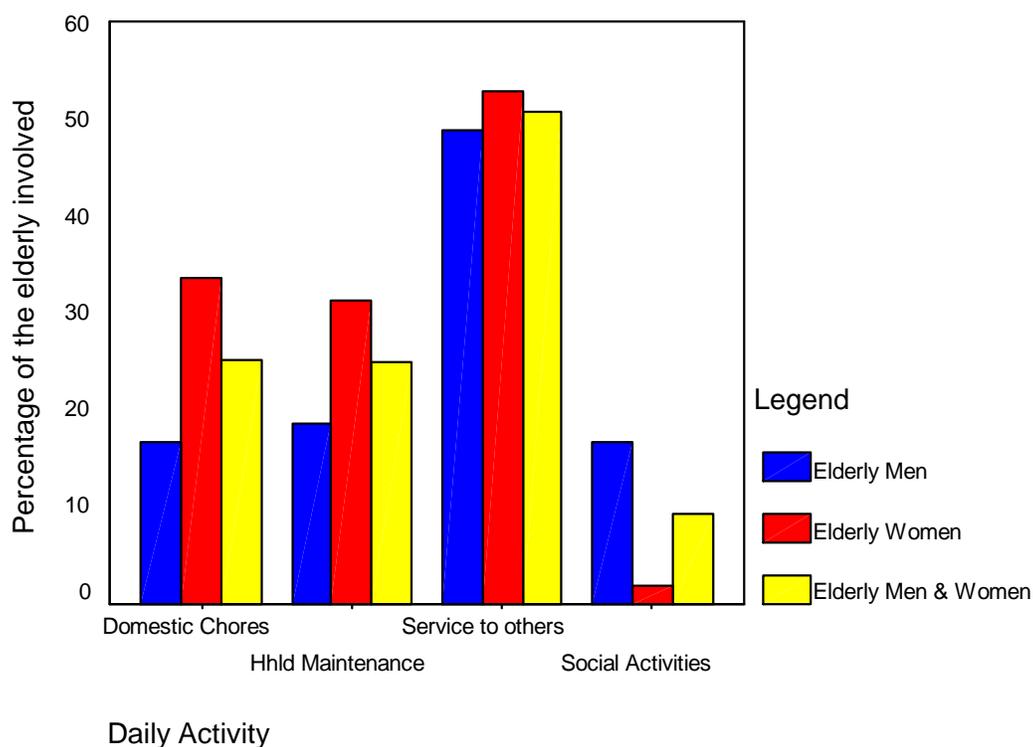
Activities of daily living are important indicators of the functional status and well-being of older persons (Maestre et al., 2005). Hitherto, empirical study on the elderly activities of daily living in Nigeria is rare. Daily activities investigated were distributed among the four categories of domestic chores, household maintenance, service to others and social activities. Domestic chores include the following activities: cooking, household shopping, fetching water and daily involvement in domestic activities generally. Household maintenance include the following activities: cleaning the house and the surrounding, and getting rid of household waste. Service to others includes the following activities: attending religious service, go-

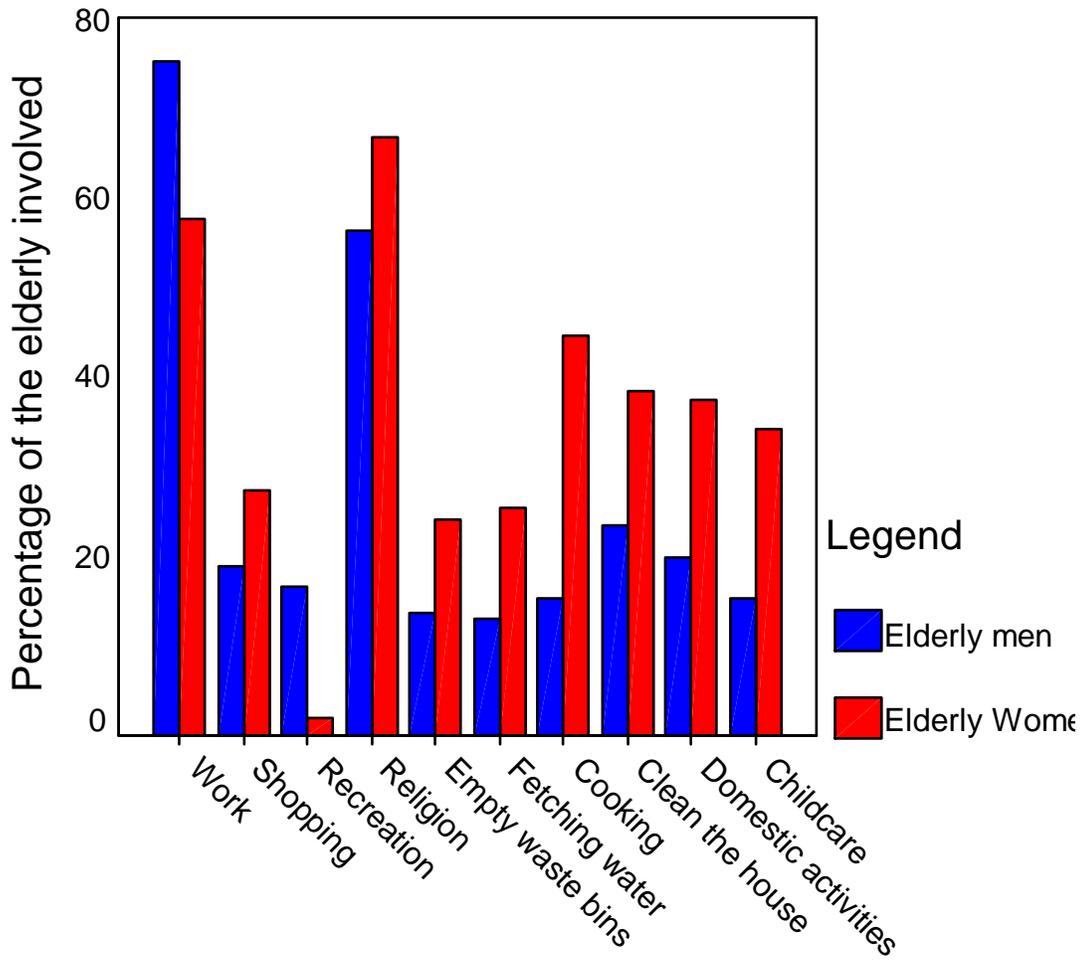
ing to work-place or involvement in paid employment, and childcare. Going to recreation centre is the indicator of social activity used in the study.

The elderly generally are more involved in service to others (50.8%), followed by domestic chores (25.2%), household maintenance (25.0%) and social activities (9.4%). In the categories of domestic chores and household maintenance more women (33.6% and 31.3% respectively) are involved than men (16.7% and 18.6% respectively). Also, in the category of service to others more women (52.8%) than men (48.8%) are involved. In the category of social service more men (16.7%) than women (2.0%) are found to be involved (see table 8 and figures I and II).

Table 8: Daily activities of elderly men and women in Ibadan, Nigeria

Daily activities	Elderly Men (n = 141)	Elderly Women (n = 92)	Average %	Rank
Domestic chores	24 (16.7)	31 (33.6)	(25.2)	2nd
Cooking	21 (15.2)	41 (44.4)	(29.8)	
Shopping	27 (18.9)	25 (27.3)	(23.1)	
Fetching water	18 (12.9)	23 (25.3)	(19.1)	
Domestic activities generally	28 (19.7)	34 (37.4)	(28.6)	
Household maintenance	26 (18.6)	29 (31.3)	(25.0)	3rd
Cleaning the house and the surroundings	33 (23.5)	35 (38.4)	(31.0)	
Getting rid of household waste	19 (13.6)	22 (24.2)	(18.9)	
Service to others	69 (48.8)	49 (52.8)	(50.8)	1st
Going to religious centre	79 (56.1)	61 (66.7)	(61.4)	
Paid employment	106 (75.0)	53 (57.6)	(66.3)	
Childcare	21 (15.2)	31 (34.2)	(24.7)	
Social activities	24 (16.7)	2 (2.0)	(9.4)	4th
Going to recreation centre	24 (16.7)	2 (2.0)	(9.4)	

**Fig. 1: Daily activities of the elderly in Ibadan**



Daily Activity

Fig. 2: Elderly daily activities in Ibadan

Correlation statistical technique is used to test the hypothesis which states that there is no significant relationship between daily activities of the elderly and their physical well being. The result is shown in Table 9. This result shows that there is a significant relationship at $p < .05$ between daily activities of the elderly and their

physical well being. This result indicates a negative relationship between daily activities involvement and the deteriorating physical well being of the elderly. This implies that as the daily activities of the elderly increases, their physical well being decreases.

Table 9: Result of the correlation analysis between daily activities involvement and physical well being of the elderly

Variable	p - value	r - value	Decision
Daily activities involvement of the elderly and Deteriorating physical well being of the elderly	0.04	-0.19*	Significant

*Significant at $p < 0.05$

Elderly care

Majority of the elderly lives among their family as shown earlier. However, this should not be interpreted as if the moral of care would be unchanged and the family would still function as before. The main care givers in the family are women. Social and economic changes currently occurring have put into doubt the continued viability of traditional arrangements of care for the elderly. Such changes as stated previously like increased number of women in the paid labour force participation, and the issues of education for the young have reduced the viability of the traditional form of care for the elderly. I have witnessed a situation in which an old

elderly woman living in a multigenerational family attempted to commit suicide simply because she was lonely and neglected.

Analysis of variance (ANOVA) is used to test the hypothesis which states that there is no variation in the elderly family care and physical well being. The result shows that the F value is 5.79 and 3.25 respectively. The significance value is .00 and .02 respectively. This result is significant at $p < .01$ and $p < .05$ respectively. This implies that there is significant variation ($p < .01$) in the elderly family care and physical well being (Table 10).

Table 10: Variation in family care situation and physical well being of the Elderly in Ibadan, Nigeria

Variable	F	Sig.
Family care situation	5.79**	0.00
Physical well being	3.25*	0.02

**Significant at $p < 0.01$

*Significant at $p < 0.05$

Correlation statistical technique is used to test the hypothesis which states that there is no relationship between elderly family care and their household socio-economic characteristics. The result shows that there is significant relationship at $p < .01$ between elderly family care situation and household income, age of the elderly and age of the youngest child in the household (Table 11). The result also shows a positive relationship between the quality of family care situation and household income which implies that the higher the

household income, the better the quality of family care of the elderly. Furthermore, the result shows a negative relationship between the quality of family care situation and age of the elderly and age of the youngest child in the household. This result implies that the lower the age of the elderly and the age of the youngest child in the household, the better the quality of family care. This result suggests that the disadvantaged, lonely, neglected and less cared for are the oldest old.

Table 11: Result of the correlation analysis between family care of the Elderly and some socio-economic variables

Variable	p - value	r - value	Decision
Income	0.01	0.23**	Significant
Educational level	0.05	0.16	Not significant
Age	0.00	-0.60**	Significant
Household size	0.25	0.08	Not significant
Age of the youngest child in the household	0.00	-0.24**	Significant

**Significant at $p < 0.01$

*Significant at $p < 0.05$

SUMMARY AND CONCLUSION

The paper examine housing condition, gender difference in the activities of daily living of the elderly and the link between elderly family care, daily activities, housing condition and physical well being with a view to examine the quality of life of elderly in Ibadan, Nigeria. The result shows that majority of the elderly are living in a deplorable housing condition. The analysis of activities of daily living of the elderly revealed that they are generally more involved in service to others, followed by domestic chores, household maintenance and social activities. In the categories of domestic chores, household

maintenance and service to others more women are involved than men. In the category of social service more men than women are found to be involved. There is significant variation in elderly family care ($F = 5.79$; $p < 0.01$) and physical well being ($F = 3.25$; $p < 0.05$). There is significant relationship between: (i) elderly housing condition and physical well being ($r = 0.12$; $p < 0.01$), (ii) elderly daily activities and physical well being ($r = -0.19$; $p < 0.05$), and (iii) elderly family care and household income ($r = 0.23$; $p < 0.01$), elderly age ($r = -0.60$; $p < 0.01$), age of the youngest child in the household ($r = -0.24$; $p < 0.01$).

Hitherto, apart from pension scheme, there are no institutional provisions for the elderly care in Nigeria. Even the pension scheme is not properly implemented in Nigeria. The operation of the scheme is full of frustrations. The question of how to care for these growing numbers of elderly is yet to feature prominently in major policy debates. It is often assumed that the family will take on the responsibility of caring for the elderly. Observation shows that the moral of family care has changed and the multigenerational family is not functioning as before. As earlier stated, I have witnessed a situation in which an old elderly woman living in a multigenerational family attempted to commit suicide simply because she was lonely and neglected. The increasing number of the elderly beggars on the streets and motor parks and other public places in Nigeria indicates the declining capacity of the families to take care of the elderly. There is the need for the involvement of the government in the care of the elderly. Deliberate attempts are needed on the part of the government to support the family.

The finding of this study suggests that quality of life of the elderly could be improved through the socio-economic empowerment of the families and the provision of efficient and effective good quality social welfare/health, amenities and services.

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REFERENCES

- Adeokun L. A.** 1986. "Aging and the status of the elderly in Nigeria" *Gerontol.* Mar-Apr; 19(2):82-6
- Akukwe, F. N.** 1992. *Senior Citizens: A Policy Dilemma*, Onithsa: Veritas Printing and Publishing Co. Ltd.
- Anionwu, F. O.** 1986. "Aging in Nigeria" *Gerontol.*, Vol. 19, No. 2, Mar-Apr; pp. 87-90
- Asiyanbola R. A.** 2004. "Social support/networks, urban condition and physical well being of the elderly in Africa: a preliminary survey in Ibadan, Nigeria" A paper presented at the International Conference on "Rapid Ageing and the changing role of the elderly in African households", Organized by the Union for African Population Studies UAPS/UEPA (Senegal), the HSRC in collaboration with the Department of Social Development (South Africa) 18-20 August, 2004, Pretoria, South Africa.
- Bakare O. E., Ojofeitimi E. O., Akanni Akinyemi** 2004. "Nutrition assessment and health status of the elderly in Southwestern, Nigeria" A paper presented at the International Conference on "Rapid Ageing and the changing role of the elderly in African households", Organized by the Union for African Population Studies UAPS/UEPA (Senegal), the HSRC in collaboration with the Department of Social Development (South Africa) 18-20 August, 2004, Pretoria, South Africa.
- Costa L. Dora** 2005. "Causes of improving health and longevity at older ages: a review of the explanations" *Genus*, LXI (No. 1), 21 – 38.

- Ekpenyong S.** 1995. "The structural adjustment programme and the elderly in Nigeria" *Int. J. Aging Hum. Dev.* 41 (4):267-80
- Freedman V. A., Martin L. G., Schoeni R. F.** 2002. "Recent trends in disability and functioning among older adults in the United States: A systematic review". *Journal of the American Medical Association*, 288(24), 3137 – 3146.
- Horiuchi Shiro, Robine Jean-Marie** 2005. "Increasing longevity: causes, trends, and prospects – introduction" *Genus*, LXI (No. 1), 11 – 17.
- Gilderbloom, J., Rosentraub, M.** 1990. Creating the accessible city: Proposals for providing housing and transportation for low income, elderly and disabled people. *American Journal of Economics and Sociology*, 49 (3), 271-282.
- Maestre Castelblanque E., Albert Cunnat V., Martinez Perez J.** 2005. "Life-style activities in older people without intellectual impairment: a population-based study" *Rural and Remote Health* 5 (online), 2005: 344. Available from: <http://rrh.deakin.edu.au>
- Manton K. G., Corder L., Stallard E.** 1997. "Chronic disability trends in elderly United States populations: 1982 – 1994", *Proceedings of the National Academy of Sciences*, 94(6), 2593 – 2598.
- Manton K. G., Gu X.** 2001. "Changes in the prevalence of chronic disability in the United States black and nonblack population above age 65 from 1982 to 1999", *Proceedings of the National Academy of Sciences*, 98(11), 6254 – 6359.
- Mart, Tacke; Fiorella, Marcellini; Heidrun, Mollenkopf; Isto, Ruoppila; Zsuzsa, Szemann** 2003. Temporal aspects of the out-of-home activities of elderly people. The international MOBILATE survey: Enhancing mobility in later life. Conference paper presented at the 10th International Conference on Travel Behaviour Research, Lucerne, 10-15, August, 2003.
- Okoye Uzoma Odera** 2004. "The erosion of traditional forms of care for the elderly and its implication for the elderly in Nigeria" A paper presented at the International Conference on "Rapid Ageing and the changing role of the elderly in African households", Organized by the Union for African Population Studies UAPS/UEPA (Senegal), the HSRC in collaboration with the Department of Social Development (South Africa) 18-20 August, 2004, Pretoria, South Africa.
- Reschovsky, J., Newman, S.** 1990. Adaptations for independent living by older frail households. *The Gerontologist*, 30, 543-552.
- Sylvia Beales** 2000. "Why we should invest in older women and men: the experience of HelpAge International" *Gender and Development* Vol. 8, No. 2, July, pp. 9-18.
- Troisi Joseph** 2004. "Ageing in Africa: Older persons as a resource" A paper presented at the International Conference on "Rapid Ageing and the changing role of the elderly in African households", Organized by the Union for African Population Studies UAPS/UEPA (Senegal), the HSRC in

R. A. ASIYANBOLA

collaboration with the Department of Social Development (South Africa) 18-20 August, 2004, Pretoria, South Africa.

Paper presented at the Pacific Rim Real Estate Society 10th Annual Conference Bangkok, Thailand, 25-28 January, 2004

Wong Grace, 2004. Quality of life of the elderly in Singapore's multi-racial society.