Changing Family Structure and Care of the Older Persons in Nigeria

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ABSTRACT

The paper examines the changes in family structure and care provision for the elderly in Nigeria. Essentially, the family structure is changing from extended nature to nuclear structure, with impact on the well-being of the older persons now and into the future. This paper, therefore examine the impact of Changes in family structures on care of the older persons.

Data were gathered using questionnaire and multi-stage sampling technique was used to select 250 respondents. Simple percentages, cross tabulations and chi-square hypothesis were used to analyze the data.

The results revealed that the changes in family structure are evident and occured over time and that the quality of care the elderly received has diminished. The change in family structure also influence the patterns of care giving or support to aging parents, in addition the formal institution of care as substitute was disapproved by majority of the respondents.

The study, therefore, recommends that government should initiate policies to reduce the effect of changes in family structure and advises the family on the primacy of their care giving or support function.

Key words: Changing family structure, Care, Older person, Nigeria

INTRODUCTION

The ageing of world's population is a crucial challenge for the 21st century. Population ageing affects individuals and nations everywhere. Elderly population is increasing in all countries of the world. This is due to several factors which include decline in fertility, improvement in public health, increase in life expectancy and changes in living arrangement among the family structures. The ageing of population has become a common phenomenon as a result of increasing longevity and declining fertility. According to the Economic and Social Commission for Asia and the Pacific (ESCAP), the number of older persons (people aged 60 and over) in Asia, as a whole, was more than double from 322 million in 2000 to about 705 million in 2025. Countries like Japan and Singapore will likely have the oldest population by 2030.

Decline in fertility was brought about by more wide spread acceptability of family planning and changes in family structure while increase in life expectancy is attributed to improved medical care on support of the elderly was brought about by technological advancement. According to a published U.S Bureau Bulletin of the Census and Database on Ageing in 1988, the world's total population is growing at a rate of 1.7 percent per year. The population aged 60 years and above is increasing by 2.2 percent per year; and the number of persons aged 65 years and over, is rising by 2.8 percent annually. The bulletin shows further that every month, the net balance of the World's older population (60 years and over) increases by 1.2 million persons. It is expected that this demographic pattern will continue. 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 2004:354). 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 2004:354). Even though population of the elderly is increasing in all countries of the world, up till the early 80's, 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 the great majority (two-third) 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 2030's (UNFPA and CBGS, 1999 cited by Sylvia, 2000:9). 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.

However, changing family structures will have an impact on the well-being of the older population now and into the future. Changes in family structures also influence the need for formal support systems of the elderly. There are several alternate forms of family and generational structure that are shaped by changes in marital status, fertility, mortality and migration. Much of the research has focused on the *traditional* paths through the life course (e.g., marriage, bearing children and widowhood) and has not considered the alternate pathways and their consequences on living arrangements and well-being in later life. Declines in fertility, often quite rapid, now characterize most developing countries. Research on and micro simulation of kin availability suggests that tomorrow's elderly will have fewer children upon whom to rely on, though this may be offset by increased joint survival of spouses (Kinsella, 1996). In the Republic of Korea, for example, Palloni (2000) have shown that, although declining fertility results in an increase in the proportion of Korean women with no surviving son, increased male longevity means that the proportion of elderly widows also will decline (i.e., their husbands will live longer).

Thus, from the older women's viewpoint, family status may not deteriorate significantly in the coming years. From society's perspective, however, the demands for support of older people will increase, because the momentum of rapid population ageing means that the fraction of the overall population that is older (especially sonless and childless widows) will increase among successive cohorts. Given the strong trend towards the *nuclearization* of family structure in the Republic of Korea and the traditional absence of state involvement in socio-economic support, the future standard of living for a growing number of elderly widows could be tenuous.

In contrast to the fertility decline in many developing countries, the post-war baby booms in developed countries have led to older people currently having more kin (children) available than did their counterparts in the past. Although there is a link between the number of kin and co-residence and care of older people, the decision process about who provides the care goes beyond sheer numbers. Decisions about co-residence and care are made within a family network and the socio-demographic characteristics of the parties involved are important in the decision-making process (Soldo, Beth, Wolf and Emily, 1988). The increase in divorce over the past few

decades is also changing the shape and structure of the family and there is currently a lack of research that focuses on the impact that divorce has, not only on the living arrangements and well-being of the older population, but also on the relationships between adult children and their divorced parents. The increase in divorce and the subsequent blended families that are formed could have a positive benefit of leading to more kin who are potentially available to care for older people. Micro-simulations have shown that the increase in stepchildren in the future may offset the decline in fertility in terms of children who are available to care for older people (Wachter, 1998). Whether the increase in number of available kin (through acquiring stepchildren) will translate into an increase in support for the older population has yet to be investigated thoroughly. There is some evidence that the non-custodial parent in a divorce, who in many countries has typically been the father, may not have the support of his children as he ages.

In addition to the declines in fertility and the increases in divorce, there are other aspects of family structure that warrant further research. For instance, there are increases in migration (largely rural-to-urban) that may reduce the potential for direct support of older persons. Relatively little is known about remittance flows from younger migrants to older parents, about multistage migration of family members (e.g., parents following children to urban areas) and about cyclical or return migration. Insufficient attention has been given to the prevalence and characteristics of never-married and/or childless older people and the types of social support they rely on. In parts of Africa, the HIV/AIDS epidemic has decimated adult populations, leaving many older persons with few if any living children. Grandparents have been thrust back into direct child-rearing roles. One study of AIDS orphans in Kinshasa found that the principal guardian for 35 per cent of the orphans was a grandparent. Further research is needed on the impact that AIDS is having on the older population in terms of the support they may not be receiving because their children are dead as well as the support they may be called upon to provide for their grandchildren.

In Nigeria, the proportion of the aged population has been increasing, before Nigeria gained 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 60 years and above in 1952/53 was 2,448,000. In 1963, 1991 and 2006 population census the total number of persons aged 60 years

and above was 3,617,000 and 8,227,782 and 19,580,204. The issue of changes family structure and care provision for the elderly is one of such values, which is culturally rooted and esteemed. In many traditional African societies and most countries in the world the family is charged with the responsibilities for the provision of support for the elderly. Such support predominates and it is provided voluntarily without any remuneration (Kosberg, 1992; Brown, 1999). Studies have confirmed that family; especially children formed the bulwark of informal social welfare support to elders in Africa (Apt and Katila, 1994 in Ghana; Adamchak 1991, in Zimbabwe and Togonu-Bickersteth, 1987a, b 1988, 1989 in Nigeria).

Unfortunately, with the Sub-Saharan African societies coming under various cultural influences and high death tolls of the youth by HIV/AIDS, the traditional institution that supported elderly care is highly threatened. The extended kinship support is gradually declining under the pressure of modernity. Economic woes and recession, coupled with governments' insensitivity in the region, also compounded the problems of the elderly as they have been largely neglected in various issues that affect them. Evidence suggests that most African countries are inadequately prepared for the emerging challenges of the growing elderly population (United Nations, 1994). All these bothered on the fact that families were generally becoming less effective in the support of the elderly. To make things worse in this part of the continent, concurrently with the rising proportion of the elderly, is the weakening of the traditional safety nets. This is the case in Nigerian societies as in most parts of Sub-Saharan African societies. This is the problem and a major challenge in the face of rising proportion of the elderly population. This research is therefore an attempt to understand some basic systemic factors that contributed in aggravating the plight of the elderly in Nigeria.

At the family level, care services provided do not adequately meet the needs of the old persons in Nigeria. Diminishing economic power has hindered the willing family member's capability to give. Priorities are given to the needs of the members of the nuclear family – spouse and children – at the expense of older family members: parents or grandparents. Care provided by the family attempts to satisfy the needs of older persons. But with changing social and economic configurations, older persons are most of the time left in the care of strangers i.e. people who are not properly trained to be caregivers, many of them uneducated, young and frustrated. Therefore, has the structure of the family changed over-time? What are the factors responsible for the changed in family structure? Has changes in family structure affected the care provision for the elderly? What steps is the family taking to offset the effects of change on its structures

and responsibilities to its members? What steps is the government taking to mitigate the effects of the change in family structure on the elderly? These and other questions shall be probed into in the course of this study.

Methods and Materials

SAMPLE SIZE AND SAMPLING PROCEDURES

A multi-stage sampling technique was adopted for this study. And this was employed concurrently with the non-probability sampling technique in the selection of the study subjects. Under this technique, the quota and snow-ball sampling techniques were employed.

The study area, Ikotun-Igando in Alimosho Local Government Area, is divided by through-way. The sample size is 250 which is purposive, and this was determined by quota allocation of 125 respondents for both sexes. The stages involved in the sampling process included first purposive selection of 25 streets.

The next stage is the selection of ten (10) respondents in each street, composed of 5 males and 5 females. This was achieved by an initial selection from each street a male and a female who are fitted into the stipulated criteria and the successive respondents were selected using the snow-ball method. The criterion for selection was based on age. The sample size was influenced by the area collection method, and the subject that constituted the study. The data collection method of structured interview did not permit a large sample size. This is so because using this method required a long time been dedicated to each respondent and considering the time constraint a large sample size was not suitable. The intended data for analysis in this study is quantitative in nature and the adopted instrument of collection is the structure interview in line with questionnaires which was coupled with interpretation in relevant local dialect where necessary. This method of data collection is adopted chiefly for its suitability to the respondent over other method of data collection like the questionnaire, which may be an obstacle to uneducated subjects of the study. And even where a subject (i.e. the elderly) happens to be educated, they may find it stressful to read through the questionnaires.

METHOD OF DATA ANALYSIS

Response from the questionnaire were subjected to some mathematical and statistical analysis such data gathered was analyzed using simple percentage analysis with frequency distribution and electronic Chi-square analysis, Statistical Package for Software Solution (SPSS) was used.

The adoption of the Chi-square analysis, which is non-parametric statistical method, is very deliberate. For one, the nature of most of the questions used to elicit data from respondents requires the use of an ordinal scale of measurement. In turn, the distribution of these ordinal data can hardly follow the normal distribution curve, therefore making parametric methods such as correlation analysis and the student *"T tests"* irrelevant. Conversely, the Chi-square analysis is very appropriate in this situation because of the nature of all data sourced that was expressed in frequencies.

RESULTS
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

TABLE 1: Percentage Distribution of Socio-Demographic Characteristics of Respondents

VARIABLES	FREQUENCY	PERCENTAGE (%)
Distribution of respondents by Sex.		
Male	121	50.0
Female	121	50.0
Total	**242**	**100.0**
Distribution of respondents by Age Group		
60-64 years	103	42.6
65-69 years	56	23.1
70-74 years	42	17.4
75-79 years	27	11.2
80 years above	14	5.8
Total	**242**	**100.0**
Distribution of respondents by Marital Status.		
Married	204	84.3
Separated/Divorced	16	6.6
Widowed	20	8.3
Cohabiting with Partner	2	0.8
Total	**242**	**100**

Distribution of respondents by Religious Affiliation.		
ATR	22	9.1
Islam	55	22.7
Orthodox Church	60	24.8
Pentecostal Church	91	37.6
Others	14	5.8
Total	**242**	**100.0**
Distribution of respondents by Highest Educational Qualification.		
PRY	22	9.1
SSCE	41	16.9
ND/Technical/NCE	64	26.4
First Degree/HND	94	38.8
Masters Degree	17	7.0
Others……………….	4	1.7
Total	**242**	**100**
Distribution of respondents by Ethnic Group		
Yoruba	156	64.5
Hausa	34	14.0
Igbo	39	16.1
Others	13	5.4
Total	**242**	**100**
Distribution of respondents by Occupation or Employment Status		
Retired	30	12.4
Self Employed / Informal Sector	87	36.0
Employed by private	56	23.1
Employed by the Government	60	24.8
Others	9	3.7
Total	**242**	**100**
Distribution of respondents by Estimated Income Per-Month		

Below ₦ 30,000	30	12.4
₦ 31,000- ₦ 60,000	47	19.4
₦ 61,000- ₦ 90,000	90	37.2
₦ 91,000- ₦ 120,000	59	24.4
₦ 120, 000 Above	16	6.6
Total	**242**	**100**

Source: Wahab &Adedokun, 2011

Socio-demographic characteristics of respondents

The above table depicts the respondents' demographic characteristics by sex. Showing that out of the 242 questionnaires analyzed, half of the respondents are represented by males while the remaining half of the respondents is represented by females. The age distribution of the respondents as at the time survey is also indicated. It was given that a minimum of 60 above are used in this research topic, while the age grouping was 5 years. Thus, it was observed that two-third of the respondents are in the age group 60-64 years, one quarter of the respondents fall within 65-69 years of age, while the less than one quarter of the respondents represents 70-74 years of age, less than one-tenth of the respondents also represent age 75-79 and less than one-fifth of the respondents represent age 80 years and above. Which states that age 60-64 years respond more than the other age distribution?

The respondents of marital status reveals that more than three quarter of the respondents are married, less than one fifth of the respondents are separated/divorced while less than one fifth are widowed and less than two fifth of the respondents are cohabiting with partners which reveals that majority of the elderly are married.

The respondents of religious affiliation in the table shows that the study area had more elderly practicing Pentecostal church are two quarter, while the African tradition religion respondents are less than one tenth, the Islam respondents are one quarter, the orthodox church respondents are one quarter and others respondents are less than one fifth.

The respondents of Highest Educational Qualification shows that the respondents of primary are less than one fifth, the respondents of SSCE are less than one tenth, the respondents of ND/Technical/NCE are one quarter, the respondents of the B.Sc./HND are three quarter while the respondents of Master degree are less than one fifth and the others of the respondents are

less than two fifth. It shows that most of the elderly are highly educated and most of them are B.sc holders and HND holders.

The respondents of ethnic group in the table shows that the respondents of Yoruba are represented by more than half, Hausas with less than one tenth, while the respondents of Igbo are represented with less one quarter and the respondents of others are represented with less than one fifth. It shows that majority of the elders that choose ethnic group are dominated by Yoruba ethnic group.

Based on the distribution by the respondents of the occupation or employment status in the table, it shows that the respondents of the retired are represented by less than one tenth, the respondents of the self employed/informal sector are represented by more than one quarter, the respondents of the employed by private sector are represented by less than one quarter, while the respondents by the government are represented by one quarter and the respondents of others are represented by two-fifth. This shows that most of the elderly that fall within the occupation or employment status respondents are self employed/ informal sector.

Conclusively, the percentage of the respondents are as follow, less than one-fifth of the respondents represent less than ₦30, 000, less than one quarter of the respondents earned ₦31, 000 - ₦60, 000, three quarter of the respondents earned ₦61, 000 - ₦90, 000 while one quarter of the respondents earned ₦91, 000 - ₦ 120,000 and less than one-fifth of the respondents earned ₦ 120,000 above. It shows that the elderly earn high between ₦31, 000 - ₦60, 000.

TABLE 2: **Percentage distribution of respondents on Information on Changes in Family Structure**

VARIABLE	FREQUENCY	PERCENTAGE (%)
Distribution of respondents by Parent's Family Background?		
Nuclear	146	60.3
Extended	58	24.0
Other	38	15.7
Total	**242**	**100**
Distribution of respondents by Your Family Background?		
Nuclear	154	63.6

Extended	48	19.8
Other	40	16.5
Total	**242**	**100**

Distribution of respondents by do you have children?		
Yes	242	100.0
No	0	0.0
Total	**242**	**100**

Distribution of respondents by how many children do you have?		
1-3	54	22.3
4-6	106	43.8
7-9	48	19.8
Others	34	14.0
Total	**242**	**100**

Distribution of respondents by how old is your first child?		
20-24	9	3.7
25-29	15	6.2
30-34	16	6.6
35-39	75	31.0
40-44	89	36.8
45 Above	38	15.7
Total	**242**	**100**

Distribution of respondents, do you live alone?		
Yes	61	25.2
No	181	74.8
Total	**242**	**100**

Distribution of respondents, do you receive financial from your child/children?		
Yes	233	96.3
No	9	3.7
Total	**242**	**100**

Distribution of respondents, is such support adequate?		
Yes	233	96.3
No	9	3.7

Total	**242**	**100**
Distribution of respondents, are you entitled to pension? If applicable		
Yes	30	12.4
No	212	87.6
Total	**242**	**100**
Distribution of respondents, is your pension adequate for your needs? If applicable?		
Yes	8	3.3
No	22	9.1
Not Applicable	212	87.6
Total	**242**	**100**
Distribution of respondents, in your own opinion have you witnessed any changes in family structure?		
Yes	188	77.7
No	54	22.3
Total	**242**	**100**
Distribution of respondents, If yes to above, to what extent?		
Very Noticeable	108	44.6
Mildly Noticeable	47	19.4
Not Noticeable	33	13.6
No Response	54	22.3
Total	**242**	**100**
Distribution of respondents, what do you think could be responsible for the changes in family structure?		
Modernization	127	52.5
Industrialization	71	29.3
Population explosion	17	7.0
Nuclearization	27	11.2

Total	**242**	**100**
Distribution of respondents, how has the changes in family structure affected you as an elderly?		
Positively	184	76.0
Negatively	32	13.2
I don't know	26	10.7
Total	**242**	**100**

Source: Wahab & Adedokun, 2011

<u>**Results**</u>

The respondents of parent's family background in the table shows that the respondents of nuclear family are represented by more than half while the respondents of the extended family are represented by less than two quarter and the respondents of others are represented by less than one quarter. It shows that nuclear family has the highest respond.

The respondents of your family background in the table shows that the respondents of nuclear family are represented by more than half, while the respondents of the extended family are represented by more one quarter and the respondents of others are represented by less than one quarter. This is shows that nuclear family has the highest family background. The respondents of do you have children in the table shows that the respondents of those who choose yes are relevant to all the questions ask because they are directly concerned. Since they all have children.

The respondents of how many children do you have in the table shows that the respondents of those who are have 1-3 are represented by less than one quarter, the respondents of those who are have 4-6 are represented by two-third, while the respondents of those who have 7.9 are represented by less than one quarter and the respondents of those who falls under others are represented by less than one-tenth. It shows that those who have 1-3 children are more than other respondents.

The respondents of how old is your first child in the table shows that the respondents of age 20-24 years are represented by one fifth, the respondents of age 25-29 years are represented by one fifth, the respondents of age 30-34 years are represented by one fifth, while the respondents of age 35-39 years are represented by more than one quarter while the respondents of age 40-44 are represented by two third and the respondents of age 45 above are represented by less than

one quarter. It shows that those whose first child are age 40-44 among the elderly are more than other respondents.

Also from the table above, the respondents are as follow, less than two quarter of the respondents chooses yes while almost every body of the respondents chooses no which means majority of the elderly stay with their parents. From the table above, it shows that almost everybody in the respondents chooses yes while less than one tenth of the respondents choose no, which shows that the majority of the elderly receive financial support from their ward. From the table above, it shows that the respondents that select yes are represented by almost everybody while the percentage of the elderly that select no are represented by less than one fifth which shows that majority of the elderly receive financial support and adequate support.

From the table above, it shows that the respondents that choose yes are represented by less than one quarter while the respondents that choose no are represented by almost everybody, which shows that few of the elderly are entitled to pension. From the table above, less than one fifth of the respondents choose yes, while less than one tenth of the respondents choose no, almost all the respondents are choose not applicable, which shows that majority of the elderly pension is not adequate to them. The responses in the table above, almost all the respondents that choose yes are represented and the less than one quarter of the respondents that choose no are also represented. It indicates that the majority of the elderly are aware of the changes in family structure.

From the table above, the respondents that choose very noticeable are represented by two-third while the respondents of those that choose mildly noticeable are represented by more than two quarter and those that choose not noticeable are represented by less than one quarter, which state that majority of the elders are aware of the changes that occur in the family. From the table above, the percentage of respondents that respond on modernization are represented by half, the respondents of those that choose industrialization are represented by two quarter while respondents that choose population explosion are represented by less than one fifth and those that choose nuclearization are represented by less than one tenth. The majority of the elderly opinion on what could be the responsibility of changes in family structure is modernization. From the table above, the respondents that choose positively are represented by two third while the respondents are negatively represented by less than one tenth and the respondents fall in the

category of I don't know are represented by less than one tenth which implies that the effect of changes in family structure positively affect the elderly.

TABLE 3: **Percentage distribution of respondents on Care Provision for the Elderly**

VARIABLE	FREQUENCY	PERCENTAGE (%)
Distribution of respondents, how would you rate the quality of care provision for the elderly in the changes in family structure?		
Very fair	186	76.9
Fair	39	16.1
Unfair	17	7.0
Total	**242**	**100**
Distribution of respondents, how adequate is the quality of care giving to you by the family?		
Very adequate	141	58.3
Adequate	85	35.1
Inadequate	16	6.6
Total	**242**	**100**
Distributions of respondents, who do you, think should be responsible for the care of the elderly?		
Government & Family	178	73.6
Independent bodies & NGO's	49	20.2
Others	15	6.2
Total	**242**	**100**
Distribution of respondents, do you feel the elderly persons were better taken care of as a result of the changes in family structure?		
Yes	196	81.0
No	18	7.4
I don't know	28	11.6

Total	**242**	**100**
Distribution of respondents, how where the elderly persons cared for earlier?		
Respectful	203	83.9
Less respectful	16	6.6
Indifferent to elderly	23	9.5
Total	**242**	**100**
Distribution of respondents, do you prefer institutionalized elderly care to traditional elderly care?		
Yes	155	64.0
No	63	26.0
I don't know	24	9.9
Total	**242**	**100**
Distribution of respondents, Do you agree that formal methods of the care of elderly in changes in family structure are no longer possible in some urban/rural centres?		
Yes	129	53.3
No	85	35.1
I don't know	28	11.6
Total	**242**	**100**
Distribution of respondents, Despite the influence of westernization and urbanization, can you say that this community prefers formal care to informal care?		
Yes	188	77.7
No	38	15.7
I don't know	16	6.6
Total	**242**	**100**
Distribution of respondents, Recommendation		
Family support	162	66.9
Government support	47	19.4
Others	33	13.6
Total	**242**	**100**

Source: *Wahab & Adedokun, 2011*

Results

From the table above, the respondents are as follow, the respondents that choose very fair are represented by two third, while the respondents of those who choose fair are represented by more than one quarter and the respondents of those who choose unfair are represented by one fifth. This indicates that in table, the respondents of those who choose very fair is very high compared to the other ones. From the table above, the respondents are as follow, half of the respondents represented very adequate while more than one quarter of respondents' respondent choose adequate and less than one tenth of the respondents choose inadequate. It shows that the quality of care given to the elderly is very adequate.

From the table above, the respondents are as follow, two third of the respondents represented government and family while less than one quarter of the respondents represent independent bodies and NGOs and less than one fifth of the respondents represent others. It shows that government and family is responsible for the care of the elderly. From the table above, the respondents are as follow, two third of the respondents are represented by yes while less than one fifth of the respondents represented by no and more than one quarter of the respondents represented I don't know, which shows that the elderly are been taken care despite the changes that occur in the family.

From the table above, the respondents as follow, two third of the respondents represented by respectful while less than one fifth of the respondents represent by less respectful and less than one quarter of the respondents represented by indifferent to elderly, which states that the elderly are more respected both in the past and in the present. From the table above, the percentage of the respondents as follow, two third of the respondents are represented by yes while the more than one quarter of the respondents are represented by no and less than one tenth of the respondents represent I don't know, which means that the elderly prefer institutionalized care to the traditional care.

From the table above, the respondents as follow, half of the respondents are represented by yes while more than two quarter of the respondents are represented by no and less than one quarter of the respondents represented by I don't know. Which state that most of the elders agree with the formal methods of the care of elderly in changes in family structure are no longer exist in some rural or urban area. From the table above, the respondents are as follow, two third of the respondents are represented by yes while one quarter of the respondents represented by no and

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less than one fifth of the respondents are represented by I don't know, which states that majority the elders agree with the influence of westernization and urbanization. Finally, two third of the respondents are represented by family support while less than one quarter of the respondents are represented by government support and less than one tenth of the respondents are represented by others. Which states that most of the elderly recommend family support should be giving to the elders rather than any other bodies.

TEST OF HYPOTHESES

Having given a careful analysis of the responses to each question, then hypotheses should be tested.

HYPOTHESIS ONE

The quality of care for the elderly has not diminished with the changes in family structure.

TABLE 4   Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.955[a]	4	.005
Likelihood Ratio	21.403	4	.000
Linear-by-Linear Association	11.421	1	.001
N of Valid Cases	242		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.12.

DECISION RULE

Furthermore, in understanding the test, the decision rule if the (X^2, C) that is, the obtained value from the contingency table is greater than the critical value obtained from the X^2 distribution table (X^2, t) at a particular level of significance, and degree of freedom (D.f) then the null hypothesis is rejected, and the alternate hypothesis is accepted. However, the converse would occur where X^2, C is less than X^2, t.

Which means: (X^2, t) = Chi-square Tabulated

(X^2, C)= Chi-square Calculated

Table value for X^2 is 9.49 at 0.05 level of significance while electronic calculated value stand at 14.955[a]

X^2 Calculated = 14.97755[a]

Degree of freedom   = (C-1) (R-1)

$$= (3-1) (3-1)$$

$$= (2) (2) = 4$$

Calculated degree of freedom = 4

Where a =0.05 (level of significance)

V= Degree of freedom

X^2= Tabulated (4, 0.05) = 9.49

X^2c= 14.955[a] and X^2t = 9.49

14.955[a] > 9.49

INTERPRETATION OF FINDINGS

Since the X^2 calculated value 14.955[a] is greater than X^2 critical table value 9.49 at 0.05 level of significance. Therefore, there is significant relationship between the qualities of care for the elderly has diminished with the changes in family structure in Ikotun-Igando; the above stated null hypothesis is rejected and accepts alternate hypothesis is accepted. The findings further confirmed that the quality care of the elderly has diminished due to less care and nonchalant attitude of people who are suppose to take care of the elderly.

HYPOTHESIS TWO

There is negative relationship between changes in family structures and care provision for the elderly.

TABLE 5   Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.352[a]	6	.000
Likelihood Ratio	24.430	6	.000
Linear-by-Linear Association	4.337	1	.037
N of Valid Cases	242		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is 1.83.

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DECISION RULE

Furthermore, in understanding the test, the decision rule if the (X^2, C) that is, the obtained value from the contingency table is greater than the critical value obtained from the X^2 distribution table (X^2, t) at a particular level of significance, and degree of freedom (D.f) then the null hypothesis is rejected, and the alternate hypothesis is accepted. However, the converse would occur where X^2, C is less than X^2, t.

Which means: (X^2, t) = Chi-square Tabulated

(X^2, C) = Chi-square Calculated

Table value for X^2 is 12.59 at 0.05 level of significance while calculated value stand at 25.352^a.

X^2 Calculated $= 25.352^a$

Degree of freedom   = (C-1) (R-1)

$\qquad\qquad\qquad$ = (4-1) (3-1)

$\qquad\qquad\qquad$ = (3) (2) = 6

Calculated degree of freedom = 6

Where a =0.05 (level of significance)

V= Degree of freedom

X^2= Tabulated (6, 0.05) = 12.59

$X^2c = 14.955^a$ and $X^2t = 12.59$

$25.352^a > 12.59$

INTERPRETATION OF FINDINGS

From the findings, it can be observed that the electronic chi-square (X^2) calculated value of 25.352^a is greater than the chi-square tabulated value of 12.59 at the 6 degree of freedom at 0.05 significant levels. Therefore we shall reject the null hypothesis and accept the alternate hypothesis which states that there is positive relationship between changes in family structures and care provision for the elderly in Ikotun-Igando. Most of the time changes in family structures change overtime in one way or the other due to modernization, industrialization, population explosion, urbanization and nuclearization.

DISCUSSION OF FINDINGS

Unfortunately, Nigeria and many countries in Africa have accorded relatively low priority in their national policies to the ageing of their populations. Yet, empirical evidence suggests that

both the proportion and number of the older adults are increasing rapidly. From the interpretations above it shows that there is high level of changes in family structure and care provision, two third of the respondents agree that there is an improvement in quality of care giving by the elderly while two third of the respondents respond positively concerned the kind of care that should be giving to the elderly.

With further development are older persons in Nigeria, less likely to receive care and support from their children? The answer given by most experts on ageing in Nigeria is a qualified "yes". Norms about the care of older persons by their children were traditional and strong in most of Nigeria and appeared to remain strong. Despite this, traditional patterns of co-residence are eroding in many countries. There are also isolated reports of physical separations between elderly parents and their children contributing to the neglect of older persons.

Intergenerational co-residence and support of older persons by their children also appear to be less common in the more "modernized" sectors of the population suggesting that as societies modernize, traditional intergenerational relationship will tend to break down. Thus although family support and care of the elderly are unlikely to disappear in the near future, family care of older persons seems to decrease as the countries and areas of Nigeria region indicates (Mason, 1992).

In conclusion, it can be argued that demographic changes might be contributing to the decline of the extended family. The continuing decline in fertility is challenging the traditional solidarity between generations. This is because on one hand, there will be fewer children to care for the elderly parents. On the other hand, the cohesion of the familial group is being weakened by urbanization, industrialization, population explosion, modernization and the accompanying new systems of values and norms which are centred more on the nuclear family with strong husband/wife ties. This development is likely to worsen the plight and accentuate the vulnerability of both sexes.

CONCLUSION

This study has revealed the fact a sound care for the elderly is related to the roles and structures of the family. It has shows that modernization is a chief culprit in the change in families' structure. This study also established the fact that the change in family structures is minimal with the context of extended family unlike the nuclear family, which is also a product of modernization.

This structure changes, especially in terms of the adequate provision provided to the elderly which might the affected the quality of care that elderly receive and to prevent this or reduce its effect the family as well as government must take deliberate steps towards a better care for the elderly. This better care envisaged both within the current structure of the families and the society at large.

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