

Care and Support for the Aged among the Esan of South-South Nigeria

DOI: 10.36108/NJSA/4102/12(0130)

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Abstract

The extended family system is an important ingredient for care and support for the aged in traditional African society. Although this mechanism is gradually being eroded, there is no formal social security apparatus to fill the gap. This study therefore examined the nature of care and support system for the aged and the coping strategies among the Esan of South-South Nigeria through the qualitative method. Esan-Central and Esan-West LGAs were purposely selected for the study and three communities were chosen in each of the LGAs. A total of 32 IDIs and 8 FGDs were conducted among men and women aged 60 years and above. The results are indicative of diminishing extended family ties and increasing social distance between aged parents and adult children. This tendency is associated with age-selective rural-urban migration and emerging nuclear family structure that has impacted negatively on care and support provided for the aged. This change is also linked to social changes towards westernization and coping strategies associated with decline in real income of caregivers as a result of downturn in the Nigerian economy. The aged adopt various coping strategies which include working as night guards, engaging in petty trading, dependence on pension and some support from church members and adult children. The paper concludes that care and support is diminishing among the Esan and suggests re-awakening of the extended family social security system. This may be carried out within the framework of a creative multi-track social policy intervention that will involve government, civil society and private sector partnership.

Keywords: care and support, extended family, multi-track social policy intervention, Esan

Introduction

Since the adoption of the International Plan of Action at the first World Assembly in Vienna, Austria in 1982, there has been a worldwide concern that increased longevity will result not only in a larger aged population, but also in an increase in the numbers of those who may need long-term care and support in old age. This global concern stemmed from the ongoing declines in fertility and mortality (due to improvements in medical technology) which have

continued to produce irretrievable transformations in the structure of the family, notably, the historic reversal in the proportions of young and older persons.

Recent report by the United Nations indicates that the aged constitute 841 million of the total world population (7,118,279,573 people) in 2013 (World Population Statistics, 2013). The global share of persons aged 60 years or over increased from 9.2 per cent in 1990 to 11.7 per cent in 2013 and it is projected to increase to 21.1 per cent by 2050 (United Nations, 2013). Furthermore, the proportion of the aged residing in the developing countries in relation to the total global population was 64 per cent (436,480,000) in 2006 ((United States Census Bureau (2007). Out of this figure, sub-Saharan Africa accounted for over 35 million aged (United States Census Bureau, 2007). This number is expected to double by 2030. According to United Nations (2002), the sheer number of older people is growing more rapidly in sub-Saharan Africa than in the developed world.

Nigeria is currently placed first as having the highest number of the aged in sub-Saharan Africa (National Population Commission, 2004; Eboiyehi, 2008). Evidence from Federal Office of Statistics (FOS, 1992) also suggests that the aged population has recorded a steady increase in the absolute and relative numbers since 1963. For instance, the survey conducted in Nigeria by National Population Commission (NPC, 2000) and Nigeria Demographic Health Survey (NDHS, 2003) revealed an increase in the proportion of aged from less than 4 percent of Nigeria's total population of 55.67 million (about 2.2 million) in 1963 to 7.8 million of Nigeria estimated population of 130 million people in 1999. Undoubtedly, this population figure is more than the total population of some African countries like Togo, Mauritius, Sao Tome, among others. According to World Bank (1990), among the world's countries with over 15 million members of the population aged 60 years or older, Nigeria was projected to move from its twenty-seventh position in 1950 to eleventh position by 2025. Based on this rapid increase, it is estimated that the absolute number of the aged in Nigeria would increase from 7.8 million in 1999 to 17.62 million by 2025. This figure is expected to double by the year 2050 (United Nations, 2001).

The above demographic information is worrisome, judging by the fact that the increase in the numbers and proportions of the aged is accompanied by a decline in fertility. For instance, evidence from United Nations Common Database (2006) on Nigeria has indicated that since 1980 fertility has continuously declined from 6.9 children per woman in 1980 to 5.2 children in 2005. Likewise, evidence from UN (2002) also affirms that the Population Support Ratio (PSR) in Nigeria fell from 12 in 1950 to 9 in 2000, and it is projected to fall further to 4 by 2050. This projection is frightening because potential support ratios have important implications for old age care and support in sub-Saharan Africa generally and in Nigeria in particular. This

phenomenon presents demographic nightmares that will have fewer young people supporting larger numbers of the aged population (Apt, 2000).

In recognition of the challenges facing the aged, the United Nations held its first World Assembly on Ageing in Vienna in 1982. This was followed by Commission of the Status of Women, the Beijing Platform for Action, adopted at the Fourth World Conference on Women in 1995, International Year of Older Persons in 1999 and the Second World Assembly on Ageing in Madrid, Spain in 2002. The Assembly made some recommendations, which included a plan of action to provide the aged with protection, housing and environment, health and nutrition, income security and provision of care and support. It was also suggested that special studies should be carried out on the situation of the poor and handicapped aged men and women in various societies. In spite of these efforts and recommendations emanating from them, the field of ageing had until recently, been neglected if not avoided by Nigerian Sociologists (Ogunbameru, 1999). It is against this background that this study was designed to provide a framework within which issues relating to intergenerational changes in care and support for the aged among the Esan were addressed.

Problem Statement

In many developing countries, studies on changes in care and support for the aged have been conducted with the aim of gaining better knowledge of the implication of decline in the traditional care and support for the aged (Smith, 1973; Mason, 1992; Apt and Greico, 1994). However, the same cannot be said for Nigeria where only non-formal social security systems exist.

A number of studies (Caldwell, 1982; Peil, 1995; Udegbe, 1990; Ebigbola, 2000) have identified family members, particularly children, as the principal source of old age support. However, none of these studies has attempted an in-depth analysis on the changes in the family structure due to the challenges posed by rapid modernization, urbanization, industrialization, western influence, ethnic wars and the recent scourge of HIV/AIDS pandemic, which have continued to have negative impact on the wellbeing of the aged.

In recent years, studies have shown that the number of children per woman is gradually falling in Nigeria while the cost of children's investment is increasing (Akinyemi, 2005). Furthermore, a large number of educated children are currently unemployed (Omololu 1990). In the face of high unemployment among the young adults, high rate of inflation and government's insensitivity, the expectation of the aged that they would be catered for in the twilight of the lives is in doubt (Akinyemi, 2005; Eboiyehi, 2008).

The quest for educational and employment opportunities has led to massive out-migration of young family members (including women who are the primary caregivers of the aged). As more and more people move to cities, the aged are losing traditional family support and social networks, and are increasingly at risk of marginalization. The sporadic drop of financial and material resources being remitted by migrant children who themselves are

struggling with their own needs, those of their immediate family and their aged parents are documented.

The objectives of the study therefore, are to examine the nature of intergenerational changes in care and support systems for the aged among the Esan; identify the factors responsible for the changes in the traditional system of care and support for the aged among the Esan and investigate the strategies adopted by the aged to cope with the identified problems.

The Literature

Literature on family care and support for the aged has consistently found that all societies engaged in some level of intergenerational relationships (Oyeneye, 1983). Most of the literatures show that throughout the developing world, the family has been the key institution for the wellbeing of older adults and their living arrangements (Knodel, 1999; Akeredolu Ale and Aribiah, 2001).

In traditional African societies, the extended family system is an important ingredient for care and support for the aged. Earlier studies by Caldwell (1982), Orubuloye (1987), Fapohunda and Todaro (1988) and Ebigbola (2000) have indicated that in the past, the aged did not experience poverty, deprivation, malnutrition, neglect or isolation, as it was culturally imperative for children and members of the extended family to cater for them. In his study, Ebigbola (2000) for instance, stressed the importance of children in the financial support of parents. According to him, because the majority of Nigerians live at the subsistence level with the result that they are unable to support themselves in their old age, children continue to give economic support to their parents whether or not they have moved away, have married or have their children. This importance of children is what the Caldwell's (1988) referred to as 'a logical output of lineage system'. It is therefore, not surprising that in the absence of formal social security, the aged relied on their children for their well-being.

Oyeneye (1983) also points out that the social relationship and structure of the extended family were such that they promoted closeness among members, thus reducing the problems of isolation and loneliness among the aged. By this, the physical, economic, social and emotional needs of the aged were met through this informal network (Fadipe, 1970). The general situation that prevailed in the traditional Nigerian society and the care and support the aged enjoyed made people to aspire to old age (Fajemilehin, 2000).

However, the traditional care and support systems for the aged described above are severely being challenged today. Observers of the traditional care and support for the aged have noticed that the challenge stems from the advent of colonialism by the 19th century, the current economic situation, the process of social transformation and the shift from the agro-based to industrialized society, which has swept away economic independence of the aged (Apt, 2000). As part of the process of rapid demographic and socio-economic change

due mainly to urbanization and modernization, the structure and functions of the family are continuing to undergo considerable change. Ogunbameru (2000) observes that in Africa, urbanization, mobility, wars, famine, political instability, ethnic skirmishes contribute to the weakening of the extended family and communal ties.

Coupled with the above is the massive migration, predominantly of younger family members, which exacerbates age-structure imbalances by removing young adults at the very time that the aged population is growing (Apt, 1996). Studies have shown that out-migration has led to an increase in solitary living of the aged and a reduction of an important source of care and support for them (Apt, 1996; Uzuegbu, 2000). This demographic information raises a fundamental question about the ability of the family to cater for its aged relatives (Akinyemi, 2005).

Apt (2000) affirms that this practice affects care and wellbeing of the aged at three levels. The first is the departure of resourceful persons within the family and household, that is, the able-bodied and the young, whose services are needed in processing their daily needs. The second is the departure of caregivers, mostly women, through modern education and employment as providers of services within the household. The final level is the inability of the able-bodied to earn income as providers owing to increasing unemployment, under-employment and low wages. The situation is worsened by the current economic recession, which has constituted both a push factor for migration and a constraint for remittances to the aged.

Another crucial factor identified by scholars is the nuclearization of the family. Udegbe (1990) for example, observes that the shrinking of family size in modern time will in the near future alter kinship networks. Apt (1996) also opines that the number of uncles, aunts and cousins that provided care and support for the aged in the traditional African societies will decline or even disappear in future. In this regard, Cowgill (1982) contends that the intergenerational tense within the family will increase as more and more people go far away from traditional morality of filial piety and focus on the individual due to modernization, marketization and individualism. According to Apt (1996), the writing is already on the wall since, in many African countries, neglect and isolation of the aged is increasingly surfacing at two levels namely, at family and societal level.

Recently, a recurrent issue in the debate has been the impact of the HIV/AIDS epidemic. The HIV/AIDS pandemic has contributed in no small measure to high death tolls on significant numbers of the working age population in most countries of sub Saharan Africa including Nigeria. This has further increased the possibility that the young family members may not be readily available to undertake the traditional care and support responsibilities for its older members. Sadly enough, as the young adults die from HIV/AIDS, the aged lose their caregivers, while often simultaneously becoming caregivers of their orphaned grandchildren (Kakwani and Subbarao, 2005; Eboiyehi, 2008b).

Although decline in care and support for the aged has been recognized as a critical problem in the developing countries (Nigeria inclusive), planners until recently have not confronted it as such. Too easily perhaps, they assumed that it is the responsibility of family members to take care of and support their aged relatives (Eboiyehi, 2008a; 2008b). It is therefore not surprising that ageing issue is ranked very low in government's priority and development agenda (HAI, 2002). Unlike in the developed countries where social security for the aged is a priority, there are no policy or government welfare systems for the aged in Nigeria (Ebigbola, 2000). In an attempt to forestall the increasing decline in care and support for the aged, the federal government and some voluntary bodies have taken on the responsibility of establishing Old People's Homes. These institutions are, however, located in major cities and are only meant for destitute (New Internationalist, 1995). In addition, these homes are not only too few to accommodate the increasing number of the aged, but also in most cases, they are seen as alien to the Nigerian culture and therefore have little patronage (Eboiyehi, 2008b).

Methodology

The study was basically qualitative. Data were collected through In-depth Interviews (IDIs) and Focus Group Discussion (FGDs). In-depth interviews were conducted among men and women (aged 60 years or over) in two selected Local Government Areas (LGAs) namely; Esan Central and Esan West. This method enabled the researchers to obtain firsthand and detailed information on limiting filial obligation of children and extended family members to their aged relatives and surviving strategies employed by the aged to cope with the situation. In all, 32 in-depth interviews were conducted.

A total number of eight FGDs were conducted with men and women (aged 60 years or over) in the selected LGAs. The breakdown of the FGDs conducted with the aged was as follows: three in rural, three in semi urban and two in urban areas. Three FGDs were conducted with aged men and women in rural, two in semi-urban and three in urban areas. Each group consisted of 6-10 participants all of whom possessed similar socio-demographic characteristics. Participants in each focus group were of the same sex (male and female); age category: young- middle old (60-75) and old-old (75 years or older), educational background (literate and non-literate) and occupational statuses of participants were stratified according to pensionable and non pensionable occupation. All information was tape recorded, transcribed and content analyzed.

Findings

Nature of Intergenerational Changes in Care and Support for the Aged

To understand the nature of changes in care and support systems for the aged, it is essential to highlight a few significant issues with regard to traditional care

and support for the aged in traditional Esan society. Like most African society, Esan people are known for their well-articulated caring structure that preserves the quality of life of the aged. Care and support for the aged are easier because the traditional form of living arrangement in which family members, kin and relations live together in an area promotes family ties. The social and economic needs of the aged are also catered for through the extended family system. Co-residence thus, promotes, to a large extent, intergenerational exchange between the old and the young.

Like in every African society, care and support for the aged within the family is provided by adult children, members of the extended family and community as a whole at three levels: physical, social and economic. Physical support is provided when an aged person is ill and/or is too weak to attend to himself or herself (Fajemilehin, 2000). At this stage, the family provides such a function either with or without external support, at home or in institutions if constant medical attention is required. The social support from the family comes through the conjugal relationship as well as through adult children (ibid). Thus, any child or member of the extended family who fails to cater for his aged relatives is publicly ridiculed. They also place appropriate sanction on a child who fails to take care of his aged parents. In fact, such a child is not recognized in the family as well as in the whole community. The economic care and support come in the form of shared housing, food and other necessities. The transfers of income are, however, more likely to come from those children who live apart from their parents or who have migrated (Okojie, 1994). Thus, intergenerational relationships have been the basic social fabric of Esan culture and the aged have been well integrated within the family. In this regard, a female in-depth interviewee aged 85 years (rural) remarked:

Care and support for the aged was physically provided by children in those days because everybody was living under the same roof: the children, brothers, half brothers, grandchildren and of course his wives. There were only few people migrating to neighbouring villages but were always coming to the village to see how their aged parents were faring. They also ensured that they left their children with them to be running errands for them.

One can therefore, look at the system of caring among generations in Esan from Caldwell's (1982) "Life-Time Intergenerational Exchange/Wealth Flow" model. Caldwell's model explains that in the exchanges of wealth between generations, wealth or economic benefits flow upward from children to parents throughout the lifetime and beyond as an exchange for the care they received from parents. Among the Esan as in other societies, people tend to have more children because of the expectation of being cared for in old age. Thus, children in traditional Esan society were the best security assets in an environment where there are no extra-familial welfare institutions such as exist in the developed world.

In a setting such as the above, mutual cooperation, assistance, and interdependency are cardinal to the survival of the family exchange “system” (Eke, 2003). It is therefore not surprising that the aged in traditional Esan society rely heavily on their children for physical, social and economic support when they are too old to engage in any activity such as farm work. It was not surprising that a male in the in-depth interview aged 78 (rural) when asked about the nature of intergenerational changes in care and support for the aged, he looked with nostalgia at what was obtained in the past and stated the point in a few words when he said:

In those good days, the aged were the rally point. Adult children, grandchildren and, in fact, the able-bodied men and women ensured their wellbeing in the society. But nowadays, people are afraid of old age because they feel it is a time they will not be able to take care of themselves especially now that children are not always available to take care of them. So, old age has become a nightmare because of the uncertainty of the future. Our children are not helping matters because their eyes are “outside” even when they know that there is no job out there. It was not so during our time. Things have really changed.

A female participant aged 76 years during the focus group discussion (urban) also stated:

In the olden days, everybody particularly, the young adults valued the aged parents and ensured that they do not suffer any deprivation. A child who failed to cater for his or her parent was publicly ridiculed. Appropriate sanction was also placed on such a child.

She stated further:

When a person is too old to work on the farm, the entire extended family members took it upon themselves to assist him. He occasionally goes to the farm to oversee the work they are doing. In those good days an aged person was sure that family members were there to assist him or her.

Another female participant added:

Because children no longer live with parents, they hardly understand their problems. The only thing they do these days is sending remittances.

Sometimes, remittances are intermittent that they do not meet the needs of the aged. A female in the in-depth interview aged 71 years (rural), said:

One thing our children do not know is that money cannot go to the market for you neither can food cook itself. In our days, it was the responsibility of children to ensure that their parents did not go hungry.

The above comments have shown that the effects of modernization such as urbanization, industrialization and present economic downturn are gradually altering the traditional cultural practices and perception of aged as being those in need of care and support.

Factors Responsible for Intergenerational Changes in Care and Support for Aged

Following the discussion on the above, the participants were asked to identify factors responsible for these changes. Overwhelming, the majority of the interviewees put the blame on out-migration (14), unemployment (10), Westernization and industrialization (8). These results support Abumere's (1991) findings that Esan people formed the highest migrating group in old Bendel State (now Edo and Delta States). Lack of infrastructural facilities and major industries in Esan has been responsible for large-scale migration of the younger family members to several parts of the country in search of greener pasture thereby leaving their aged parents behind in their rural homes. Migration has been identified as major factor that creates emotional distance between young and old in the study area. A male FGD participant aged 82 years (rural) remarked:

Our children now form the habit of going to the cities in search of white-collar jobs. This new value and norms are redefining the way they relate with us. In this situation, physical care for the aged is problematic; even the so-called remittances suffer if emotional ties between parents and children are weak.

Four of the rural aged in the in-depth interview identified western influence and education as major reasons for the decline in care and support for the aged. A retired male Police Officer (68 years) in in-depth interview (urban), stated:

The real cause is the so-called civilization and formal education. Our children are copying European ways of life, which is not good for us. This younger generation believes that they belong to jet age. It is because of this they try to sidetrack all we have inherited from our ancestors. Nowadays, you hardly see children of this generation paying 'actual homage', which was common in the past. When we were younger, we used to "sleep" in our fathers' farms but nowadays they are trying to Europeanize themselves. They call us old school. Just because they are graduates, they no longer respect age. If I must answer your question, I will say both Western education and Western

civilization are responsible for the diminishing care and support for the aged.

These findings corroborate Caldwell 1980's study in which he attributed the decline in care and support for the aged in the developing countries to the content of formal schooling, which according to him is heavily westernized. He argued further that the content of formal schooling purveys western values of individualism and self-actualization. These processes were also found to have undermined the traditional norms and filial piety and leave members of both the older and younger generations less willing to sacrifice the younger generation's prospects in order to provide physical care for their elderly parents. However, one of the male focus group discussants, aged 70 years (urban), disagreed that urbanization and Western education are the cause for the decline. He argued:

If one struggled to train his child to tertiary institution, he will not expect such a child to stay with him at home. He expects him or her to go out to work to be able to support his or her parents. Therefore, children going to the cities to look for work are doing so for the betterment of the whole family members. Since there is no work in the rural areas, the children have no option but to go to the cities to look for a greener pasture. While in the cities, some good children send monthly allowances and provide material or financial support to settle medical bills, which is good.

More than half (18) of the aged in the in-depth interviews have however, attributed the decline to advent of Christianity, which they claimed has destroyed the extended family system. This opinion was also shared by the male focus group discussants in the rural area. For instance, a male participant aged 81 affirmed:

Christianity has eroded most of our cultural practices. First is the erosion of ancestral worship, which our children no longer see as relevant. This affects the way they see the aged. Again, Christianity came with the idea of one-man one wife, which is gradually destroying our extended family system. In those days, a man married many wives so that if one of them were not around, others would look after him.

However, 9 of the 32 of the interviewees disagreed that Christianity inhibit children from taking care of their aged parents. A female interviewee aged 67 years (urban) persistently asked:

How can somebody say it is Christianity? Is it not the same Holy Bible we read every day that says, honour your father and

mother? Most of the people helping the aged in this area are Christians who always assure them of good end.

Furthermore, more than three-quarters of those who participate in the FGD in the urban area attributed the reduction in care and support for the aged to the rising standard of living and unemployment. They argued that the present economic situation is affecting the capacity of the younger generation to cater for their aged parents. There is no doubt that this situation leaves the aged unsupported. According to one of the female participants (urban):

Many reasons are responsible for children's inadequacy to cater for their aged parents. The most important reason is high cost of living. For instance, inflation is soaring high everyday in the midst of unemployment. There are no job opportunities for our children. Even those who are working are struggling for existence not to talk about those that are unemployed. It is only when you are satisfied that you will remember another person.

The focus group participants in both urban and semi-urban areas attributed children's inability to cater for their aged relatives to poor income and irregular payment of salaries and pensions. A male retiree (urban), remarked:

I still have a mother who is over a hundred years old. No other person is taking care of her except me. I am a pensioner. I have not been paid for the past six months. Tell me, how can I take care of my aged mother? We are suffering. My own case is very pathetic because it is a case of an aged person taking care of another aged person. At 67, I am no longer young. The Government is not fair to pensioners in this country.

The aged men in the focus group discussion (urban) maintained that diminishing extended family ties and an emerging nuclear family structure were responsible for the decline of wellbeing of the aged. For instance, one of the male FGD participants aged 69 years stated:

In the past, the aged depended on members of the extended family. What we have nowadays is one-man one wife, which is not good for us. The situation of the aged today is likened to the biblical saying, "to your tents, o Israel". We are gradually being abandoned.

The findings established that the reciprocity, which had existed between generations in the traditional extended family, is being gradually eroded. Among the disruptive factors identified by those in the in-depth interview and focus group discussion are span and speed of social change associated with urbanization, industrialization, internal and external migration as well as western influence. It is therefore not surprising that a vast majority of the aged unlike before are now dependent on sporadic remittances from migrant

offspring. The results also indicated that migrants at greater distances from their parents send remittances rather than provision of care. The conspicuous reality is that support from migrant offspring does not respond to the aged explicit material needs, because the amounts involved are so minute and irregular that they cannot be the main source on which they relied on. The implication of this is that offspring in contemporary time are less likely to provide care and support for their aged relatives. However, it can be argued that the 'crisis scenario' that sees a rising proportion of aged people bereft of support through their children's migration can neither be sustained nor refuted without first disentangling the inter-play of status and social network.

Therefore, it can also be argued that those children who move away from their home communities are not necessarily 'lost to the system' of local networks, whilst those close-at-hands are not necessarily esteemed or trustworthy (<http://pubmedcentralcanada.ca/pmcc/articles/PMC3672838>). As indicated in the study, children's location, whether nearby or long distance away, is a substitute for neither support nor neglect. The decline in care and support for the aged may be due to inability of immediate family members to cater for their members due to socio-cultural transformation and changes in the political economy or children's unwillingness to assist their aged parents. No wonder that their role as primary caregivers and supporters for the aged is now being gradually assumed by kind hearted individuals, members of religious groups, local government and the Non-Governmental Organizations (NGOs) since the offspring, the presumed caregivers to their aged relatives are themselves struggling for existence in the new towns and cities. (This is clearly established in the coping strategies section of the paper).

Coping Strategies Employed by the Aged

The major coping strategies employed by aged men included "subsistence farming" (three cases), "daily or weekly contributions" (two cases), "support from offspring (two cases), "income from pension" (two cases), "support from social service providers" (two cases) and "other menial jobs" (one case); The coping strategies of the aged women included petty trading (10 cases), farming (two cases), support from social service providers (four cases) and alms begging (four cases). For instance, during the focus group session in the rural area, a male participant aged 76 years remarked:

My children are of immense assistance to me. They support me according to their ability and capability although they too are trying to survive in a situation of scarce resources. I am also a small scale farmer. I sell farm products.

A male in-depth interviewee aged 68 years (urban), also stated:

I am a night guard in one of the private secondary schools. I am also a bricklayer and have a small farm. I am a member of

Pensioners' Association. I make a contribution of ₦500 weekly. We expend the money realized to assist members in meeting their immediate needs. Through this contribution, some of us are able to buy motor cycles (which they rent out), expand the size of our farms or engage in other petty businesses.

Obviously, the economic downturn and massive migration of offspring are having a remarkable impact on care and support for the aged within the family to the extent that aged women are now increasingly adding “masculine” roles to those traditionally associated with women. It is therefore not astonishing that the majority of this set of aged women interviewed depends on subsistence farming (three cases) and other menial jobs (three cases). For instance, a woman in the focus group discussion (rural) had this to say:

I work in other people's farms for food and money. Any person who does not want to die of hunger should be prepared to farm. Most of the women you see in this village these days are farmers. They now plant crops that were traditionally planted by men.

Another female participant aged 63 years (semi-urban) stated:

I wash other people's clothes in exchange for food and money. I am also a petty trader.

Three of the aged women interviewees in the rural, semi urban and urban areas also reported that they sold some of their personal belongings such as clothes and kitchen utensils while two of them said they relied on their church members. An aged widow in the in-depth interview aged 67 years said:

Since I don't have any food to eat, I have to sell some of my clothes and kitchen utensils. Who am I keeping them for? Some members of my church have also been assisting when they see that the suffering is getting too much. Apart from their regular visitation, they always bring food, money and clothes for me.

In addition, two of the FGD participants in the rural area reported that they relied on mutual support and community mobilization. According to a male participant aged 75 (rural):

We mobilize people in this community to work on each other's farm. Some of us who do not have enough strength benefit a lot from this exercise.

Although alms begging were not a common in the rural area, two (2) aged widows in the urban area said they solicit for alms for survival. A childless widow aged in the in-depth interview aged 70 years (urban) said:

Suffering leads to frustration. When someone does not have any food to eat or no money to spend, he or she feels agitated. An average human being will like to survive in such a situation. I

am trying to survive in the midst of this economic hardship without any child to lean on and when family members are not willing to assist, I have no option but to beg.

Half (4) of the women interviewed said they relied on members of the churches and other good Samaritans. According to a widow aged 72 years (rural):

I would have since died if not for members of my church. They assisted by giving food, clothes and money. At times, they send their children to assist me. I can remember when I put a basin of water on my head.

An emerging phenomenon in the study area is that the traditional functions of the extended family are gradually being taken over by service care providers. Out of the 16 of those interviewed, Five (three aged men and two aged women) reported ever benefited from financial support, provision of eyeglasses and repair of their roof by the local governments while three of them depended on assistance from good Samaritans.

Discussion and Conclusion

The continuity and survival of any society depends on the well-being of its members. Thus, a major determinant of a people's survival is the way members of that society cater for one another. In this paper, the nature of care and support for the aged among the Esan of South-South Nigeria was examined. Factors that influence decline in the traditional care and support for the aged and coping mechanisms employed by the aged were also investigated. The results showed that care and support for the aged is diminishing among the studied population. According to the multiple responses in the study, interviewees identified different factors responsible for the decline which included urbanization, western influence, diminishing extended family ties and the downturn of the Nigerian economy. Urbanization and western influence appeared to be the most reported in the study. Many interviewees reported that migration, predominantly of younger family members has led to the decline in care and support for the aged in the study area. This finding is supported by researchers such as Apt (1996), Uzuegbu (2000) and Ogunbameru (2000) who indicated in their studies that urbanization and massive migration of younger family members often left the aged unsupported. Apt (2000) also found that westernization particularly, western type education, with its in-built ideologies on living, often channels young people's effort away from their kith and kin and from their home areas. These factors were also found to have contributed to the destabilization of the values that have in the past, sustained the aged in a close-knit, age-integrated African society (Apt, 1995).

It is also interesting to know that many interviewees believed that the nuclear family system which was borrowed from Western culture has impacted

negatively on the extended family ties and has increased social distance between aged parents and their adult children. It was found that the younger Esans now prefer nuclear family system as they no longer cherish the extended family system that used to sustain the aged. Another factor identified by the interviewees and focus group participants was the downturn of the Nigerian economy which the interviewees frequently attributed the decline in care and support for the aged in the study area. This finding supports Udegbe's (1990) assertion that in the face of rising inflation, economic hardship and cost of living, it is difficult to provide adequately for financial needs of members of the family including the aged. In most African countries, low wages and employment insecurity work against the ability of modern offspring to meet the income requirements of their parents (Ogwumike and Aboderin, 2005).

It is therefore not surprising that the above circumstances had propelled many of the aged to resort to public alms begging, selling of some personal belongings and engaging in menial jobs. These findings are in agreement with an earlier study by Togonu-Bickersteth (1997) that the unfortunate situation has led some elderly persons to resort to begging, an act which was in the past considered demeaning and shameful to the entire family members.

In conclusion, it is evident that the decline in care and support for the aged among the Esan is largely a function of the weakening extended family network, emerging nuclear family structure, urbanization and western influence. It is important to address these issues in order to effectively control the decline in care and support for the aged in Nigeria.

Recommendations

Based on the findings, the following recommendations are proffered.

There is need for policymakers to look into institutional arrangements for providing formal care for the aged population.

The National Poverty Eradication Programme (NAPEP) should look at the direction of the aged by allowing them have access to credit at little or no interest rate. When this is done, the army of aged beggars in our cities, in front of churches, mosques, streets and along the high ways would be reduced.

There is also need to transform the rural areas to curb the massive migration of young adults. Keeping young family members in the rural areas will only be possible if rural transformation succeed in generating employment and sufficient economic incentives for the youth.

The social constraints confronting the aged highlighted in this paper could be solved through collective efforts. Firstly, the family members should try as much as possible to provide care and support for their aged relatives as it was the case in the past. Secondly, both the Federal and State Governments should introduce social security for the aged as it is done in the developed nations to complement the efforts of family members. Finally, policies that will address ageing problems should be included as an integral part of national and state budget platforms.

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