

Cultural Conception of ‘*eniyan l’aso mi*’ and the Changing Roles of Family in Social Production of Care for the Elderly in Yoruba Setting

Olufunke O. Adegoke¹

Adeola I. Alabi¹

Ayodele S. Jegede^{1,2}

Department of Sociology¹
University of Ibadan, Ibadan, Nigeria

West African Bioethics Training Program, College of Medicine²
University of Ibadan, Ibadan, Nigeria

DOI:10.36108/NJSA/8102/61(0250)

Abstract

Yoruba conception of “eniyan l’aso mi” meaning “humans are my clothing” represents the deep cultural belief in the importance of having reliable people for support whenever needed. Social production of care is production and distribution of roles and responsibilities in caregiving. Individual household members care for their relatives differently. While this concept of eniyan l’aso mi influences social relationship generally in the Yoruba society it is not clear how this will translate to social production of care for the elderly. Considering the changes in social realities of the elderly and their families, this study, examined, family care provision for the elderly living with chronic conditions. Using Symbolic Interactionism and Role Theory for the theoretical analysis, data were generated on familial support for elderly living with diabetes mellitus/cardiovascular diseases. Twenty-four In-Depth Interviews and Twelve Key Informant Interviews were conducted among elderly and their caregivers selected from the community and Old People’s Home. The generated data was content-analyzed in line with the thematic of the study. Change in residential pattern, rising cost of living, children’s late entrance into marital/family life and disintegration of familial bond were observed factors influencing familial care of the elderly. Furthermore, children were found to be the most reliable source of family support for these elderly; familial support was not only found to be preferred to other sources of support, it was also found to be positively associated with aged quality of life. Although familial support is a key determinant of chronically ill elderly’s quality of life, measures guaranteeing elderly access to care must be put in place.

Keywords: Chronic condition, familial support, social production of care, Yoruba’s of Nigeria

Introduction

The common Yoruba metaphor ‘*eniyan l’aso mi*’ literally meaning ‘humans are my clothing’ represent the importance Yoruba culture allude to people and the importance of having around individuals in whom one can rely on for support whenever needed. Right from the time of Adam Smith, the combination of food, shelter and clothing has form the basic necessity of life

that defines an individual continued existence. Of these three, clothing is symbolic in very many ways. Clothing in most African culture symbolizes an individual’s personality, social status, craft and religion affiliation in the society (Perani and Wolff, 1999; Akinbileje, 2014). Clothing therefore serves a precursory purpose to an individual’s personality. That is, a person’s clothing determines the way that individual is addressed in all sphere of life. Aside serving as a means of a person’s status, craft, religious and personality identification, clothing also serves a fundamental purpose of covering people’s nakedness and shielding them against harsh environmental conditions. This particular purpose forms the most important function alluded to clothing in Yoruba society because just as clothing provides insurance against nakedness and harsh climatic conditions, so do people provides social insurance for the aged living with chronic conditions in their most vulnerable state. It is against this backdrop and the importance of having people on whom one can rely for help and assistance in times of dare need that Yoruba conceives “eniyan” (people) as “aso” (cloth). “Eniyan” in this regard is therefore symbolized and defined by the type of association, roles they play and responsibilities they carry in a person’s life. In other words, the role of a friend is considered and observed to be different from the roles of a boss, or that of a colleague, or of a clan member, or a family member. By relation, family is considered to be the most accessible when in need of assistance, help and support of people (Okoye, 2012). The African traditional residential pattern particularly ensures this. This study therefore focuses on family as *eniyan* in its quest to understand social support of the elderly.

Social production of care is production and distribution of roles and responsibilities in caregiving. It covers in details the socioeconomic and political determinants of health within and across groups and societies (Krieger, 2001; Amzat and Razum, 2014). Social production of care explains how social interaction within groups defines the level of empathy the sick generates from the members of their groups and how the generated empathy is translated into caregiving for the sick. At the family level, the concept of social production of care shows how family structural arrangement and an individual’s position within the family system engender care and support during sickness episodes. That is, an individual’s social network determines the level of social support available to the individual. However, prevailing socioeconomic realities differently affect group members’ reactions to the feeling of empathy generated in the course of an individual’s sickness episode. In other words, individual household members care for their sick relatives differently. While this concept of “*eniyan l’aso mi*” influences social relationship generally in the Yoruba society it is not clear how this will translate to social production of care and support for the elderly.

Aside conceiving social support in terms of the degree to which an individual’s needs are met by others (Feeney and Collins, 2014), social support

has also been defined as the perception or experience that a person is cared for, valued, and esteemed by others, and is a member of a social network that provides mutual assistance (Durbin, Kharrazi, Graber and Mielenz, 2016). Though different typology of social supports has been identified in the literature, social support in this study is defined as the web-like network of relatives, friends and organizations that provides support types ranging from economical (financial), physical (instrumental or tangible), emotional (Psychological), informational (appraisal inclusive) and spiritual support.

Jackson, Howe, and Nakashima (2011) accurately observed that rising life expectancy and declining global fertility are two undeniable factors responsible for the noticeable trend of world population ageing. Hence, “for the first time in history, most people can expect to live into their 60s and beyond” (Chan, 2015). In other words, the growing need for social support among the aged population in our society can no longer be sidelined. This is especially because associated with ageing are health challenges that persist and require continuous treatments, usually beyond that which can be singlehandedly handled by the victim. These illnesses are usually referred to as chronic. Unfortunately, increasing number of people are dying from these non-communicable diseases and chronic, degenerative conditions than from infectious and parasitic diseases (International Federation of Social Workers, 2012), a pointer to a global increase vulnerability of the elderly to chronic conditions such as cardiovascular diseases, cancers, chronic respiratory diseases, diabetes mellitus (Markle, Fisher and Smego, 2007; WHO, 2014). Thus as people advance in age, they start experiencing decline physiological control and functioning that increases their susceptibility to various chronic health conditions (Jaspinder, Sargun and Kawaljit, 2014).

Nigeria as a member state of Africa situated in West Africa precisely is not left out of the global scourge of aged chronic illness conditions (Yach *et al.*, 2004; Ekpeyong *et al.*, 2012; Uchendu and Forae, 2013; Maiyaki and Garbati, 2014), confirming the veracity of WHO (2002) claim that chronic conditions account for 60% of the global disease burden and are increasing to a projected figure of 80% in developing countries by the year 2020. Empirical data from various studies highlights on the growing trend of non-communicable diseases such as Hypertension, Cardiovascular Disease, Diabetes Mellitus afflicting the elderly population among the Yoruba ethnic group (Oladapo *et al.*, 2010; Raji *et al.*, 2017). In the face of social change necessitated by a complex interrelated whole which composes of the various processes of modernity and the increasing economic and political overreach on family structure, this paper focused on “family” (eniyani) as “support network” (aso) to explore issues relating to family support system available for elderly living with Cardiovascular Diseases and Diabetes Mellitus.

The focus of this paper therefore includes investigating factors influencing the changing familial care and the dominant types and sources of familial support for the elderly living with chronic conditions. The study was guided by the position assumed by Symbolic Interactionism and Role Theory. George

Herbert Mead who is generally considered as the founder of Symbolic Interactionism posits it to be of human thought, experience and conduct which are essentially social (Mead, 1934). It is a procedure of interaction resulting from the creation of meanings which are symbolic and are best understood by human beings in their interactive environment. Meaning, language and thought according to Griffin (1997) are the three main constituents of Symbolic Interactionism informing the creation of a person’s self which is integrated through socialization into the society where responses and expectations emanate from interaction with others. In a nut shell, Symbolic Interactionism is a construction of individuals’ social reality (Stryker, 1968). “Eniyan l’aso mi” is a word in the Yoruba language which helps to give meaning in the social construction of reality insinuating the existence of social structure acknowledging the presence of concepts such as social roles which are all constantly changing in response to social interaction. “Eniyan l’aso mi” as a symbol, contained in language dictates the direction and pace of human action or behaviour through the development of self-conscious which emanates into role taking in the social production of care for the elderly.

From the other theoretical view, Role theory is premised on the assumption that an individual’s position and roles in the society determines the individual’s behaviour in given situations (Lively and Smith, 2011). At the family level, the theory posits that individual member of the family behaves in accordance to their respective roles and position in the family. That is, the behavioural demands of children defer from that of parents or that of uncles and aunts in the extended family structure given different circumstance. Similarly, there are roles expected of chronically ill elderlies as well as corresponding roles assumed by their families in the form of support in response to the elderlies’ chronic conditions.

Methods

The study was cross-sectional and utilized both descriptive and explanatory research design. The study was conducted between January and June 2017. The purposive selection of Ibadan Metropolis was informed by it being the state capital of Oyo state, also the city represents one of the biggest city in the country that still holds on to its culture despite noticeable influence of modernization and its political significance which date back to the days of the British colonial rule. The State is largely populated by the Yoruba ethnic groups who are mostly agrarian but have preference for residency in high density urban centres claiming descent from *Oduduwa*. They are rich in culture and have strong paternal family lineage with kinship ties as means of holding the society together. They are guided by an unwritten constitution cutting across all sphere of the individual’s life. The respondents (elderlies and the caregivers) were selected from two Local Government Areas (LGAs) which have two domiciled Old People’s Home, namely Ibadan North and Lagelu

LGAS. The population considered for this study comprise of elderlies living with chronic condition and their caregivers. Life expectancy in Africa and Nigeria (where life expectancy in Nigeria is 53 years according to Population Reference Bureau, 2016) is lower when compared with most developed countries that adopts people age 65 years and above as old people. Thus, people aged 60 years and above living with Diabetes Mellitus and Cardiovascular Diseases were considered for this study in line with the United Nations' definition of older persons as "those aged 60 years and above" (Minimum Data Set, 2000).

The two elderly care homes were selected using purposive sampling technique, while snowball sampling technique was used to select the study population. Of the 24 elderly people, 12 were selected from the community while six (6) elderlies were selected from each of the two aged care homes. Six caregivers were selected from the selected aged care homes (3 from each homes) while the remaining six were selected from among caregivers of aged resident in the community. Both Key Informant Interview (KII) and In-Depth Interviews (IDI) techniques were employed. In-depth interview (IDI) was conducted among elderly living with chronic conditions while Key Informant Interview (KII) was conducted with the caregivers. The generated data was transcribed verbatim and content-analyzed in line with the thematic of the study. Informed consent of the respondents was sought and the purpose of the study was explained to them. Information provided by the respondents was treated with confidentiality and respondents' anonymity was maintained.

Results and Discussion of Findings

Factors Influencing Familial Care of the Elderly

The findings of this study revealed that family members, whether immediate or extended have certain willingness to provide necessary social support for their older people. However, this willingness does not always translate to action due to certain factors such as income which affects their ability to do so. This however did not come as a surprise considering the high rate of unemployment and underemployment that pervades modern Nigeria economic system. According to National Bureau of Statistics (NBS) (2017), Nigeria's rate of unemployment rose by 4.2 percent to 14.2 percent in the 4th quarter of 2016 when compared with the recorded 13.9 percent in the 4th quarter of 2015. From the interviews, financial inadequacy stemming from unemployment and underemployment of family members is pivotal in determining the changing roles of family in social production of support and care for older people living with chronic condition. This is because the four identified determinants factors are hinged upon it in a chainlike reaction process, where one factor inevitably causes another factor. However, rather than allowing these factors deter them from providing social support for their elderlies, families roles in social support provision for the elderly is rather changing and tending more and more towards a particular type of support. The observed factors are discussed below:

Change in residential pattern: First among these identified factor is change in residential pattern. Armed with the knowledge that economic activities in the traditional African society revolves around agriculture which was usually located not too far from people’s residence, modernity has given birth to a new economic order which has resulted in the clearing of farmlands for industrial and residential purposes, and in some cases outright abandonment of farmlands. With the traditional economic activities eroded, individuals are forced out of their locality in search of greener pasture, usually in the urban centers far away from home; a move that most certainly exclude the aged members of the family. In other words, elderlies are left behind poorly or totally unattended to. The submission of one of the caregivers that:

Don’t forget that aged themselves had left home in search of livelihood when they were raising their children. So they no longer have access to their relatives who can help to fill the void. We’ve really lost a lot by neglecting communal living that we have in our own culture. *(KII/Caregiver/Female/Aged Care Home)*

The above submission points to the fact that separation of work from home which has led to the obtainable change in societal residential pattern didn’t just begin and is unfortunately on the increase especially due to increasing population that is not matched with employment opportunity.

According to one of the participants in the IDI session, she said:

The care and help I receive from my domestic help cannot be compared with the one I used to receive when my children were still around or whenever any of them comes around. This is not because my domestic help cannot carry out her responsibilities but because I cannot discuss with her the things that I can discuss with my children. You should know there are things I don’t need to tell my children because they already know. She cannot even tolerate me the way my children would. It became worse since my husband passed away four years ago. Back then, I could say I had someone I can turn to whenever I needed to. Now my children are far away. The nearest one lives in Lagos with her husband and she comes to check on me occasionally when there’s no festival. *(IDI/Elderly/Female/Community)*

The above submission further emphasizes how change in residential pattern from extended family household to a more nucleated household determines elderly accessibility to social support from the family.

All of the 12 elderlies interviewed from the old people’s homes indicated that non-availability (where non-availability could either be inability to be

present with the elderly or inability to create required time for them when present) of family members whether nuclear or extended made it inevitable for them to be placed in old people's home. Some opined that staying in older people's home only became inevitable when their illness condition worsened and became too laborious for the child they were residing with to manage especially considering their extremely busy schedule.

For some with children in the diaspora, the fear of dying in a foreign land forced the children to bring their elderly to old people's home in Nigeria. The veracity of this assertion was emphasized by an elderly as follows:

My children brought me to this place because I was the only one left at home. I had stroke some months after my wife passed away 4 years ago. They took me to Chicago. They brought me back to Nigeria when I told them that I don't want to die in another man's country. *(IDI/Elderly/Male/Old People's Home)*

This wasn't the case in the traditional communal living practice that houses members of extended family in the same homestead or compound. In such traditional residential pattern, older people with children in diaspora always have members of the extended family around to provide needed support. With change in residential pattern, family members now pay their elderly periodic visits, while they leverage on the opportunity presented by improved ICT (mobile telecommunication) to carry on with the provision of emotional and informational support for their elderlies also periodically. When asked about the roles of her children, an elderly stated that

My children are really trying, they normally send me money for sustenance, they are responsible for my domestic attendant and they also come to visit me whenever they are chanced. *(IDI/Elderly/Female/Community)*

However, 9 elderly persons out of the 12 resident at old people's home expressed the commitment of family members (especially their children) to funding their stay at old people's home. Thus, with change in residential patterns comes the substitution of support types usually accessible due to proximity with economic support which is channelled towards employment of domestic attendants for elderlies in the community or towards the payment of bills for those staying at old people's home.

Disintegration of Familial Bond: Another determinant factor influencing familial care in our changing world is disintegration of familial bond. This has pointed out earlier is part of a chain reaction to unemployment and underemployment. As people are forced to migrate away from their locality in search of means of livelihood; giving birth to a more nucleated family household, the traditional familial bond that ensures social support provision for the elderlies in the extended family residential pattern is gradually disintegrated and eroded. The traditional familial bond; which sociologists like

Emile Durkheim and Ferdinand Tonnies referred to as mechanical solidarity and *gemeinschaft*, forged on the platform of daily intimate social interaction emanating from traditional communal living, where various activities are carried out collectively is crucified on the altar of modernity. This has given way for individualistic society where collectivism hardly matters (Tonnies, 1957; Aldous *et al.*, 1972).

When asked about the kind of support he receives from his relatives, an elderly man opined that:

You know everybody minds their business these days. So my relatives are not doing anything for me. Nobody visit me because many people did not know I am here. The only people that visit me are people from church and they do not visit me regularly but are responsible for my care. (*IDI/Elderly/Male/Old People’s Home*)

Inferring from the above submission, the sheer fact that he receives no visit from relatives simply because his location is unknown to them not only come as a surprise, it also connotes extreme form of social isolation which is an offshoot of changing residential pattern in favour of a more nucleated individualistic residential pattern. This is particularly in harmony with the submission of Wahab and Imeogu (2013). Another interviewee stated that:

My children are the one responsible for taking care of me. There’s no need to lie, my family and relatives plays no role in my care. (*IDI/Elderly/Male/Community*)

Furthermore, another interviewee stated that:

Well, about my relatives, I only receive affection from those we mingle together with, especially those at church. Those are the ones who play their part very well. (*IDI/Elderly/Female/Old People’s Home*)

When probed further about the causes of the obtainable inadequate familial support from relatives, she further stated that:

It is partially due to illiteracy. Most of them are illiterate. When I got married, my husband was the most civilized in his family. He was the most educated and therefore leads his family. So the advantage of being the most literate has created relative communication gap, especially in his absence. (*IDI/Elderly/Female/Old People’s Home*)

Although the above assertion corroborates modernization theory on it claim that status in modern societies has significantly shifted from ascribed to achieve based on modern educational accomplishment at the detriment of older

people (Vauclair, 2015), the assertion however also points to the familial bond breaking ability of educational attainment due to status difference that accompanies it. The mere fact that families and relatives no longer cohabit in the same residence further made it easier for differential educational attainment to significantly contribute to familial bond disintegration. Hence, as family bonds disintegrate, extended family members increasingly have reduced role in social support provision for the elderly while the extended family share of support provision becomes added responsibilities to elderly children. This implies that the circle of “people” (“eniyan”) who provides “social insurance” (“aso”) to the elderly in the family is increasingly limited to the children of the elderly.

Children’s late entrance into marital/family life: Another observed determinant factor affecting the effectiveness of familial support for the elderly in the course of this study is children’s late entrance into marital and family life. Previously in the traditional African society, incidence of late marriage wasn’t a common phenomenon among young adults as it is in present societies. Children’s late entrance into marital and family life being a ripple effect of prevailing high rate of unemployment and underemployment (Nduonofit and Nwala-Cadger, 2015) was observed to create a crippling effect on the ability of children to provide adequate support for their aged. The situation is further compounded by the modern individualistic nature of the society which created certain challenges that weren’t the case in traditional African society.

Unlike in the past where young couples are given their own quarter in the extended family residential structure alongside their own farmland for cultivation, young couples faced with unemployment or underemployment due to shift in the preferred economic activities as influenced by poor political decisions overtime are left on their own to provide for these basic necessities of life. Because of this, children develop cold feet when it comes to assuming marital life since late marriage has been observed to provide more financial security (Oderinde, 2013). Hence, the Yoruba saying, “Atigbe’yawo o le, owoobe lo soro” meaning “getting married is not as difficult as meeting the responsibilities and financial demands of marital life”.

When asked if the financial support she receives from her children is enough, an elderly woman responded that:

The financial support I receive from my children is not enough and that’s because whenever I’m lacking some things where I’m taking treatment and they’re called upon to support, the response in such situation is not always enough. This is actually as a result of their job and family. You too know that in Nigeria now, it is very hard for a person to stretch helping hands to another person because of the economy. Even if they have it at heart to do, they may find it difficult to do. (*IDI/Elderly/Female/Community*)

According to an affluent aged in response to the probing question “what can cause some children to ignore taking care of their aged parent?” he opined that:

Some children are willing to play their part in taking care of their aged parents but are either not employed or was sacked from work, or the salary they get is too small. All of these can disturb them from taking care of their parents since they will ration the little income or savings for the care of their own family...
(*IDI/Elderly/Male/Community*)

Also, a caregiver opined that:

If the children are not denied these privileges such as gainful employment as soon as they graduate, the best support comes from them. Unfortunately, by the time they get the employment they struggle to make up for the many years of unemployment, that’s when they start their own family. And you know the cost of school fees these days. (*KII/Caregiver/Male/Community*)

From the above assertions, the ripple effect of unemployment and underemployment on children’s decision to delay marriage inevitably results in delay responsibilities such as raising their children which inevitably competes with their obligation to support their aged parents. In other words, such competing obligations contribute to stress in marital life as pointed out by Bianchi (2010) and Kelani (2016) especially when the need to support their chronically challenged aged is added to their responsibilities. Put differently, late entrance into marital life often results in clash in the need to play both the role of parents to their own children among other obligations as well as playing the role of children to their own aged parents at the same time, usually to the detriment of the elderlies. Although children still represent the “people” (“eniyan”), that forms the circle of support for the elderlies, Children’s late entrance into marital and family life implies a change in the extent of “social support” (“clothing”) coverage available for the elderly.

Rising cost of living: Closely related to children’s late entrance into marital life is rising cost of living. As children assumes the role of parents to their own children alongside the role of children to their own aged parents, conflicting demands of these roles compete for the limited available resources at their disposal (Population Reference Bureau, 2016). However, not only are the resources limited, while cost of living increases almost constantly at a geometric proportion, income increases irregularly at arithmetic proportion forcing children to prioritize their finances due to the seemingly inverse relationship between income and expenditure (cost of living) at the favour of cost of living. When asked what could affect the effectiveness of social support accruable from his family, especially his children, he stated that:

You know the children who are responsible for my care are also growing, and they now have a family of their own. Some of them even have children in higher institution where they pay huge amount as school fees. Some are still living in a rented apartment where they pay exorbitant rent. They also have a lot of other expenses around their neck. *(IDI/Elderly/Male/Community)*

An elderly woman responded that:

God forbid! Job could hinder them. I pray nothing will affect their job. There was a time when one of them lost his job. I thank God it was for a short period, for those periods, he was always complaining about his children school fees. The children were in primary school then. What will happen if it is now that they are in secondary school? *(IDI/Elderly/Female/Community)*

A caregiver stated that:

My husband and I decided to bring mama here in order to reduce the cost of taking care of her. Although it is not convenient having her around with the kids because of limited space, we had to do that to reduce cost. This is a 3-bedroom apartment. We also had to let go of the domestic help we employed for her care when she demanded for a pay raise stating recession. Most of her drugs now cost more than they do last year. *(KII/Caregiver/Female/Community)*

The above assertions clearly highlight how increasing cost of living contributes to constraints in the ability of family to cater for their old people. Also, the assertions point to the fact that old people's care is considered secondary while obligations to their children are considered primary. However, with rising cost of living comes reduced purchasing power of children which leads to heavier burden that necessitates prioritizing.

Having in mind the reduced extended family members' commitment to elderly support and increasing cost of living, family's (children inclusive) support provision for the elderly is changing from its non-negotiable status to support provision based on affordability and convenience.

The Dominant Types and Sources of Familial Support for the Aged Living with Chronic Conditions

Based on the analysis of the responses during the interviews, it was noted that all the elderly persons are aware of both formal and informal sources of social support for the elderly. The formal sources include old people's homes, government (in form of pension) and religious institutions. Of all the formal sources of social support for older people, religious institutions especially churches were found to be the most dominant source of formal support. According to one of the respondents:

In my church, I belong to the elder’s council. At the council, the church makes plans for the aged. Items like foodstuffs and clothes are shared among the aged especially those with clear need. The church also organizes medical checkups for all of us. We also go to their houses to pray for them. *(IDI/Elderly/Male/Community)*

On the church provision of formal support, one of the key informants stated that:

A considerable number of the elderly ones that we cater for here are sponsored by different churches. Some of the elderly ones are poor and have no one to cater for them. Thus, the church takes up the responsibility of taking care of them. *(KII/Caregivers/Female/Old People’s Home)*

Where another interviewee explained that:

The mosques do make provision for the aged especially during fasting. They give them food stuffs, drugs and clothes usually from paid “saka” which means “tithe”. *(IDI/Elderly/Male/Community)*

The above assertions revealed that apart from meeting the spiritual needs of members, religious organizations cater for the health needs of the members, especially the elderly. However, the lens of this study is zoomed on familial support; a form of informal social support sources among others like neighbours and friends.

When the elderlies were asked about their most preferred source of social support, 21 elderlies out of the 24 elderlies stated that familial support is their preferred source of social support. The three elderlies with differential opinion were located in old people’s home and their care was exclusively the responsibility of religious organization (church). Of these three elderlies, one expressed optimism that his children will definitely assume the responsibility of his social support provision when they become capable of doing so. He stated that:

None of my children is having job for now. The time shall come when they will be able to take care of me. *(IDI/Elderly/Male/Old People’s Home)*

Although familial support can come from siblings, cousins, nephew, nieces, in-laws and children depending on the intensity of existing solidarity which varies from one family to the other, children are however considered the most reliable of all familial supports. The non-reliability of support from relatives however

stems from other personal responsibilities. When probed about the most reliable source of familial support, a caregiver asserted that:

The support the aged get from relatives are inconsequential because they will not say let's go to the hospital because they know that will cost them money. That is not because they're wicked but because they have their own responsibilities and don't feel responsible for that aged. They only suggest alternatives that will cost them nothing. For example, they will suggest to a diabetic aged to get herbs like mango leaf, bitter leaf, guava leaf, acacia leaf and boil it together. If he dies, they will say they took care of him but a well-trained child will not neglect his aged parents no matter how poor. *(KII/Caregiver/Male/Community)*

Also, an elderly person in response stated that:

If I won't lie, my relatives are trying for me in their little way. It is quite obvious they would love to do more but they have their own responsibilities. But my children will always consider me no matter the amount of responsibilities they have since they know how much I tried for them. Only a bastard will fail to take care of a father who spent all he has on them while growing. *(IDI/Elderly/Male/Community)*

Another elderly resident in old people's home asserted that:

My children are responsible for my care. Whatever support I receive from my relatives only comes as supplement to that of my children and is not certain. *(IDI/Elderly/Female/Old People's Home)*

Despite conflicting responsibilities that competes for children's attention, above assertions establish children as the most reliable source of familial support for the elderlies living with chronic conditions. This is partially because, the depth of familial bond existing between children and their elderly parents remain stronger than that which exist between these elderlies and their relatives. Also, the obtainable break in familial bond no longer make aged the responsibilities of their extended family members, any kind of support (visitation, emotional, spiritual and financial) received from the extended family members is therefore considered a privilege and no longer a right. Considering that families, most especially the children are responsible for the care and support of 9 elderlies out of the 12 resident in old people's home, and for the employment of domestic assistants where the elderly is not living with one of his/her children for those resident in the community indicates that familial support is positively associated with aged quality of life and still remains the most preferred source of social support despite its changing role in care production. This simply indicates elderlies' adaptation to changes in social

realities. This aligns with Fairbrother (2011) submission that support from people with whom we have close emotional affinity is weightier and generates better results than support from not so close individuals.

Although there was no case of elderlies without children among the interviewed elders, two exceptional cases of elderlies; where one couldn’t locate his only child and another who claimed his children are too young to provide most forms of social support stood out.

In the case of the elderly who couldn’t locate his only child, it was reported that his relatives (nephews and nieces from his only siblings) are responsible for his stay and care in the old people’s home. These relatives were evidently found to be only financially committed to the man’s stay and care in the old people’s home simply because their father insist they take good care of his brother in order to secure his blessing. When asked the reason for the relatives’ reluctance in taking care of their uncle, it was reported that not only did the man neglected his responsibility of taking care of his only child, he lived a carefree life.

...those who brought that baba here are not his children. They are his brother’s children. They said their father insist they take care of his brother if they want him to be happy with them. They told us that baba lived a carefree life in his heyday. We were told he never cared for his only son and they’ve not been able to locate the son. *(KII/Caregivers/Female/Old People’s Home)*

In the case of the elderly whose children are too young to provide most forms of social support, his church was able to come to his rescue by providing for his subsistence in the old people’s home. Like the previous case, the elderly reported lack of church commitment beyond fulfilling the financial obligations required for his stay at old people’s home.

...Nobody visit me because many people did not know I am here. The only people that visit me are people from church and they do not visit me regularly but they pay all the required money for my care here. *(IDI/Elderly/Male/Old People’s Home)*

While the area of interest of this paper does not provide answer to why there were no elderlies without children in the homes visited during the period of the research, the two cases above points to the fact that families (especially close relatives) and/or NGOs will assume the responsibility of social support provision for their elderlies. However, care and support from such quarters are hardly sufficient like care and support from children.

Conclusion

The study revealed that change in residential pattern, children’s late entrance into marital life, disintegrating familial bond and rising cost of living are the

factors influencing the changing familial care for their elderlies. While “eniyan l’aso mi” implies the elderly dependence on family members for social support, the somewhat sad discovery made in the course of this research is that families are finding themselves in the precarious position of diminishing ability to fulfill their obligation to their elderlies owing to earlier identified factors influencing the changing familial care of the elderly. However, despite the presence of these factors, familial support is still available to the older people though rather not as readily available as it used to be. But for the continued commitment of families; especially the children to providing social insurance (support) for their elderlies as highlighted by the Yoruba metaphor “eniyan l’aso mi”, the identified influencing factors of familial care of the elderly would have meant elimination of family support. But then, rather than family support being eliminated, it is changing towards the dominance of economic support over other types of support. With economic support, families are able to ensure availability of other types of support through third parties. Children were found to be the most reliable source of family support for the elderly living with chronic condition. The inherent reliability of children’s social support however is rooted in the traditional belief in the filial responsibility of children to take care of their parents in their old age in appreciation of their parents’ investment on them. That is, social support from children is anchored on the traditional reciprocal relationship that exists between these elderlies and their children. Hence, the Yoruba saying “omo l’aso eda” meaning “children are the clothes of a person.” To make familial support more readily available for chronically challenged elderlies, measures guaranteeing elderly access to care and support such as formulation and effective implementation of policies that positively influences the rate of employment and cost of living must be put in place.

References

- Akinbileje, T.Y. (2014) Symbolic values of clothing and textiles art in traditional and contemporary Africa. *International Journal of Sustainability*, 3(4): 626-641.
- Aldous, J., Durkheim, E. and Tonnies, F. (1972) An Exchange between Durkheim and Tonnies on the Nature of Social Relations, with an introduction by Joan Aldous. *American Journal of Sociology*, 77(6): 191-200.
- Amzat, J. and Razum, O. (2014) *Medical Sociology in Africa*. Switzerland: Springer International Publishing.
- Bianchi, S.M. (2010) Family change and time allocation in American families. UCLA. http://www.workplaceflexibility.org/images/uploads/program_papers/bianchi_family_change_and_time_allocation_in_american_families.pdf
- Chan, M. (2015) World report on ageing and health. WHO Press, ISBN 978 92 4 069481 1 (PDF).www.who.int. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

- Durbin, L., Kharrazi, R.J., Graber, R. and Mielenz, T.J. (2016) Social support and older adult falls. *Injury Epidemiology* (2016) 3: 4. DOI 10.1186/s40621-016-0070-y.
- Ekpeyong, C.E., Udokang, N.E., Akpan, E.E. and Samson, T.K. (2012) Double burden, Non-communicable diseases and risk factors evaluation in Sub-Saharan Africa: The Nigerian Experience. *European Journal of Sustainable Development*. 1(2): 249-270. ISSN: 2239–5938.
- Fairbrother, N. (2011) Social support. *Visions Journal*, 6(4): 7. Source URL: <http://www.heretohelp.bc.ca/visions/social-support-vol6/social-support>.
- Feeney, B.C. and Collins, N.L. (2014) A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology review*, 1-35. DOI: 10.1177/1088868314544222.
- Griffin, E. (1997) *A first look at Communication Theory*. New York: The McGraw-Hill Companies.
- International Federation of Social Workers (2012) Ageing and older adults. International Federation of Social Workers. Retrieved from <http://ifsw.org/policies/ageingandolderadults>.
- Jackson, R., Howe, N. and Nakashima, K. (2011) Global aging future of emerging markets. The Center for Strategic and International Studies. www.csis.org. 1800 K Street, NW, Washington, DC 20006.
- Jaspinder, K., Sargun, S. and Kawaljit K. (2014) Impact of age on the prevalence of chronic diseases in geriatric population. *International Research Journal of Biological Sciences*, 3(9): 79-85, September (2014), ISSN 2278-3202.
- Kelani, K. (2016) Perceptions on implications of delayed marriage: A case study of married adults in Kaula Lumpur. *International Journal of Social Science and Humanity*, 6(8).
- Krieger, N. (2001) Emerging theories for social epidemiology in the 21st century: An ecosocial perspective. *International Journal of Epidemiology*, 30: 668-677.
- Lively, K.J. and Smith, C.L. (2011) *Identity and illness* In Pescosolido, B.A. Martin, J.K. McLeod, J.D. and Rogers, A. (2011) *Handbooks of the Sociology of health, illness, and healing; A blueprint for the 21st Century*. New York: Springer New York Dordrecht Heidelberg.
- Maiyaki, M.B and Garbati, M.A. (2014) The burden of non-communicable diseases in Nigeria; in the context of globalization. *Annals of African Medicine*. 13: 1-10.
- Markle, W.H., Fisher, M.A., Smego, R.A. (2007) Chapter 16. *Ageing populations and chronic illness understanding global health*, Second Edition pdf.
- Mead, G.H. (1934) *Mind, Self and Society*. (Ed.) C. Morris. Chicago: University of Chicago Press.

- Minimum Data Set (MDS) on ageing and older Africans Project (2000) Proposed Working Definition of an older person in Africa for the MDS Project.
- National Bureau of Statistics (2017) Unemployment and under-employment report - Q4, 2016. Abuja. www.nigerianstat.gov.ng.
- Nduonofit, L.E. and Nwala-Cadger, G. (2015) Unemployment and late marriage: A study of post graduate students' of university of Port Harcourt. *International Journal of Innovative Social Sciences & Humanities Research*, 3(1): 1-9, 2015. ISSN 2354-2926.
- Oderinde, O.A. (2013) A socio-religious of late marriage and stigmatization of single adults and its impact on the church in Nigeria. *Review of European Studies*, 5(4). ISSN 1918-7173 E-ISSN 1918-7181. URL: <http://dx.doi.org/10.5539/res.v5n4p165>.
- Okoye, U.O. (2012) Family care-giving for ageing parents in Nigeria: gender differences, cultural imperatives and the role of education. *International Journal of Education and Ageing*, 2(2): 139–154.
- Oladapo, O.O., Falase, A.O., Salako, L., Sodiq, O., Shoyinka, K. and Adedapo, K. (2010) A prevalence of Cardiometabolic risk factors among a rural Yoruba south-western Population: a population-based survey. *Cardiovasc J Afr.* 21(1): 26-31.
- Perani, J. and Wolff, N.H. (1999) Cloth, Dress and Art patronage in Africa, Berg N. Y. Washington.
- Population Reference Bureau (2016) Family Caregiving. *Today's Research on Aging* No. 33.
- Population Reference Bureau (2016) World Population Data Sheet with special focus on human needs and sustainable researches. Washington: Population Reference Bureau.
- Raji, Y.R., Abiona, T. and Gureje, O. (2017) Awareness of hypertension and its impact on blood pressure control among elderly Nigerians: report from the Ibadan study of aging. *The Pan African Medical Journal*, 27: 190. Doi:10.11604/pamj.2017.190.11682.
- Stryker, Sheldon (1968) "Identity Saliency and Role Performance: The Relevance of Symbolic Interaction Theory for Family Research." *Journal of Marriage and the Family*, 30: 558-564.
- Tonnies, F. (1957). *Community and Society: Gemeinschaft und Gesellschaft*, by Ferdinand Toennies translated and edited by Charles P. Loomis. East Lansing, Michigan: Michigan State University Press.
- Uchendu, O.J. and Forae, G.D. (2013) Diseases mortality patterns in elderly patients: A Nigerian teaching hospital experience in Irrua, Nigeria. *Nigerian Medical Journal. Niger Med J.*, 2013 Jul. Aug; 54(4): 250–253.
- Vauclair, C.M. (2015) Why Does National Income Inequality Make Older People Ill? *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, Online first. doi:10.1093/geronb/gbv102.

- Wahab, E.O. and Imeogu, O.S. (2013) Social exclusion and household poverty among the older persons in Nigeria. *International Journal of Social Sciences and Humanities Reviews*, 4(1): 241-253. ISSN: 2276-8645.
- World Health Organization (2002) Innovative care for chronic conditions: building blocks for action: global report. ISBN 92 4 159 017 3. © World Health Organization.
- World Health Organization (2014) Global status report on non-communicable diseases 2014. © World Health Organization 2016.
- Yach, D., Hawkes, C., Gould, C.L. and Hofman, K.J. (2004) The global burden of chronic diseases: overcoming impediments to prevention and control. *JAMA*, 291: 2616-22.