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### Disparities in Elderly care Supports during Post-Covid-19 era in Ondo State, Nigeria

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#### Abstract

The paper examines disparities in elderly care supports during Post Covid-19 era in Ondo state Nigeria. A total sample size of 12 family care-givers belonging to age-group 26-53 and 43-68 years were engaged in the two Focus Group Discussions (FGDs). Focus Group Discussions were conducted at different locations of Irele and Okiti-pupa Local Government Areas (LGAs). The data collected from the study areas were analyzed with their contents. The key findings from FGDs are: That the dominated care supports (50.1 percent) received by 6 elderly people (50-80 years) at Irele during Post-Covid 19 era were: Foods, bathing, medical treatments, carrying and clothing whereas, in Okitipupa, the major care supports (33.3 percent) received

by 6 elderly people (54-87 years) were: Food, fruits, money, drugs, bringing their grand-children to them, calling them and visiting them. Also, the family care-givers at Irele were majorly males (66.7 percent), while, in Okitipupa, the family care-givers were majorly females (66.7 percent). Finally, the family care-givers at Irele belong to age-group 43-68 years, whereas, in Okitipupa, the family care-givers belong to age-group 26-53 years. Thus, the study recommends that there is an urgent need by the family care givers to beef-up their care supports giving to elderly in Okitipupa Ondo state and Nigerian society at large during this post-Covid 19 era.

**Keywords:** Elderly, Disparities, Care Supports, Post Covid-19, Ondo State

#### Introduction

Globally, several studies have posited that the category of elderly people are those who belong to age group 60 years and above, and this is projected to be greater than 2 billion by 2050 (World Health Organisation, 2018) <sup>[42]</sup>.

Here, it is pertinent to note that this study cannot progress on elderly care supports without properly situating the concept of demographic transition. To be specific, demographic transition occurs when fertility and mortality levels have experienced consistent fall particularly among the elderly populations. Moreover, population ageing is a situation where there is existence of both low birth and death conditions within the elderly (Lesthaeghe, 2004; United Nations, 2005c) <sup>[26, 41]</sup>.

In most parts of the globe in the middle of 2020, the herald of Covid-19 pandemic had great, scaring and deadly consequences on the daily lives of several people especially the elderly. Consequently, the outbreak of Coronavirus Disease (Covid-19) across the globe have led to the widespread lockdown and preventative measures, isolation of humans, world economic collapses, and restricted access to mental and physical well-being. The afore-stated pandemonium are expedient to drastically reduce the infection of Coronavirus, there were serious and negative effects on physical, psychological, and social aspects of human lives in which the elderly people are not excluded (World Health Organisation, 2020) <sup>[43]</sup>.

Previous studies have shown that gender disparities in social support, coping, appraisal and personality traits have been infinitesimally-low and unstable. However, other reasons are evident for disparities in care-giving amongst men and women. Moreover, it was strongly advocated that influence of gender disparities in family care-giving can be traced to the following variables: Characteristics of the elderly, associated behavioural problems, illnesses and disabilities, family composition, demographic profiles of family care-givers like: Socioeconomic status, marital status, age, employment, education, the consequences of ethnicity and cultural beliefs and their interaction with the elderly (Etters, *et al.*, 2008 <sup>[20]</sup>, Akpınar *et al.*, 2011 <sup>[7]</sup>, Serrano-Aguilar *et al.*, 2006 <sup>[37]</sup>, del-Pino-Casado *et al.*, 2012 <sup>[17]</sup>, Papastavrou *et al.*, 2009 <sup>[32]</sup>, Yee & Schulz., 2000 <sup>[44]</sup>, Gallicchio *et al.*, 2002 <sup>[21]</sup>, Pinquart & Sörensen 2006 <sup>[33]</sup>, Scerri, 2014 <sup>[36]</sup>, Chappell *et al.*, 2015 <sup>[16]</sup>, Almada *et al.*, 2015).

Other researchers have clarified the importance of cultural beliefs, ethnicity and kinship within elderly. No doubt, the cultural beliefs and ethnicity have a significant influence on family care-giving (Chakrabarti., 2013) <sup>[15]</sup>.

However, the influence of cultural and ethnic factors on gender disparities in family care-giving is still debatable. Although, studies from different cultural background have opined that female caregivers are major burden bearers of family care-giving (Etters, *et al*, 2008, Caqueo-Urizar *et al.*, 2014) <sup>[20, 13]</sup>.

Others studies have posited that gender disparities in family care-giving are not common among cultural and ethnic groups with more positive attitudes towards traditional care of the elderly by women and the relative lack of formal sources of care (Akpınar *et al.*, 2011, Serrano-Aguilar *et al.*, 2006, del-Pino-Casado *et al.*, 2012, Papastavrou *et al.*, 2009, Tang *et al.*, 2013, Prince 2004., Prince, 2009., Almada., 2001, Abdollahpour, *et al*, 2012, Spitzer *et al*, 2003) <sup>[17, 37, 17, 32, 40, 34, 35, 8, 2, 39]</sup>.

Evidences have indicated that certain ethnic or cultural sects, filial-connectivity, family-attachment and family-support may affect gender disparities in family care-giving (Etters, *et al*, 2008, Akpınar *et al.*, 2011, del-Pino-Casado *et al.*, 2012, Papastavrou *et al.*, 2009, Adams, *et al*, 2002) <sup>[20, 7, 17, 32, 4]</sup>.

The concept of familism can be defined as prioritizing the family needs over the needs of the individual, whereas, family-attachment is the cord of natural love that connect family members to one another, and filial-connectivity is the tradition of caring for elderly people (Etters, *et al*, 2008., Knight & Sayegh, 2010) <sup>[20, 24]</sup>.

Another study indicate that the factual element is vital in order to compare what elderly people experienced against what an agreed care pathway or quality standard says should happen. The opinion element tells how elderly people felt about their experience and which invariably corroborate other quality measures (Bagbe *et al*, 2022).

However, other studies have shown that the pathway of gender disparities is unclear because of familial-cultural variables and higher burden among female care-givers (Etters, *et al*, 2008, Akpınar *et al.*, 2011, del-Pino-Casado *et al.*, 2012, Papastavrou *et al.*, 2009, Adams, *et al*, 2002) <sup>[20, 7, 17, 32, 4]</sup>.

Furthermore, both male and female have the same economic challenges accompanied with familial-cultural values (Tang *et al.*, 2013, Abdollahpour, *et al*, 2012, Gupta *et al*, 2009, Sharma, 2014) <sup>[40, 2, 22, 38]</sup>. Lastly, the kinship position of major caregiver has significant effect on gender disparities in family care-giving (Etters, *et al*, 2008 <sup>[20]</sup>, Montgomery & Kamo, 1989 <sup>[31]</sup>, Yee & Schulz, 2000 <sup>[44]</sup>, Pinquart & Sörensen 2006 <sup>[33]</sup>, Mathiowetz & Oliner, 2005-09, Dupuis *et al*, 2004 <sup>[18]</sup>, Chappell *et al*, 2015 <sup>[16]</sup>, Lin *et al*, 2011-07 <sup>[25]</sup>, Martin, 2000 <sup>[27]</sup>, Campbell *et al*, 2008 <sup>[12]</sup>).

Obviously in African society, elderly is associated with numerous challenges of life. These include: Malnutrition, accommodation, poverty, transportation, physical and mental health (Abanyam, 2013) <sup>[1]</sup>. Another study emphasized that the major problems of elderly are: Scanty material support, poverty, inadequate financial support, isolation and widowhood (Masauso, 2016) <sup>[28]</sup>. In order to address the chaotic situations that are facing the elderly, efforts must be intensified by family care givers to ensuring

that care support systems are accessible to them. More importantly, care support systems are welfare packages that enhance the well-being of elderly. For instance, a notable study has clarified that care support systems are those factors which guarantee that old age people are maintained and adequately helped in the last days of their lives (Buckholz, 2014) <sup>[11]</sup>.

In sub-Saharan Africa, previous findings depict that there have been inadequate qualities of intergenerational support for elderly, which might be as a result of traditional beliefs that they are benefitting from their past labour later in life (Aboderin, 2017) <sup>[3]</sup>. In-fact, it was observed that major proportion of elderly with health challenges are often neglected and isolated. In-fact, another study buttressed that the pressure of care experienced by family care-givers could lead to negligence of elderly welfare (Chane and Adamek, 2015) <sup>[14]</sup>.

Bagbe *et al*, 2019 found out that some elderly people living with health issues are because they do not visit healthcare facilities. In effect, the family care-givers are faced with challenges of properly situating the elderly people health issues with the doctors.

Furthermore, previous work has shown that families are original sources of emotional, physical and financial support for the elderly. Major proportions of elderly have close and frequent interactions with their family members. These family members are responsible for providing care support when the elderly are in need (Haifeng, Yang, & Tianyong, 2014) <sup>[23]</sup>. Obviously, the family care givers and relatives are in charge of giving both instrumental and materials support to their elderly. This invariably helps to reduce all forms of loneliness among the elderly.

At this point, it is necessary to say that there is lacuna in knowledge on disparities in elderly care supports during post-Covid-19 era in Ondo state of Nigeria.

In African traditional setting, families and adult children are obviously responsible for elderly care-giving in terms of financial assistance, material provisions and instrumental help (Masauso, 2016) <sup>[28]</sup>. This finding is supported by Eboiyehi (2015) <sup>[19]</sup> who discovered that in African societies, children are committed to caring for their elderly as a way of appreciating them for taking care of them when they were young.

In Nigeria, it is obvious to posit that the proportion of elderly has been increasing. As a result, the need for caring and supporting the elderly is rising on daily basis. In this study, it is vital to note those who have attained 50 years plus are considered to be 'elderly' in South-western Nigeria (Akanbi *et al*, 2015) <sup>[6]</sup>. Moreover, Nigerian elders have received from family care-givers the physical, financial, medical and multiple care supports (Akanbi, 2014) <sup>[5]</sup>. These categories of elderly are in daring need of various care-supports from family care-givers in this study.

Generally, it is interesting to note that good proportion of elderly parents have absolute reliance on adult working children in order to cater for the basic necessities of life. Invariably, these adult working children are equally battling with personal economic challenges of sustaining their own families; which hinders them from providing adequate cares for the elderly (Mayston *et al.*, 2017) <sup>[30]</sup>.

With reference to the above challenges, this study tries to investigate disparities in elderly care supports during post-

Covid-19 era in Ondo state. Specifically, the following research questions are asked in this study.

1. Is there any disparity between care supports received by elderly in Irele and Okitipupa during Post-Covid 19 era in Ondo state?
2. Is there any gender disparity between the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state?
3. Is there any variation between the age-group of the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state?

## Methodology

### Description of Study Area: Ondo state

The study area is Ondo state in South-western Nigeria. Ondo state has eighteen (18) local government areas (LGAs) which include: Akoko North-East, Akoko North West, Akoko South East, Akoko South West, Akure North, Akure South, Ese-Odo, Idanre, Ifedore, Ilaje, Ile-Oluji/Oke-Igbo, Irele, Odigbo, Okiti-pupa, Ondo East, Ondo West, Ose and Owo respectively. The reasons for chosen Ondo state as study area are: First, the study is an institutional-based with tangible proportion of elderly people. Second, the study of this nature has not been conducted in Ondo state.

A total sample size of 6 family care-givers belonging to age-group 26-53 and 43-68 years participated in Focus Group Discussions (FGDs) at Irele and Okitipupa Local Government Areas (LGAs). Focus Group Discussions were conducted at different locations in Irele and Okitipupa Local Government Areas (LGAs). In each LGA, One (1) moderator/lead researcher and One (1) team member/discussion recorder engaged 6 participants in the focus group discussions (FGDs) in Irele and Okitipupa.

The moderator/lead researcher gave general gist on the subject of FGD to the family care-givers. He states the rules to follow during discussions such as: No repetition of responses from family care-givers (26-53 and 43-68 years); no side talk, no wrong answers and so on. However, the team member/discussion recorder used both voice recording gadgets and note-taking method to gather information from the participants. These researchers ensure that each venue for FGD is convenient for the participants in each LGA. In addition, they were responsible for collation of all information from FGD in each LGA. The data collected from the study area were analyzed with content analyses.

### Discussions of Findings from FGDs

The discussions of findings from this study are enumerated below. As earlier stated, the Focus Group Discussions for this study were conducted at different locations in Irele and Okitipupa Local Government Areas (LGAs) of Ondo state. The three objectives of this study were achieved by the results of Focus Group Discussions below. Here, the results are displayed by the excerpts from Focus Group Discussions in Irele and Okitipupa Local Government Areas (LGAs) of Ondo state.

The objective one states that: Verify whether there is any disparity between care supports received by elderly in Irele and Okitipupa during Post-Covid 19 era in Ondo state.

Here are the responses to address objective one: The family care givers (participants) in Irele Local Government Areas have the following opinions.

- *The care supports we give to our elderly parents during Post-Covid 19 era are: Foods, bathing, medical*

*treatments, carrying and clothing. These constitute 50.1 percent of respondents.* This result is in agreement with previous study conducted by Akanbi (2014) <sup>[5]</sup> with emphasis that significant care supports received by elderly people in Southwestern Nigeria are: Physical, financial, medical and emotional.

- *The care supports we give to our elderly people during Post-Covid 19 era are: Bathing with warm water, foods, tea, exercise and drugs. These indicate 33.3 percent of respondents.*
- *The care supports we give to our elderly people during Post-Covid 19 era are: Foods, medical treatments, personal care and finance. These represent 16.6 percent of respondents.*

The inference from FGDs at Irele show that 50.1 percent dominated the study by giving foods, bathing, medical treatments, carrying and clothing. Moreover, other family care givers with 33.1 percent gave bathing with warm water, foods, tea, exercise and drugs to their elderly people. Obviously, the least respondents with 16.6 percent supported their elderly people with foods, medical treatments, personal care and finance.

Likewise, here are the responses to address objective one: The family care givers (participants) in Okitipupa Local Government Areas have the following opinions.

- *The care supports we give to our elderly parents during Post-Covid 19 era are: Foods, fruits, money, drugs, bringing their grand-children to them, calling and visiting them. These constitute 33.3 percent of respondents.* This finding is also buttressed with previous study conducted by Akanbi (2014) <sup>[5]</sup>, which posit that Nigerian elders are recipients of the physical, financial, medical and multiple care supports from family care-givers.
- *The care supports we give to our elderly people during Post-Covid 19 era are: Money and food stuffs. These indicate 16.6 percent of respondents.*
- *The care supports we give to our elderly people during Post-Covid 19 era are: Food stuffs and monthly salary. These represent 16.6 percent of respondents.*
- *The care supports we give to our elderly people during Post-Covid 19 era are: Spiritual, financial and cooking for them during Christmas and New year celebrations because I am not the only child. These represent 16.6 percent of respondents.*
- *We don't give care supports to our elderly people because our elderly people have more cares from the first-born, who lives in the United States of America. These represent 16.6 percent of respondents.*

We can deduce from FGDs at Okitipupa that 33.3 percent dominated the study by giving foods, fruits, money, drugs, bringing their grand-children to them, calling and visiting them. However, the rest of family care givers supported their elderly people with the following cares: Money and food stuffs with 16.6 percent, food stuffs and monthly salary with 16.6 percent, spiritual, financial and cooking for them during Christmas and New year celebrations with 16.6 percent and those with 16.6 percent who don't give care because the first-born, who lives in the United States of America has been responsible for the care-giving.

The objective one which states that we should verify whether there is any disparity between care supports

received by elderly in Irele and Okitipupa during Post-Covid 19 era in Ondo state has been achieved as indicated with FGDs findings above.

The objective two states that: Clarify whether there is any gender disparity between the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state.

The family care givers (FGD participants) in Irele Local Government Area are four males with 66.7 percent of respondents and two females with 33.3 percent.

The deduction from the above is that the dominated 50.1 percent of family care- support givers who supported their elderly people with foods, bathing, medical treatments, carrying and clothing are males. In effect, males are major family care support givers to elderly people during Post Covid era in Irele Local Government Area of Ondo state.

The family care givers (FGD participants) in Okitipupa Local Government Area are two males with 33.3 percent of respondents and four females with 66.7 percent. The assertion from the above is that the dominated 33.3 percent of family care- support givers who supported their elderly people with foods, fruits, money, drugs, bringing their grand-children to them, calling and visiting are obviously females. In essence, females are major family care support givers to elderly people during Post Covid era in Okitipupa Local Government Area of Ondo state.

The finding above is buttressed with previous studies which posit that women are highly responsible for family care giving to elderly people due to familial cultural variables (Bitters *et al.*, 2001, Akpınar *et al.*, 2011<sup>[7]</sup>, del-Pino-Casado *et al.*, 2012<sup>[17]</sup>, Papastavrou *et al.*, 2009<sup>[32]</sup> and Adam *et al.*, 2002<sup>[4]</sup>).

More importantly, the above finding clarified that there is any gender disparity between the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state. This is a fulfillment of objective two.

The objective three states that: Examine whether there is any variation between the age-group of the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state.

Evidence from FGDs in Irele depicts that the age-group of the family care-givers are 43-68 years. This implies that these family care givers are obviously less energetic and some of them are elderly people. Invariably, these family care support givers also need to be cared for by their children especially those who are 50 years and above. This result is supported by the previous studies which advocate that demographic profiles of family care-givers like: Marital status, age, education, socioeconomic status, employment, consequences of cultural beliefs and ethnicity and their interaction with the elderly (Etters, *et al.*, 2008<sup>[20]</sup>, Akpınar *et al.*, 2011<sup>[7]</sup>, Serrano-Aguilar *et al.*, 2006<sup>[37]</sup>, del-Pino-Casado *et al.*, 2012<sup>[17]</sup>, Papastavrou *et al.*, 2009<sup>[32]</sup>, Yee & Schulz., 2000<sup>[44]</sup>, Gallicchio *et al.*, 2002<sup>[21]</sup>, Piquart & Sørensen 2006<sup>[33]</sup>, Scerri, 2014<sup>[36]</sup>, Chappell *et al.*, 2015<sup>[16]</sup>, Almada *et al.*, 2015).

However, the result from FGDs in Okitipupa reveals that the age-group of the family care-givers are 26-53 years. Here, the family care givers are very energetic and can still be relied upon for care giving to elderly people within the family. Even though, few of them are progressively becoming elderly.

## Conclusion

The study on disparities in elderly care supports during post-Covid-19 era in Ondo state would be concluded as follows:

Initially, evidences reveal that there is obvious disparity between care supports received by elderly in Irele and Okitipupa during Post-Covid 19 era in Ondo state. Also, the findings show that there is a gender disparity between the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state. Lastly, there is a clear variation between the age-group of the family care-givers in Irele and Okitipupa during Post-Covid 19 era in Ondo state.

## Recommendations

The policy recommendations for this study are: That there is an urgent need by the family care givers to beef-up their care supports giving to elderly people in Okitipupa Ondo state and Nigerian society at large during this Post-Covid 19 era. Lastly, the family care givers who are very energetic should rise-up to take care of elderly people in Irele, Ondo state and as well as in larger Nigerian society.

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