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Family Care and Social Support: Implication for Wellbeing of the Elderly in Balewa Local Government Area, Bauchi State Nigeria

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***Abstract*— Family care and support among the elderly in developing countries had recently been viewed as inadequate and negatively affecting the wellbeing of the elderly. This study determined family care andperceived social support among the elderly in Tafawa Balewa Local Government Area, Bauchi State Nigeria. Descriptive study design was employed for the study and a multi-stage systematic sampling technique was used to select three hundred and twenty three respondents(323) aged 65 years and above froma target population of 6,624.The instrument for data collection was structured questionnaire and data were analyzed using SPSS (version 21). The chi-square was used to test relationship and level of significance was set at p-value of 0.05. More respondents belonged to age group 65 -69 years 186 (57.59%). Males were179 (55.42%), most were married 296 (91.64%), none was single and none was divorced. More were professional teachers before retirement (214, 66.25%).Only 56 (17.34%) lived with their children but 189 (58.51%) respondents preferred being visited by family members than others. 147(45.51%) were not visited by children in the last one year.Majority, 269(83.28%) usually had family member clean their environment and clothes but only 14(4.33%) had such assistance on daily basis.More respondents (243, 75.23%) said family members showed emotional concern about their health always,while 203(62.85%) said they received financial support from their children.More respondents perceived all the dimensions of social supports needed by the elderly as stated positively.The study concluded that fewer elderly lived to 85years and above and family care and support to the elderly were mainly from children than other family members, and this support was less than adequate. There was need to encourage family members to care for the elderly in this society where there is no social security policy for the elderly. Efforts should be directed towards encouraging social support for the elderly in communities to reduce boredom and social isolation. Social security policy should be put in place to improve wellbeing of the elderly.**

***Index Terms*— Care,elderly, family, Nigeria, social, support.**

I. INTRODUCTION

Family care and support for the elderly in Nigeria are now public healthissues of concern because of its implication to the health and wellbeing of the elderly. Greater part of the care given to the elderly in Nigeria is provided by informal caregivers, most of whom are family members. Often times, the care for elderly is based on social relationships which provides a sense of security, opportunities for companionship and intimacy, contributing to their well-being [1].Family care and supportaretraditional waysofproviding care to the elderly especially in developing societies,but it is under increasing constraint in Nigeria[2][3][4].

Elderly or older person is usually defined based on the chronological age and the age employed for this definition has not been uniformly adapted globally, but hasrather remained arbitrary, with slight variations.In some societies it is linked to the age an individual qualifies for pension benefits, however, the United Nations agreed on the cut-off of sixty years and above (60+ years) [5]. InNigeria the usual retirement age from public service is 60years and 65years for those in state service and federal service respectively, except for university professors and high court judges who retire from service at 70years. In some developing societies definition of old age is socially constructed being linked to the kind of assigned roles or otherwise the loss of roles consequent to physical decline [6]. Ageing is the progressive attainment of ages towards the last stage of maximum life span of human being [7].

The population of those aged 60 years and above is increasing globally and it is expected to reach 1.2 billion by 2025 with the developing countries contributing about 80 percent of this number [8].The rapid increase in elderly population being experienced in developing countries will present a major resource challenge for African countries in the years to come as there is expected rise from 8% to 19% by 2050 [9]. An increase in life expectancy and longevity has implication for society as will be evidenced in families, role of health care providers and health policy making[10] [11].Ageing as a global phenomenon and a critical policy issueis yet to receive adequate attention from governments in developing countries. Of concern is the lack of adequate policies to cater for the elderly in many developing countries such as Nigeria despite the challenges that confront the elderly. There areinadequate health care services and no provision for social service [3].

Cultural respect and acceptability for the elderly are highly recognized in time past with relational attachment, social integration, feeling of worth, among others, which contributed to quality of life of the elderly. Such support is now threatened by a rapid on-going societal transition, and the industrialization of society which has led to increased urbanization and modernization [12]. Little or no attention is paid to the elderly in the society due to lack of formal structure of care and social support networks [13].

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Social support for the elderly is the physical and emotional comfort given to the elderly by their family, friends, colleagues and others. Meaningful social relationships provide a sense of security and opportunities for companionship and intimacy which are important for the well-being of older people [1]. Those who provide social supports should give advice about health practices, disease prevention and encourage the practice of positive health behaviour. Nigeria is yet to have National Policy on Ageing (NPA) which will bring issues of the elderly to the mainstream of national development agendaand an instrument for improving the wellbeing of the elderly in Nigeria.Presently, moreof the elderly live in rural African settings than in the urban andchanges in demographic composition may have great implications on the lives of these elderly in rural areas due to lack of formal social security networks, inadequate finance for healthcare provision, lack of economic support systems like pensions, which constitute major reason for high dependency of the elderly on well-functioning familial systems [2] [14].

The elderly residing in rural areas of Nigeria were reported to generally suffer from general deprivation including access to information[2]. Traditional functions of the family such as care and social support to older family members have gradually decreased in the recent past due to economic migration and influence of foreign culture, among other reasons[15]. Nevertheless, the elderly in Nigeria are usually accorded certain level ofrespectmaking it rare to have them deliberately insulted or assaulted. However, cases of sexual abuse,neglect, inappropriate behaviours of caregivers or family members resulting in mistreatment or maltreatment of the elderly exist. There are occasions when the elderly particularly women are unfoundedly accused of witchcraft based on their aging body stature, misconceptions and stereotypeswith the resultantpsychological and emotional stress[16]

In communities in Tafawa Balewa Local Government Area (LGA) of Bauchi State, Nigeria, it was observed that the elderly could not sufficiently cater for their basic needs,such as provision of food, clothes, shelter and similar obligations which was considered ofimplication totheir health and wellbeing.This study was therefore conducted to determinefamily care and perceived social support among the elderly in Tafawa Balewa LGA and it took place between January, 2018 and April, 2019. The target population was those aged 65 years and above which was informed by retirement age in Nigerian federal public service andcorresponding to that period when people are considered senior citizens. The variables studied included; the socio-economic characteristics of the respondents, type of family care rendered to the elderly andperceived social support needed by the elderly in the community.

II. MATERIALS AND METHODS

2.1 Study design: This study employed descriptive survey design which was considered adequate having been used for similar studies in the past.

2.2 Study area: This study was carried out in Tafawa BalewaLGA, Bauchi State, Nigeria. Bauchi State occupies a total land area of 49,119 km² representing about 5.3percent of Nigeria's total land mass, located between latitudes 9° 3' and 12° 3' north and longitudes 8° 50' and 11° east. Tafawa Balewa LGAhas a land area of 2,515 km² and population of 216,988 [17]. It is located in the Southern part of Bauchi State in northern Nigeria with Headquarterslocated in the town of Tafawa Balewa. Tafawa Balewa town takes its name from two co-opted Fulani words: "Tafari" (rock) and Baleri (black). The area has been known for sectarian and ethnic violence over the years with major communal clashes and attendant social vices. Tafawa Balewa town is inhabited by Jarawa, Fulani, Hausa, Sayawa, Kanuri, Tapshinawa (angas) and other tribes, but the major ethnic groups are the Seyawa and Hausa/Fulani.The Saya language is spoken in Tafawa Balewa LGA.

2.3 Study population: The target population was 6,624 persons aged 65 years and above in Tafawa Balewa LGA.

2.4 Sample size: The sample size was 323and was determined using proposition which established adequacy of 5% of the target population if in thousands [18].

2.5 Sampling method: A multi-stage sampling technique was used to select the respondents from the target population. Two districts (Lere North and Waib North) constituting 50 percent of the existing four districts in the LGA were selected by simple random sampling method. Then, two wards (50%) from each of the two selected districts (a total of four wards) were also selected by simple random sampling method. Also, 50percent of the villages in the selected wards were also chosenby simple random sampling. Thereafter, households from which the respondents emerged were selected using systematic random technique.

2.6 Data collection: The instrument for data collection was structured questionnaire designed by the researchers with reliability value of r=0.896, established using Cronbach Alpha co-efficient reliability test. Respondents were visited in their homes andcopy of questionnaire was administered to them after obtaining formed but oral consent from them. The content of the questionnaire was interpreted using vernacular by trained research assistants to those respondents who were not literate in English language. The questionnaire addressed the variables of interest to this study and they were grouped into sections.The instrument retrieval rate was100 percent.

2.7 Data analysis: Data collected were analyzed using the Statistical Package for Social Sciences (SPSS) version 21. Frequency and percentages were employed for descriptive analysis while the Chi Square Statistics tested the null hypotheses at.05 level of significance.

2.8 Ethical approval and informed consent: Approval for the study was given by the Department of Public Health, School of Health Technology, Federal University of Technology, OwerriNigeria.Also approval to conduct the study in the study area was given by the Chairman of the LGA

and community heads.

III. RESULTS

3.1 Socio – Economic Characteristics of the respondents

Results in Table 1 showed that 186(57.59%) respondents were aged 65-69 years, 60 respondents (18.58%) were aged 70-74years, then those aged 75-79 years were 37 (11.46), while those 80-84 years were 24 (7.43%). Only16 respondents (4.95%) were in the age group of 85years and above. More,179 (55.42%) were males while females were 144 (44.58%).Majority, 296(91.64%) were married, 27 (8.36%) were widowed and none was divorced or single. One hundred and sixty-nine (169, 52.32%) respondents had 3-4 children, followed by those with more than 4 children, 86 (26.63%). Sixty-eight (68, 21.05%) of the respondents had 1-2 children and none was childless (Table 1).More respondents 172 (53.25%) were Christians while the rest 151(46.75%) were Muslims(Table 1). More, 214 (66.25%) were professional teachers,though retired from government employment but some currently teach in private schools.Sixty-one (61, 18.89%) respondents were in some type of business, while the rest 48 (14.86%) indulge in farming as occupation. Whereas, 289 (89.47%) said they engage in income generating activities which yieldsome income for them, the rest 34(10.53%) said they were without any source of income (Table 1).

Table 1: Distribution of respondents by their socio-economic characteristics

Socio-economic variables	Respondent (n=323)	Percentage (%)
Age distribution		
65-69 years	186	57.59
70-74 years	60	18.58
75-79 years	37	11.46
80-84 years	24	7.43
85 years and above	16	4.95
Total	**323**	**100**
Sex		
Male	179	55.42
Female	144	44.58
Total	**323**	**100**
Marital status		
Married	296	91.64
Widowed	27	8.36
Divorced	0	0
Single	0	0
Total	**323**	**100**
Number of Children		
None	0	0.00
1-2children	68	21.05
3-4children	169	52.32
More than 4	86	26.63
Total	**323**	**100**
Religion		
Islam	151	46.75
Christianity	172	53.25
Africa Traditional Religion	0	0.00
Others (specify)	0	0.00
Total	**323**	**100**

Occupation		
Teaching	214	66.25
Farming	48	14.86
Business	61	18.89
Total	**323**	**100**
Engaged inincome generating activity		
Yes *(teaching after retirement, pension, farming and trading)*	289	89.47
No	34	10.53
Total	323	100

$X^2_{cal} = 14883.8$; $X^2_{tab} = 30.1435$; $R^2 = 1.0000$; *P-value = 0.000*

3.2 Types of Family Care Rendered to the Elderly

Types of family care considered in this study include; visits by family members, assistance with personal hygiene andcleanliness, support for emotional concerns, and financial support by family members.

3.2.1 Visits by family members

Results on visits by family members were presented in Table 2.Fifty-six(56, 17.34%) out of the 323 respondents livedwith their children, while the rest 267 (82.66%) did not. On preferred visitor, 189(58.51%)out of the total 323 respondents preferred being visited by familymembers, 94 (29.1%) preferred visits from friends, while 40 (12.38%) preferred visits from neighbours(Table 2). Regarding family member visit, 182(56.35%) respondents said they were usually visited by family members, while 141 (43.65%) said they were not usually visited.On the frequency of family member visit made in the preceding one month (prior to study), 8(2.48%) were visited every day in the previous one month by a family member, 27(8.36%) were visited twice a week by family member, 22 (6.81%) were visited once in a week, 34 (10.53%) were visited twice a month and 91(28.17%) were visited once in that month. Forthose who were not usually visited by their children, 51(15.79%) were not visitedin the last 6 months,147(45.51%) were not visited by children in the last one year, while 38(11.76%)had not been visited by children for more than one year prior to this study (Table 2).Result on the gender of family member who visited revealed that 182(56.35%) females and 141 (43.65%) male family members visited.One hundred and twenty eight (128, 39.63%) respondents said they were very happy when visited by family member, 195 (60.37%) said they were happy when visited by family member and none was sad with a visit of family member(Table 2).

3.2.2 Assistance received on environmental and personal hygiene

Result in Table 3 showed result on assistance on environmental and personal hygiene received by the elderly from family members. Majority, 269(83.28) usually had family member clean their environment and clothes for them. On the frequency of such assistance, 14(4.33%) said every day, 60(18.58%) said twice a week, 112(34.67%) said weekly, 35(10.84%) said twice in a month and 48(14.86%) said once in a month. On which family member that assisted with the cleanliness, 114(35.29%) said their children assisted, 102(31.58%) said their spouse assisted, 45(13.93%) said their sibling(s) and 62(19.20%) said other extended family members(Table 3).

3.2.3 Emotional support

Result in Table 4 showedthe distribution of respondents by emotional support from family members. All the respondents admitted having received some form of concern from family member about their health status. More respondents (243, 75.23%) said family members showed concern about their health always, 31(9.6%) said family members showed concern to their health sometimes, while 49(15.17%) said rarely. More respondents (188, 58.2%) said their children show more concern about their health, 53(16.41%) said their spouses showed more concern, 40(12.38%) said their siblings and 42(13%) said other extended family members. Two hundred and ninety-two respondents(292, 90.4%) admitted that family members respect, accept and care for them without minding their physical, emotional and social challenges, while 31(9.6%) conceded otherwise (Table 4).

3.2.4 Financial support

Result in Table 5 showed the distribution of respondents by financial support received from family members and 203(62.85%) said they receive financial support from their children, 37(11.46%) said they received financial support from their spouses, 49(15.17%) said they received financial support from their siblings and 34(10.53%) said they receive financial support from other extended family members. Regarding the gender of the family member who gave more financial assistance, 145(44.89%) said the males while 178(55.11%) said the females.

Table 2: Distribution of respondents by visits of family members (n=323)

Visits	Yes	Percentage	No	Percentage	Total (%)
Living with a child	56	17.34	267	82.66	323(100%)
Preferred visitor					
Family member	189	58.51	134	41.49	323(100%)
Friends	94	29.10	229	70.90	323(100%)
Neighbours	40	12.38	283	87.62	323(100%)
Others	0	0.00	323	100	323(100%)
Frequency of visits					
Family member visited	182	56.35	141	43.65	323 (100%)
Visited every day	8	2.48	315	97.52	323(100%)
Visited twice in a week	27	8.36	296	91.64	323(100%)
Visited once in a week	22	6.81	301	93.19	323(100%)
Visited twice a month	34	10.53	289	89.47	323(100%)
Visited once a month	91	28.17	232	71.83	323(100%)
Children did not visit					
Did not visit in 6months	51	15.79	272	84.21	323(100%)
Did not visit in one year	147	45.51	176	54.59	323(100%)
Did not visit in more than One year	38	11.76	285	88.24	323(100%)
Gender that visited					
Male family member	141	43.65	182	56.35	323(100%)
Female family member	182	56.35	141	43.65	323(100%)
Feeling of elderly about the visit					
Very happy	128	39.63	195	60.37	323(100%)
Happy	195	60.37	128	39.63	323(100%)
Sad	0	0.0	323	100	323(100%)

Table 3: Distribution of elderly by assistance received on sanitation and hygiene from family members

Statement	Yes	Percentage (%)	No	Percentage (%)
Your clothes and environmentare usuallycleaned by family member	269	83.28	54	16.72
Your clothes and environmentare usually cleaned everyday	14	4.33	309	95.67
Your clothes and environment are usually cleaned twice in a week	60	18.58	263	81.42
Your clothes and environmentare usually cleaned once in a week	112	34.67	211	65.33
Your clothes and environment areusually cleaned twice in a month	35	10.84	288	89.16
Your clothes and environment areusually cleaned once in a month	48	14.86	275	85.14
Your childrenareresponsible for the cleanliness of your clothes and environment	114	35.29	209	64.71
Your spouse isresponsible for the cleanliness of your clothes and environment	102	31.58	221	68.24
Your sibling is responsible for the cleanliness of your clothes and environment	45	13.93	278	86.07
Other extended familymembers are responsible for the cleanliness of your clothes and environment	62	19.20	261	80.80

Table 4: Distribution of the elderly by emotional support of family members concerning health status of the elderly

Statement	Yes	Percentage (%)	No	Percentage (%)
Your family usually shows concern about your Health status	323	100.00	0	0.00
Your family shows concern about your health Status always	243	75.23	80	24.77
Your family shows concern about your health Status rarely	49	15.17	274	84.83
Your family never shows concern about your health status	31	9.60	292	90.40
Your children give adequate attention to your health status	188	58.20	135	41.80
Your spouse givesadequate attention to your health status	53	16.41	270	83.59
Your sibling(s)give(s)adequate attention to your health status	40	12.38	283	87.62
Other extended familymembers show concern, to your health status	42	13.00	281	87.00
Your family member respect, accept and care for you not minding your physical, emotional, financial and social challenges	292	90.40	31	9.60

Table 5: Distribution of the elderly by financial support of family members

Variables	YesPercentage(%)		NoPercentage(%)	
Your family memberssupport you about financial obligations	242	74.92	82	25.39your
Your children support you inyour financial obligation	203	62.85	120	37.15
Your spouse issupport you in your financial obligation	37	11.46	286	88.54
Your sibling(s)support you in your financial obligation	49	15.17	274	84.83
Your other extended family members support you in your financial obligation	34	10.53	289	89.47
Malefamily members give more attention to your financial obligation	145	44.89	178	55.11
Female family members give more attention to your financial obligation	178	55.11	145	44.89

3.3 Perceived dimensions of social support for the elderly in the community

Table 6 showed the result of perceiveddimensions of social support for the elderly in the community.The dimensions of social support considered include; attendance to social ceremonies with 87(26.93%) respondents strongly agreed, 105(32.51%) agreed, 33(10.22%) were indifferent, 37(11.46%) disagreed while 61(18.89%) strongly disagreed; on attendance to recreation centre 103(31.89%) respondents strongly agreed, 92(28.48%) agreed, 32(9.91%) were indifferent, 61(18.89%) disagreed while 35(10.84%) strongly disagreed; on visits for companionship with others 143(44.27%) respondents strongly agreed, 139(43.03%)

agreed, 10(3.10%) were indifferent, 20(6.19%) disagreed while 11(3.41%) strongly disagreed; on sporting activities 148(45.82%) respondents strongly agreed, 125(38.70%) agreed, 17(5.26%) were indifferent, 21(6.50%) disagreed while 12(3.72%) strongly disagreed; on family and friends show concern about welfare151(46.75%) respondents strongly agreed, 122(37.77%) agreed, 14(4.33%) were indifferent, 20(6.19%) disagreed while 16(4.95%) strongly disagreed; on sharing love and affection with family members 124(38.39%) respondents strongly agreed, 136(42.11%) agreed, 17(5.26%) were indifferent, 28(8.67%) disagreed while 18(5.57%) strongly disagreed; on connect and interact with other people 162(50.15%) respondents strongly agreed, 103(31.89%) agreed, 17(5.26%) were indifferent, 19(5.88%) disagreed while 22(6.81%) strongly disagreed; neighbours support when necessary 89(27.55%) respondents strongly agreed, 124(38.39%) agreed, 22(6.81%) were indifferent, 61(18.8%) disagreed while 27(8.36%) strongly disagreed; All the items received positive perception from the respondents. There were a total of 1953 positive responses as against 469 negative responses (excluding responses of indifferent).

Table 6: Distribution of respondents by perceived dimensions of social support for the elderly in the community

Variable	SA	%A		%IND		%D	%	SD	%		
Attendance to social ceremonies	87	26.93	105	32.51	33	10.22	37	11.46	61	18.89	
Attendance to recreation centre	103	31.89	92	28.48	32	9.91	61	18.89	35	10.84	
Visits for companionship with others	143	44.27	139	43.03	10	3.10	20	6.19	113.41		
Sporting activities	148	45.82	125	38.70	17	5.26	21	6.50	12	3.72	
Family& friends show concern about welfare	151	46.75	122	37.77	14	4.33	20	6.19	16	4.95	
Sharing love& affection with family members	124	38.39	136	42.11	17	5.26	28	8.67	18	5.57	
Connect and interactwith other people	162	50.15	103	31.89	17	5.26	19	5.88	22	6.81	
Neighbours support when necessary	89	27.55	124	38.39	22	6.81	61	18.8	27	8.36	

SA – Strongly Agree; A – Agree; IND – Indifferent; D – Disagree; SD – Strongly Disagree

IV. DISCUSSION

4.1 Socio – Economic Characteristics

More of the elderly belonged to65-69 years age group and fewest belonged to 85 years and above age group.The frequency maintained a regular pattern decreasing with increasing age. This was a reflection of the population structure with more young elderly than older elderly, showing trend in longevity. There were more male respondents in the study, approximately 10% more in number than females. The implication might be to think that males live longer than females which differs from the general opinion held by people in this society that females live longer than males. Nevertheless, the margin seemed narrow to warrant making such deduction. Gender plays a role in the family care received by the elderly, cutting across living condition and physical appearance and reflecting extent of social network, emotional and financial support. In Nigeria,elderly females usually receive more attention from children than the male elderly.There is the belief that women denied themselves a lot of pleasure as a result of child birth and child rearing.Children are from childhood socialized to care for elderly parents particularly the mothers.Mothers are most times taken by their daughters for proper care at old age which is not usually the situation with fathers at old age. They are expected to remain in the family house and take care of family concerns and this is in line with an earlier study [19].

Result on marital status revealed that everyone was married and there was no history of divorce though a few were widowed. None of the respondents was unmarried nor divorced and none was childless. All the respondents had children and most of them had more than two children. This showed that they had stable families and children who were likely to care of their aging parents as done in this society.Family care is likely among married elderly with responsible children and who cared for children before their old age [20]. The respondents belonged only to either the Christian or Islamic faith which were the two major religious groups in Nigeria. The margin in thenumber of the adherents of these two religious groups was narrow (6.50%) in favour of Christianity. Both Christianity and Islampreach and teachthat family has important role and responsibility on the care of her elderly people.

Most of the respondents were teachers before their retirement from active service and some still teach in private schools. Majority were still involved in income generating activities as it was only 34 (10.53%) that were not in any form income

generating activities. Those who were not engaged in any income generating activities were likely to be the older elderly 85 years and above who might have health or physical challenges undertaking such ventures.Occupation is a function of age, education, experience and exposure. Most of the elderly were still teaching in private schools because they were physically strong to do so. More so, it depicted that the elderly did not have adequate resources to cater for their needs if they fail to continue generating income for themselves. The elderly who received formal education and had formal employment were likely to cater for their needs if they earn pension (where provided) and from the little income as remuneration from new teaching job for those engaged in such. This aligned with the findings of earlier researches [20] [21].

There was significant difference in socio-economiccharacteristics of the elderly such as age, sex, number of children, religion, occupation and income generating activity among the respondents (p-value<0.01) and family care and social support. This finding aligned with findings of earlierstudies on effect of age, education level, working status, marital status, number of children, and religious activities participation on family care and social life among the elderly people [8] [22].

4.2 Family care and support for the elderly

Family care wasrepresented by family members' visitation to the elderly, assist with cleanliness of clothes and environment, support for emotional concerns particularly as it relates health status and financial support.These factors were generally associated with psychological and physical health among the elderly[20] [21] [8]. Very few elderly were living with their children (56, 17.34%) and similarly, very few wereoften visited by their children and family members, despite the fact that the elderly preferredvisits from family member rather than from others and such visits made them happy. This current practice differed from the traditional practice of yester years where children visited more often and cared for their elderly. This could be because of social changes being experienced even in families. People leave home in search of greener pastures and become engrossed in economic ventures that they do not visit their old parents at home. The infrequent visits will however negatively affect the wellbeing of the elderly. More female family members visited their elderly than male family members. This is expected as females in the Nigerian society are groomed to care for family members especially their parents.

More elderly received assistance from family members on maintenance of environmental and personal cleanliness but very few elderly got this assistance on a daily or weekly bases. This showed that the assistance was not frequentand a function of when it was convenient for the helper. The elderly hence carried out this task by him/her self, or sought help elsewhere.Whenever help was not readily available the elderly would face poor environmental and personal hygiene with the associated health risk. The elderly received emotional support more from children than other family membersand more elderly had such emotional support always,than those who had it rarely or sometimes. Children were expected to have more emotional attachment to their elderly parents because of parental bond and socialization. Likewise, more elderly enjoyed financial support from children than other family members.

More female family members than males supported the elderly financially. This is a product of socialization which places the responsibility of the care of the elderly on the shoulder of their childrenparticularly female children in this society.The elderly depend greatly on family especially their children to meet their needs which has great implication for childless elderly. In this society children had remained the only social security and insurance for old age. Inability of the elderly to access family care and support will impact negatively on their health and wellbeing, more so, as the elderly are faced with numerous health and social challenges in a society without any social security policy to support the elderly. There is no gain saying the fact that any elderly who fails to get care and support from family will end up begging for alms because most old people especially in the rural communities have no savings to fallback to. Even those who retired from employment had problems accessing gratuity and pension benefits.

4.3 Perceived dimensions of social support

More elderly gave positive perception response to all the stated dimensions of social support needed in the community. This revealed their expectations, hence attention should be directed towards the filling the gaps.Family contact and interaction is a starting point of social network and provide available information, emotional, and material support to elderly[8][22].Participation in social activities such as visiting recreational centres and participating in recreational activities; attending social clubs, family meetings, social events and ceremonies will prevent loneliness and boredom among the elderly and rejuvenate them physically and emotionally.Association was reported between increased level of social support and increased wellbeing and quality of life of older adults[23] [24].

V. CONCLUSION

More of the elderly in Tafawa Balewa LGAwere young elderly aged 65 to 69 years with few in age 85 years and above, an indication that many of the elderly die as they move up after age 69 years.Family care and support were mainly from children the care and support received by the elderly were yet to be sufficient.There was generally positive perception among the elderly towardsthe dimensions of social support needed by the elderly in the communities, which will contribute to improving their contact and interaction, physical and emotional stability, sharing of love and affections and reducing isolation, loneliness, and depression.

VI. RECOMMENDATIONS

Social support networks should be strengthened for the elderly in communities to reduce boredom and social isolation. Social security policy should be put in place and implemented for the elderly to reduce over dependency on children and also improve wellbeing of the elderly. The importance of love and

care from family to the elderly in this society cannot be overemphasizedand therefore must be encouraged.

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