

**FARMERS-NORMADS CONFLICT AND ITS IMPLICATIONS  
FOR NATIONAL DEVELOPMENT IN NIGERIA**

**BY**

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**JULY, 2023**

## CHAPTER ONE

### 1.1 Background to the Study

The need for national development in Nigeria at this crucial time cannot be overstated in order to foster peaceful co-existence and national integration. Peace as well as nation building is an element that promotes unity, non-violence, economic growth and human development. However, the Farmers-herders menace that has been prevalent in some parts of Nigeria seems to make the concept of peace and national development a wild goose chase. As Okereke (2012) observed, all over the world (particularly majority of the third world countries and the Middle East) there has been a surge in the rate of violence, kidnapping, insurgencies, vandalism, rape, unemployment, terrorist attacks, cultism, and armed robbery, etc. The Nigeria state has had its fair share in this global challenge with the trend worsened by the spate of farmers-herders crisis. The armed Fulani herdsmen in Nigeria have destroyed many lives and properties worth millions of naira while influx of people have been rendered homeless.

It is a pity that in Nigeria today, the wave of violent conflict (that is caused by farmers and herders) has disrupted socio-economic, religious and educational activities. It has also created an intense political instability thereby threatening national unity and development (Kasarachi, 2016). The extra judiciary killings have

forced thousands of people to abandon their homes and farmlands for safety. Okereke (2012) asserts that this unfolding violence have become so alarming that there is no gainsaying the fact that Nigeria is at a crossroad and gradually drifting to a conflict society.

No wonder scholars have argued that peace education is required to manage conflicts in Nigeria. According Kasarachi (2016), peace education entails the process of promoting knowledge, skills, attitudes and values needed to bring about change in the behaviour of children, youth, adults to prevent conflict and violence, both overt and structural so as to resolve conflicts peacefully, and create conducive atmosphere for peace, whether at an intra-personal, inter-personal, inter-group, national and international levels.

## **1.2 Statement of the Problem**

The Nigeria state is a pluralistic ethnic and religious composition with each ethnic group mobilizing its own identity including religious identity against the other. This has been the root cause of conflict in the country from the pre-independence to the post independent era. In the recent times apart from Islamic radicalism, the biggest challenge threatening the corporate existence of and development in Nigeria today is the menace of pastoral Fulani herdsmen. In Plateau, Nasarawa, Kaduna, Taraba, Adamawa and Benue States, there has been incessant attacks by the herdsmen to the indigenous farming population. Successive administrations in the country have failed to come up with a pragmatic approach to ameliorate the situation.

On a daily basis the media houses (both print and electronic) are littered with stories and gory pictures of bloody attacks on resident farmers. Inconsistencies in government policies towards addressing the conflict seem to exacerbate it. While the Benue State government has introduced an anti-grazing law as a way of addressing this problem, the federal government seems confused, undecided as regards the long term solution. The obvious reality may become intractable unless something decisive is done. Social and economic activities have declined in the states where it occurs. There is a huge threat on food security because apart from the blood shedding, people have been forced to desert their farm lands and homes to seek refuge in other places therefore becoming refugees and displaced persons. A lot of properties have been destroyed with many other facilities set ablaze by the rampaging Fulani herdsmen. The implication is that national development in Nigeria has greatly been hampered while investment opportunities are shrink. It is against the background that this study aims to examine the menace of Farmers-herders conflict and its implications for national development in Nigeria.

### **1.3 Objectives of the Study**

The main objective of this study is to assess and evaluate the coping strategies and quality of life of the elderly in selected communities in Akoko-Edo Local Government Area, Edo State. The specific objectives are as follows:

1. Examine the quality of life of the elderly in Akoko-Edo LGA.

2. Determine the various coping strategies employed by the elderly in Akoko-Edo LGA.
3. Evaluate the impact of certain coping strategies on the quality of life of the elderly in Akoko-Edo LGA.

#### **1.4 Research Questions**

The research questions are as follows:

1. What is the quality of life of the elderly living in Akoko-Edo LGA?
2. What are the different coping strategies used by the elderly in Akoko-Edo LGA?
3. How do various coping strategies affect the quality of life of the elderly living in Akoko-Edo LGA?

#### **1.5 Significance of the Study**

The findings of this research will contribute to existing knowledge on the subject and provide fresh insights. It will also serve as a valuable resource for future research, allowing professionals to build upon this work. The study can offer empirical evidence to clarify the relationship between coping strategies and the quality of life of the elderly in Akoko-Edo Local Government Area, Edo State. This research aims to raise awareness about the impact of coping strategies on the elderly's quality of life,

emphasizing the potential positive effects. Given the changing demographics and the increasing elderly population, this research can inform policy and public understanding.

Furthermore, the study can be instrumental in shaping social welfare and development programs to improve the care of the elderly. It may provide valuable insights for policymakers, highlighting the need for social work strategies and initiatives to support and rehabilitate the elderly. The research is beneficial to students, educators, parents, schools, and society at large. In summary, it has the potential to shape the way we view and address the challenges faced by the elderly, promoting better care and quality of life for this growing demographic.

## **1.6 Research Scope**

This study will take place within the geographical boundaries of Akoko Edo Local Government Area in Edo State, Nigeria, with its administrative center situated in the town of Igarra. This region encompasses an area of 1,371 square kilometers and was home to a population of 262,110 people according to the 2006 census. Notable towns within this area include Enwan, Aiyegunle, Ugboshi-Afe, Egbigere 1, Egbigere 2, Ekpe, Ekpedo, Ososo, Makeke, Akpama, and Oloma.

## **1.7 Study Limitations**

Several challenges will affect the course of this research. The primary constraint is time, as the study must be conducted alongside ongoing lectures and examinations.

Additionally, some research participants may not provide accurate information, and others may be difficult to access. A final limitation is financial resources, as neither the school nor the government has allocated funds to support students in conducting extensive research.

### **1.8 Definition of Terms**

**Coping:** Coping refers to the ability to effectively handle and navigate problems or challenging situations.

**Strategies:** Strategies encompass general plans or a set of plans designed to achieve specific objectives, often over an extended period.

**Quality:** Quality denotes the standard of something, measured in comparison to similar items, and represents the level of excellence of that particular thing.

**Elderly:** Elderly characterizes a person who is old or aging, typically indicating an individual who has reached an advanced age or lived for a significant duration.

**Retirement:** Retirement signifies the act of withdrawing from one's occupation or active work life. In some cases, individuals may choose to semi-retire by reducing their working hours.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Concept of Old Age and Aging

Old age is a natural process that begins in the womb, continues throughout one's life, and results from the irreversible breakdown of cells and systems (Özel et al., 2014). It encompasses various changes, including physiological, psychological, sociological, and chronological aspects (Karagülle 2013; Hoca, Türker, 2017; Yıldız et al., 2017). Thus, the definition of old age is multifaceted and intricate. Physiological old age refers to structural and functional declines, psychological old age encompasses diminishing perception, learning, and problem-solving abilities, and sociological old age includes the reduction in societal value placed on individuals (Tekin and Kara, 2018).

According to the World Health Organization (WHO), old age involves a decrease in an individual's ability to adapt to their environment, beyond their control, and is chronologically defined as individuals aged 65 years and older. The WHO classifies chronological old age into three categories: 65-75 years as young old age, marking the transition from working life to retirement; 75-85 years as advanced old age, when functional losses become noticeable; and 85 years and older as very advanced old age, requiring special care and support (Beğler and Yavuzer, 2013). Aging, in the context

of "later life," is both a collective and personal experience, not limited to chronological or biological changes, but a dynamic interplay between the body, self, and society (Hepworth, 2015).

Problems associated with the elderly can be categorized into medical and psychosocial issues. Kingsley (2017) identifies medical/health problems like depression, paraphrenia, and chronic schizophrenia among the elderly. Psychological problems among the aging population often manifest as emotional and adjustment challenges. Elderly individuals frequently grapple with reactions to depression, often stemming from the loss of loved ones and a lack of emotional support. Adjusting to these losses becomes an ongoing struggle as aging individuals confront the reality that their days are numbered and that they are no longer as effective as they once were (Shuman, 2015).

Many elderly people in rural areas of Nigeria experience loneliness and isolation due to their children living in urban areas and visiting infrequently. This leads to sociological problems related to the loss of important roles, social status, and accompanying prestige. The elderly's influence diminishes as material wealth takes precedence, and older individuals may feel marginalized in their communities (Chawla, 2016). Ajomale (2017) emphasizes the elderly's increasing need for physical, material, and mental support as they age, which can result in physical abuse,

as they become physically and mentally dependent. They may be unable to perform personal tasks and are too frail to defend themselves in abusive situations.

Furthermore, Ajomale (2017) highlights psychological or emotional abuse, which is a common source of depressive moods among the elderly. Psychological abuse affects an individual's self-dignity and can result from family caregivers' actions, such as insults, ridicule, threats, indifference, or deliberate isolation. In contrast to other societal groups, older adults face economic, physiological, psychological, and sociological challenges (Okoye, 2013).

#### A) Economic Challenges

The significant roles that older adults play in societal growth and development are often hindered by economic challenges, primarily due to the lack of government support for the financial well-being of Nigeria's older population. Poverty is prevalent in Nigeria, and older adults are particularly vulnerable because many of them are no longer economically active, and there is no national social security system to provide economic assistance in old age. Moreover, age-based assessments of an individual's abilities and potential have a negative impact on the economic opportunities available to older adults, along with limited access to essential services (Gureje et al., 2018; Omorogiuwa, 2016).

## B) Psychological/Emotional Challenges

Psychological and emotional issues are significant problems facing older adults in Nigerian society. Psychological losses intensify the fear of aging, as grief and loss pose emotional challenges for older individuals. In Nigeria, older adults commonly experience psychological problems like depression, amnesia, dementia, and sleep-related disorders, often linked to age-related illnesses. These issues manifest through changes in sleep patterns, appetite, mood, and cognitive abilities (UN, 2013; Abiodun, Adekeye & Iruonogbe, 2013).

## C) Physiological Challenges

Aging is an inherent part of human life, marked by the gradual decline of various organ functions, including the cardiovascular, nervous, skeletal, vision, hearing, and skin systems. These changes occur as cells are lost, leading to reduced organ resilience and increased vulnerability to diseases. For instance, the cardiovascular system becomes more susceptible to heart diseases, and bones lose calcium, becoming more fragile. Vision deteriorates, especially in the ability to focus on near and far objects, while hearing diminishes in the perception of high frequencies. Additionally, the skin undergoes gradual loss of elasticity, contributing to the development of wrinkles (Amarya, Singh & Sabhawal, 2015).

### **2.1.1 Neglect of the Elderly in Nigeria**

As people age, they often rely more on their family, neighbors, and close ones to help with their daily activities. Unfortunately, in Nigeria, older adults who depend on others for their daily needs are at risk of mistreatment. Maltreatment can be a single harmful act or a repeated failure to act appropriately within a relationship based on trust, causing harm or distress to an older person. In Nigeria, maltreatment against older adults takes several forms, including physical, psychological, financial, sexual, and neglect.

- i. Physical maltreatment: Older Nigerians often face physical abuse, usually from younger family members or others, resulting in injuries like wounds, bruises, fractures, and more.
- ii. Psychological/Emotional maltreatment: Psychological maltreatment includes verbal abuse, threats, harassment, or intimidation, leading to emotional distress, anxiety, and withdrawn behavior. This can involve name-calling, humiliation, and other forms of emotional harm.
- iii. Sexual maltreatment: This involves nonconsensual sexual activities or comments directed at older adults who may not be able to consent, causing physical or emotional harm.

iv. Financial maltreatment: Financial abuse includes misusing or withholding an older adult's resources to their disadvantage, altering legal documents, and showing undue interest in their assets, often resulting in a disparity between their income and the care they receive.

v. Neglect: Neglect is the most common form of maltreatment against older adults in Nigeria, involving a failure to provide essential care, such as food, water, clothing, shelter, and emotional support.

## **2.2 Concept of Quality of Life**

Understanding one's illness and suffering has a subjective dimension. The difficulties faced, limitations in daily life, and related anxieties vary greatly and are as unique as human fingerprints. Doctors often focus on optimizing medication and measure treatment success solely in medical terms. However, helping patients goes beyond this and includes improving their psychosocial well-being, teaching them to find satisfaction in daily life, and ultimately enhancing their quality of life (QOL).

The term "QOL" originated in the United States after World War II, initially referring to material wealth and possessions. Over time, it evolved to encompass life satisfaction, the fulfillment of needs and aspirations, and adapting to one's environment for a better life. It shifted from a focus on having things to being fulfilled. High QOL was once believed to be reserved for the healthy, as only a healthy society could produce and enjoy material and cultural goods.

QOL assessment relies on patient self-report questionnaires, categorized as generic (universal) or specific (disease-related). Generic questionnaires evaluate well-being and the effects of illness on a patient's overall functioning. Disease-specific questionnaires focus on aspects relevant to the specific condition. Four common QOL dimensions are somatic state, psychological well-being, social relations, and physical fitness. While QOL assessment has its challenges due to its subjectivity, it remains a valuable tool in healthcare.

QOL is an important indicator in the medical field, assessing both health-related and non-health-related outcomes of disease. It helps evaluate the effectiveness of medical interventions and patient care, not just in terms of physical recovery but also in terms of psychological and social well-being. QOL assessment aids in understanding patients' health status and the cost-effectiveness of healthcare interventions, ultimately assisting in healthcare budget management.

### **2.3 Coping Strategies for the Elderly**

Supporting older individuals involves promoting coping strategies that encourage a positive outlook on aging. This means fostering the belief that seniors can effectively manage the challenges that come with growing older and find joy in the process. To achieve this, we can promote a change in attitude that avoids making unfavorable comparisons with other generations, discourages negative self-talk, emphasizes self-

empowerment, and encourages the development of strong communication skills to maintain social connections (Ayangunna & Mojoyinola, 2014).

Moreover, it's crucial to strengthen traditional support and care systems for Nigerian older adults. Reviving the African communalism and extended family structure is essential. Instead of solely focusing on the nuclear family, which comprises "me, my spouse, and our children," we should emphasize caring for older family members. Love, a fundamental aspect of human existence, should be promoted towards older adults. They should be shown love, acceptance, and care, with attention to their emotional needs and desires. They should also be encouraged to participate in social and community activities while respecting their privacy and autonomy. Caregivers must be more supportive and compassionate in their approach.

Another important intervention is to provide free medical services for all older adults in Nigeria. Aging is a natural process, and health issues tend to increase with age. Expanding the National Health Insurance Scheme (NHIS) to cover all older adults, not just civil servants, is crucial. Additionally, it's imperative to incorporate geriatrics and social gerontology into medical and social work curricula, enhancing the understanding of older adults and age-related health issues among healthcare professionals and social workers (Olaore, 2014).

Furthermore, there's a need for comprehensive social security programs that offer financial support to all Nigerian older adults. The current contributory pension

scheme primarily caters to those in formal government sectors, leaving out many older individuals. Expanding this scheme to include all seniors and introducing tax relief for those supporting older family members is essential.

Finally, the Nigerian government should introduce a range of community-based services and programs to support older adults and their families, such as nursing homes, senior centers, transportation services, friendly visiting programs, adult daycare, protective services, hospital-at-home services, and family-friendly programs (Okoye, 2013).

#### **2.4 Theoretical Framework: Social Learning Theory**

The theoretical framework employed in this study is the Social Learning Theory, as developed by Albert Bandura in 1963 and further detailed in 1971. This theory explores the process of learning and social behavior and posits that individuals can acquire new behaviors by observing and imitating others. It underscores that learning is a cognitive process occurring within a social context, with the potential for learning through observation or direct instruction. In addition to behavior observation, learning can also result from observing rewards and punishments, known as vicarious reinforcement.

Key tenets of Albert Bandura's Social Learning Theory are as follows:

Learning is not solely behavioral but a cognitive process embedded within a social context.

Learning can occur through observing behaviors and their consequences (vicarious reinforcement).

Learning involves observing, extracting information from these observations, and making decisions about behavior (observational learning or modeling).

Reinforcement plays a role in learning but is not the sole determinant.

The learner is not passive but actively interacts with cognition, environment, and behavior in a mutually influential manner (reciprocal determinism).

This theory is applicable to the elderly, as it highlights the importance of learning and adapting to new behaviors as they navigate the challenges associated with aging. It suggests that older adults can learn and adopt new strategies and activities to enhance their quality of life, such as engaging in social activities within homes for the elderly.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This chapter delves into the procedures employed in conducting the research. It encompasses the research design, the study's target population, the sample size, the sampling technique, the data collection method, the research tools used, and the techniques applied for data analysis.

#### **3.1 Research Design:**

In this study, we have chosen to employ the Survey Research Design. This approach involves studying a group of people or items by collecting and analyzing data from a representative subset. It employs instruments like tests, questionnaires, and observations. Given the substantial population of the study area, the survey research design is the most suitable choice.

#### **3.2 Study Area:**

Our research will be conducted in Akoko Edo Local Government Area, situated in Edo State, Nigeria, with its headquarters in Igarra. Covering an area of 1,371 square kilometers, it had a population of 262,110 according to the 2006 census. We will focus on specific communities within this area. The earliest inhabitants were the Benins, who settled concurrently with the Etsako people during Oba Ozolua's reign (1483-1504). Other groups migrated into the region over time, including the Igbirra

and Idah from the North and East. Notable markets in Akoko-Edo LGA include the bustling Igarra Market and Uzebba Market.

### **3.3 Population of the Study:**

As per the National Population Commission's 2006 data, Akoko Edo Local Government Area has a population of 262,110. However, for our study, we will work with a sample of 360 elderly individuals selected from various communities. The projected population for 2023 is 433,215.

### **3.4 Sample Size and Sampling Technique:**

To determine the sample size, we will employ simple random sampling, which ensures that each member of the population has an equal chance of being selected. Stratified sampling will be used to ensure representation. The sample size is computed using the inclusion and exclusion criteria. The formula used is:  $n = N / (1 + N(e)^2)$ , which yields a sample size of 399.

### **3.5 Research Instrument:**

The primary data collection tool will be a structured questionnaire. This choice allows for efficient data gathering from a larger number of respondents within a shorter time. It also provides clarity and guidance to the respondents, reducing ambiguity.

### **3.6 Validity and Reliability of the Research Instrument:**

To ascertain the validity of the instrument, Content Validity will be ensured by consulting experts and professionals in the field. To test reliability, the instrument will undergo Test-retest Reliability.

### **3.7 Method of Data Collection:**

Data for this research will be collected using questionnaires. These questionnaires will be distributed in person to the respondents, and the researcher will assist in filling them out. To maintain confidentiality, completed questionnaires will be collected immediately to prevent tampering.

### **3.8 Method of Data Analysis:**

The study will utilize simple percentages and Kendall's measure of concordance for data analysis, presenting the results in frequency distribution tables. These methods have been chosen for their simplicity and adequacy in analyzing the data.

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter contains the data presentation, analysis and interpretations of the various data collected for this study. Consequently, it entails the application of both mathematics and statistical techniques to provide the basis for analyzing the research objectives listed in chapter one. Hence, it is a vital part of this study since it forms the basis for conclusion and policy recommendations.

#### **4.2 Data Presentation and Analytical Techniques**

Tables and percentages were used in this chapter in this research work; the use of table was the most appropriate means of interpreting information for easy understanding. In analyzing the data, judgment was based on the number of favorable or unfavorable responses received on each statement in the questionnaire. Generally, the favorable responses are, “strongly agreed” and “agreed” while the unfavorable responses are “disagreed” and ‘strongly disagreed’. The results of the data collected are analyzed below based on each research questions.

## Section A: Demographic Characteristics of the Respondents

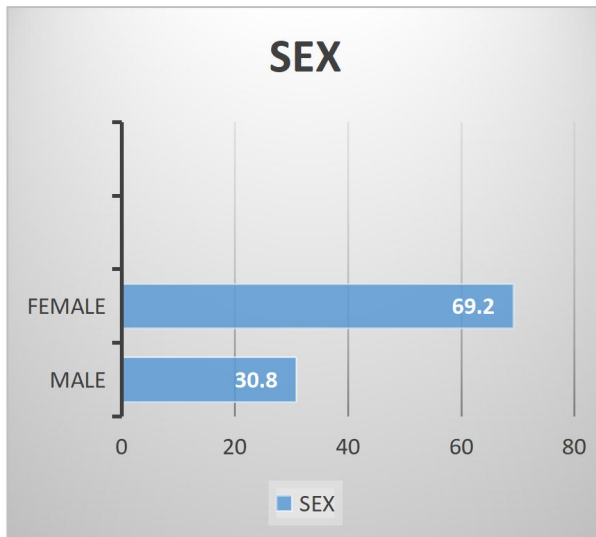
**Table 4.1 Demographic of Respondents**

1	<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
	Male	111	30.8%
	Female	249	69.2%
	<b>Total</b>	<b>360</b>	<b>100%</b>
2	<b>Age</b>		
	50 - 69 years	232	64.4%
	70 – 89 years	113	31.4%
	90 years and above	15	4.2%
	<b>Total</b>	<b>360</b>	<b>100</b>
3	<b>Marital Status</b>		
	Single	10	2.8%
	Married	209	58.0%
	Divorced	141	39.2%
	<b>Total</b>	<b>360</b>	<b>100%</b>
4	<b>Religion</b>		
	Christians	230	68.9%
	Muslim	118	32.8%
	Traditional Worshippers	12	3.3%
	<b>Total</b>	<b>360</b>	<b>100%</b>

**Source Field work 2023**

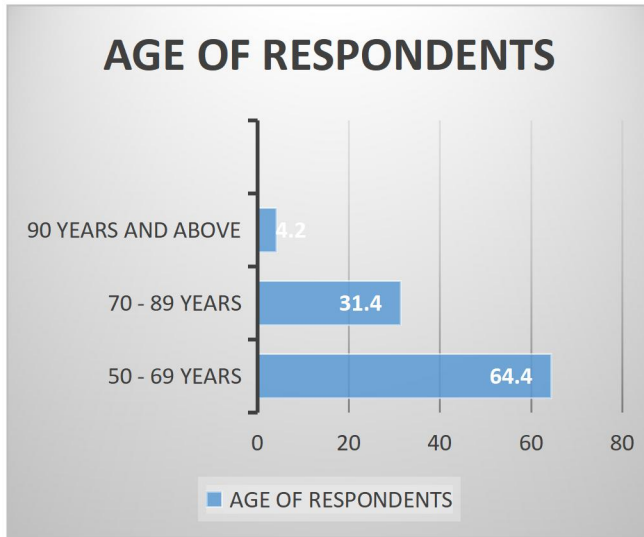
Table 4.1 contains and shows the demographic characteristics of the respondents. Accordingly, 30.8% of the total respondents are male while 69.2% percent of the total respondents are female. This implies that we had more female respondents. 64.4% of the total respondents are between the age brackets of 50 - 69 years; 31.4% of the total respondents are between the age brackets of 70 - 89 years; and 4.2% of the total respondents are between the age brackets of 90 years and above. It also shows that 2.8% of the total respondents are Single; 58.0% percent of the total respondents are married and 39.2% of the total respondents are divorced. This implies that the

majority of the respondents are married. It also indicated that 68.9% of the respondents are practicing Christianity; 32.8% of the respondents are practicing Islam and 3.3% are Traditional worshippers. This implies that the majority of the respondents are Christians.



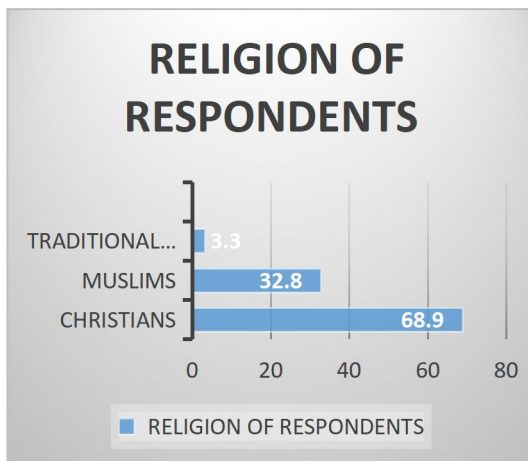
**Fig 1 : Sex of the Respondents**

The bar charts contains and shows the demographic characteristics of the respondents. Accordingly, 30.8% of the total respondents are male while 69.2% percent of the total respondents are female. This implies that we had more female respondents.



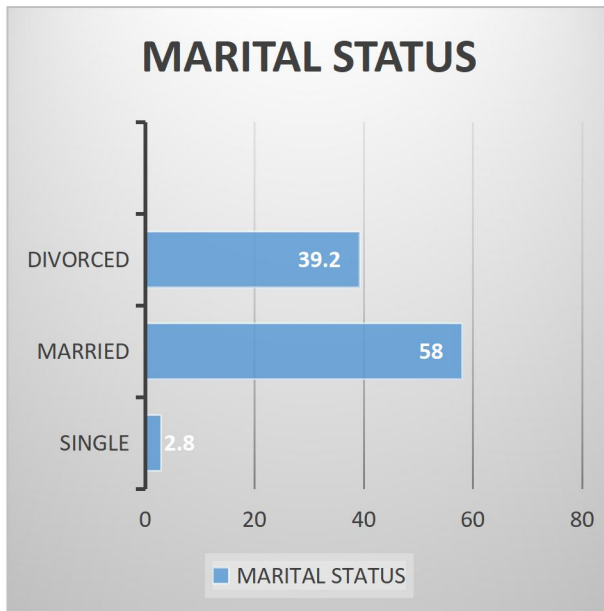
**Fig 2 : Age of the Respondents**

The bar charts contains and shows the demographic characteristics of the respondents. Accordingly, 64.4% of the total respondents are between the age brackets of 50 - 69 years; 31.4% of the total respondents are between the age brackets of 70 - 89 years; and 4.2% of the total respondents are between the age brackets of 90 years and above.



**Fig 3 : Religion of the Respondents**

The bar charts contains and shows the demographic characteristics of the respondents. Accordingly, It also indicated that 68.9% of the respondents are practicing Christianity; 32.8% of the respondents are practicing Islam and 3.3% are Traditional worshippers. This implies that the majority of the respondents are Christians.



**Fig 4 : Marital Status of the Respondents**

The bar charts contains and shows the demographic characteristics of the respondents. Accordingly, 2.8% of the total respondents are Single; 58.0% percent of the total respondents are married and 39.2% of the total respondents are divorced. This implies that the majority of the respondents are married.

**RESEARCH QUESTION ONE: What is the quality of life of the elderly living in Akoko - Edo LGA?**

**Table 4.2: Do the elderly living in Akoko Edo LGA have or experience low quality of life?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	97	26.9%
Disagreed	12	3.3%
Strongly Agreed	219	60.8%
Strongly Disagreed	27	7.5%
Undecided	5	1.5%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.2 above revealed that 26.9% of the total respondents agreed; 3.3% of the total respondents were disagree; 60.8% of the total respondents strongly agreed; 7.5% of the total respondent strongly disagreed; and 1.5% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.3: The elderly are mostly living in poverty and lack?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	89	24.7%
Disagreed	9	2.5%
Strongly Agreed	242	67.2%
Strongly Disagreed	6	1.7%
Undecided	14	3.9%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.3 above, it revealed that 24.7% of the total respondents agreed; 2.5% of the total respondents disagreed; 67.2% of the total respondents strongly agreed; 1.7% of

the total respondent strongly disagreed; and 3.9% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.4: Many of the elderly living in Akoko Edo LGA do not have access to the hospitals in case of emergency?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	79	21.9%
Disagreed	10	2.9%
Strongly Agreed	250	69.4%
Strongly Disagreed	21	5.8%
Undecided	0	0%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.4 above, it revealed that 19.75% of the total respondents agreed; 2.5% of the total respondents disagreed; 72.5% of the total respondents strongly agreed; 5.25% of the total respondent strongly disagreed; and 0% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.5: The elderly in Akoko Edo LGA are neglected by family member?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	239	66.4%
Disagreed	6	1.7%
Strongly Agreed	110	30.5%
Strongly Disagreed	0	0%
Undecided	5	1.4%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.5 above, it revealed that 66.4% of the total respondents agreed; 1.7% of the total respondents disagreed; 30.5% of the total respondents strongly agreed; 0% of the total respondent strongly disagreed; and 1.4% of the total respondent were undecided. This implies that the majority of the respondents agreed.

**RESEARCH QUESTION TWO: What are the different coping strategies used by the elderly in Akoko -Edo LGA?**

**Table 4.6: The elderly can be seen playing board games like ludo to keep busy?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	76	21.1%
Disagreed	11	3.1%
Strongly Agreed	261	72.5%
Strongly Disagreed	12	3.3%
Undecided	0	0%
<b>Total</b>	<b>360</b>	<b>100.0%</b>

*Source: Field Survey, 2023*

Table 4.6 above, it revealed that 21.1% of the total respondents agreed; 3.1% of the total respondents disagreed; 72.5% of the total respondents strongly agreed; 3.3% of the total respondent strongly disagreed; and 0% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.7: Regular check at the hospital is needed at such a age?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	126	35.0%
Disagreed	5	1.4%
Strongly Agreed	216	60.0%
Strongly Disagreed	7	1.9%
Undecided	6	1.7%
<b>Total</b>	<b>360</b>	<b>100.0%</b>

*Source: Field Survey, 2023*

Table 4.7 above, it revealed that 35.0% of the total respondents agreed; 1.4% of the total respondents disagreed; 60.0% of the total respondents strongly agreed; 1.9% of the total respondent strongly disagreed; and 1.7% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.8: The elderly should be very careful of the type of food they eat?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	115	31.9%
Disagreed	11	3.1%
Strongly Agreed	182	50.6%
Strongly Disagreed	13	3.6%
Undecided	39	10.8%
<b>Total</b>	<b>360</b>	<b>100.0%</b>

*Source: Field Survey, 2023*

Table 4.8 above, it revealed that 31.9% of the total respondents agreed; 3.1% of the total respondents disagreed; 50.6% of the total respondents strongly agreed; 3.6% of

the total respondent strongly disagreed; and 10.8% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.9: Does physical activities and sport help the elderly stay healthy?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	102	28.3%
Disagreed	0	0%
Strongly Agreed	251	69.7%
Strongly Disagreed	0	0%
Undecided	7	1.9%
<b>Total</b>	<b>360</b>	<b>100.0%</b>

*Source: Field Survey, 2023*

Table 4.9 above, it revealed that 28.3% of the total respondents agreed; 0% of the total respondents disagreed; 69.7% of the total respondents strongly agreed; 0% of the total respondent strongly disagreed; and 1.9% of the total respondent were undecided.

This implies that the majority of the respondents strongly agreed.

**RESEARCH QUESTION THREE: What are the effect of some coping strategies and how it affects the quality of life of the elderly living in Akoko - Edo LGA?**

**Table 4.10: The traditional support and care system could provide the elderly with much needed love and care?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	231	64.2%
Disagreed	0	0%
Strongly Agreed	97	26.9%
Strongly Disagreed	22	6.1%
Undecided	10	2.8%
<b>Total</b>	<b>360</b>	<b>100.0%</b>

*Source: Field Survey, 2023*

Table 4.10 above, it revealed that 64.2% of the total respondents agreed; 0% of the total respondents disagreed; 26.9% of the total respondents strongly agreed; 6.1% of the total respondent strongly disagreed; and 2.8% of the total respondent were undecided. This implies that the majority of the respondents agreed.

**Table 4.11: Support care workers are needed to take care of the elderly which will improve their quality of life?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	97	26.9%
Disagreed	9	2.5%
Strongly Agreed	249	69.2%
Strongly Disagreed	0	0%
Undecided	5	1.4%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.11 above revealed that 26.9% of the total respondents agreed; 2.5% of the total respondents disagreed; 69.2% of the total respondents strongly agreed; 0% of the total respondent strongly disagreed; and 1.4% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

**Table 4.12: Coping strategies through self-help development will be very helpful to the elderly population?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	165	45.8%
Disagreed	14	3.9%
Strongly Agreed	95	26.4%
Strongly Disagreed	0	0%
Undecided	86	23.9%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.12 above revealed that 45.8% of the total respondents agreed; 3.9% of the total respondents disagreed; 26.4% of the total respondents strongly agreed; 0% of the total respondent were disagreed; and 23.9% of the total respondent were undecided. This implies that the majority of the respondents agreed.

**Table 4.13: The provision of free medical services for the elderly population living in Akoko Edo LGA?**

	<b>Frequency</b>	<b>Percent</b>
Agreed	102	28.3%
Disagreed	0	0%
Strongly Agreed	258	71.7%
Strongly Disagreed	0	0%
Undecided	0	0%
<b>Total</b>	<b>360</b>	<b>100.0</b>

*Source: Field Survey, 2023*

Table 4.13 above revealed that 28.3% of the total respondents agreed; 0% of the total respondents disagreed; 71.7% of the total respondents strongly agreed; 0% of the total respondent strongly disagreed; and 0% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.0 Introduction**

In this chapter, we will summarize the conclusions and recommendations drawn from the study based on our research findings.

#### **5.1 Summary**

Our research was organized into five chapters to effectively conduct our investigation. We outlined three objectives that guided our study. These objectives led to the formulation of research questions and hypotheses, as well as discussions on the study's assumptions, significance, area of focus, and scope. In Chapter two, we reviewed relevant literature related to our research topic, critically examining the perspectives of social workers and scholars. We based our study on the Social Learning Theory as the theoretical framework. Chapter three detailed the study's design and methodology, utilizing a cross-sectional survey design with a population of elderly individuals in the study area. We sampled 360 participants using a simple random sampling method and collected data through questionnaires. Demographic responses from the questionnaires were analyzed using simple percentage tables. In Chapter four, we presented the data analysis results, which revealed the following findings:

The elderly population in Akoko-Edo LGA experiences neglect and depression.

Social work strategies can significantly enhance the quality of life of the elderly.

Extended family and community members can play a pivotal role in improving the overall quality of life and health of the elderly in Akoko-Edo LGA.

## **5.2 Conclusion**

Elderly adults constitute a particularly vulnerable population, facing significant challenges that require adaptation skills. Factors like diseases can impact various aspects of their well-being, including material, interpersonal, and physical aspects. This research emphasizes the importance of exploring these findings in future studies and developing interventions to enhance the well-being and health of the elderly. Coping strategies play a crucial role in mediating the impact of life events on the quality of life, and it is likely that having a safe space to express emotions and access to social support can improve quality of life. More applied research is needed to equip this population with effective coping skills. The conclusions drawn from this research have implications for practical interventions, social policies, and academic research, all aimed at promoting the well-being of the elderly.

## **5.3 Recommendations**

Our study recommends that elderly individuals can enhance their quality of life through self-help development during old age. This involves encouraging them to adopt attitudes that reflect their ability to cope with the challenges of aging, find joy,

and happiness. It includes avoiding comparisons with other generations, refraining from negative self-statements, identifying and utilizing their strengths, and developing effective communication skills to stay socially connected. Additionally, traditional support and care systems for Nigerian elderly individuals need to be strengthened, reviving African communalism and extended family support systems.

We further recommend that family and community members engage with the elderly through activities such as walks and interaction to keep them engaged throughout the day. The government should consider establishing homes and relaxation centers with games and fun activities for the elderly, as well as improving their access to healthcare. Social workers should also receive proper training in caring for the elderly. Implementing these recommendations is expected to significantly enhance the overall quality of life and health of the elderly.

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