

**SOCIO-ECONOMIC EFFECT OF OLDER ADULT NEGLECT IN
IGUOBHIIBA**

**OBAYUWANA EVA OBHOKHAN
SSC2105995**

**DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF
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**REQUIREMENTS OF THE AWARD OF THE BACHELOR OF
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CERTIFICATION

I certify that this research work was carried out by **Obayuwana Eva Obhokhan** in the Department of Social Work, Faculty of Social Sciences, University of Benin City and that this study is adequate both in scope and quality for the partial fulfillment of the award of a bachelor of science (B.Sc) degree in Social Work university of Benin-City, Nigeria.

.....
Dr Osagie Egharevbe
(Project Supervisor)

.....
Dr. (Mrs.) H.E. Eweka
(Head of Department)

Date

Date

DEDICATION

This research work is dedicated to the God Almighty for his mercies and goodness upon my life.

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ABSTRACT

This study aims to assess the socio-economic effect of older adult neglect in Iguobhioba. The objectives of the study includes to identify the various forms of neglect experienced by older adults in Iguobhioba Community, assess the socio-economic conditions (income, housing, healthcare access, nutrition, etc.) of neglected older adults in the community, examine the impact of neglect on the physical, emotional, and psychological well-being of older adults, explore the role of family members, caregivers, and the wider community in either contributing to or alleviating the neglect of the elderly, analyze the availability and effectiveness of social support systems, including government and non-governmental interventions, for older adults in Iguobhioba and to recommend social work strategies and policy measures that can reduce neglect. Situational theory was adopted in the study. A qualitative approach was applied in the thesis and content analysis was undertaken. five objectives were raised for the study. The population of the study comprised of older adults aged 60 years and above residing in Iguobhioba Community. The data generated from the survey were analyzed by means of tables and percentages. The result of the analysis was tested at 0.05 (5%) level of significance. The findings of the study show that older adults in Iguobhioba Community experience multiple and interconnected forms of neglect, with physical, emotional, and economic neglect emerging as the most prevalent. The study recommend among others that The government should take active and concrete measures towards implementing a viable social welfare programme for the elderly both at the federal, state and local government levels. This would ensure uniformity in implementation.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Older adult neglect is nothing new to the world; it has been taking place for literally thousands of years. However, the process of a condition evolving into a social problem, according to Spector and Kitsuse (2013) is when individuals and

groups make claims and grievances about such a condition being problematic and that such a condition is in need of intervention (Stearns, 2016). Collins and Gary (2012) observe that neglect and elderly people abuse, especially in the home, appear to be increasing. They also note that it is possible, of course, that the society is only now beginning to recognize the widespread prevalence of a problem that has been with us for centuries. Media attention and public outcries have riveted a lot of attention on child neglect, which is really quite similar to the neglect of the elderly. In many ways, the elderly become as dependent as children on their caregivers; financially, emotionally or physically (Jones & Peterson, 2014).

Neglect of older persons, for example, came to the attention of the public as a social problem in the 1980s (Jones & Peterson, 2014), partially due to the growth of the global elderly population. This was accompanied by a series of socio-cultural, economic and physical conditions that posed a challenge to the family and the entire society (Chuks, 2011). The World Health Organization (2002) describes it as an important developmental element requiring emergency action. It takes various forms including physical harm, emotional abuse, financial or material exploitation, and intentional or unintentional neglect (Sweat, 2000). Ridgway (2012) and Kutsal (2015) point out that neglect and abuse of elderly persons commonly goes unnoticed and unreported, with only the most

severe cases

commanding attention. Apparently, most people may find it hard to believe that the problem exists. It has been labelled a hidden phenomenon because within the family structures where neglect occurs, the key to maintaining abusive relationships is to regard the abuse as “a private concern” and keep it hidden from those outside the family (Sever, 2009).

According to Kutsal (2015), the older population in Africa is increasing in line with global trends. The number of people over 65 years in sub-Saharan Africa is currently estimated to be over 35 million. The elderly can expect to live longer than they did two years ago. While this may be an accomplishment worthy of celebration, this joy is tempered with by the awareness that many elderly adults in Africa are facing a future of neglect and abuse without a social safety net (Kutsal, 2015).

In a research carried out by Help Age International in 2011 on “Elderly neglect in the Health Care Services in Nigeria”, it was found that neglect of the elderly does exist not only in the health sector but also in the wider community in Nigeria. In certain cases, for example, among the iguobhioba community, older women have been accused of witchcraft and are seen as responsible for any other negative occurrence in the neighbourhoods, and are consequently killed. Due to

their fragility, use of walking sticks and their bent figure, they are ostracized.

Chuks (2011) observes that old age in many African countries including Nigeria is a nightmare and a tale of woes. The elderly are vulnerable to financial exploitation and social isolation, thereby endangering their health. Elderly people, particularly women, have to care for their dying children and orphaned grandchildren. The family and community networks in many developing countries that had formerly provided support to the elderly generation have been weakened, and often destroyed by rapid social and economic changes (Riekse and Holstage, 2016).

1.2 Statement of the Research Problem

In many developing communities, including Iguobhioba in Edo State, Nigeria, older adults are increasingly experiencing neglect in various forms—emotional, financial, physical, and social. This neglect has significant socio-economic consequences not only for the affected individuals but also for the community at large. Traditionally, the extended family system provided care and support for the elderly, but modern socio-economic pressures, urban migration, and the breakdown of family structures have eroded these support systems (Habjanic & Lahe, 2022).

In Iguobhioba community, many older adults live in poverty, suffer from preventable health conditions, and lack access to social services. They are often excluded from

productive economic activities and community decision-making, which worsens their vulnerability. The absence of effective social welfare policies and the limited presence of governmental or non-governmental support systems further compound the problem (Kutsal, 2021).

Despite the critical implications of this issue, there is a lack of comprehensive research and targeted intervention programs to address the socio-economic neglect of older adults in the community. This neglect not only diminishes the quality of life for elderly individuals but also weakens the social fabric and economic stability of the community. Therefore, it is important to investigate the socio-economic effects of this neglect to inform policy formulation and social work interventions tailored to the needs of the aging population in Iguobhioba

1.3 Objectives of the Study

The primary objective of this study is to examine the socio-economic effects of neglect on older adults in Iguobhioba Community. The specific objectives are:

- i.** To identify the various forms of neglect experienced by older adults in Iguobhioba Community.
- ii.** To assess the socio-economic conditions (income, housing, healthcare access, nutrition, etc.) of neglected older adults in the community.
- iii.** To examine the impact of neglect on the physical, emotional, and psychological well-being of older adults.
- iv.** To explore the role of family members, caregivers, and the wider community in either contributing to or alleviating the neglect of the elderly.
- v.** To analyze the availability and effectiveness of social support systems, including government and non-governmental interventions, for older adults in Iguobhioba.
- vi.** To recommend social work strategies and policy measures that can reduce neglect and improve the socio-economic well-being of older adults in the community.

1.4 Research questions

This research, therefore, was guided by the following questions:

- i. What are the various forms of neglect experienced by older adults in Iguobhioba Community?.
- ii. What are the socio-economic conditions (income, housing, healthcare access, nutrition, etc.) of neglected older adults in the community?.
- iii. What are the impact of neglect on the physical, emotional, and psychological well-being of older adults.?
- iv. What are the role of family members, caregivers, and the wider community in either contributing to or alleviating the neglect of the elderly?.
- v. How effect and available are the social support systems, including government and non-governmental interventions, for older adults in Iguobhioba.
- vi. what are the social work strategies and policy measures that can reduce neglect and improve the socio-economic well-being of older adults in the community

1.5 Significance of the study

This study is significant for several reasons, as it addresses a critical and often overlooked issue affecting a vulnerable segment of the population—older adults. The findings and insights generated will be valuable in the following ways:

1. The study will raise awareness about the prevalence and consequences of neglect among older adults in Iguobhioba Community, helping to bring the issue into public and policy discourse.
2. It will provide evidence-based data that can guide local and state government agencies in formulating policies and programs aimed at improving the welfare and protection of the elderly.
3. The study will enlighten families, caregivers, and community leaders on the roles they play in either contributing to or preventing neglect, and encourage stronger communal responsibility and care for older adults.
4. The research will serve as a useful resource for social workers, NGOs, and advocacy groups working on elderly care, enabling them to design more effective interventions and support systems.
5. The study will add to the body of knowledge in the fields of gerontology, social work, and community development, particularly within the Nigerian and African context.
6. Ultimately, the study aims to contribute to improved quality of life for older adults by highlighting their needs and advocating for sustainable socio-economic support mechanisms in Iguobhioba Community.
- 7.

1.6.1 Scope of the study

The study was conducted in Iguobhioba community, and focused on socio-economic effect of older adult neglect. This study focuses on examining the socio-economic effects of neglect experienced by older adults (aged 60 years and above) residing in Iguobhioba Community, located in Oredo Local Government Area of Edo State, Nigeria. The scope of the study is limited to the older adults within the geographical boundaries of Iguobhioba Community, with particular attention to those living without adequate family or institutional support. The research will assess various forms of neglect, including physical, emotional, financial, medical, and social neglect, and how these impact the well-being of the elderly. The study will also explore how neglect affects key socio-economic aspects of the lives of older adults, such as income level, access to healthcare, housing, nutrition, social participation, and dependency status. The study will examine the roles of family members, caregivers, the community, and government institutions in either contributing to or mitigating the neglect of older adults. The research will reflect on data and experiences gathered within the past 5–10 years to understand the current state and recent trends in the neglect of older adults in the community.

Definitions of terms

Cultural factors: Encompasses the set of beliefs, moral values, traditions, language, and laws (or rules of behaviour) held in common by a community, or other defined group of people about the elderly people.

Elderly persons: Persons aged 65 years and above.

Socio-economic factors: social and economic experiences and realities that help mould

elderly people personality, attitudes and lifestyle.

CHAPTER TWO

LITERATURE REVIEW

2.1 Preamble

This chapter presents a review of the literature relevant to the research problem. The literature is reviewed along the following sub-themes: prevalence and types of violence against the elderly, the socio-economic factors and cultural factors that influencing violence against older persons. Finally, the section discusses the theoretical frameworks that guided the study.

2.2 Prevalence and forms of older adult neglect

Several studies have shown that elder neglect is one of the most common forms of elder abuse. According to the World Health Organization (WHO, 2021), approximately 1 in 6 people aged 60 years and older experience some form of abuse in community settings every year, with neglect being a major component. The rate is believed to be higher in institutional settings like nursing homes and hospitals. In Nigeria, the prevalence of elder neglect varies across regions due to cultural, economic, and social differences. Okoye and Asa (2011) found that in Enugu State, southeastern Nigeria, 55% of the elderly population reported some form of neglect, especially in terms of financial and medical care. Similarly, Abdulraheem and Parakoyi (2009), in a study conducted in Kwara State, noted that neglect was the most reported form of elder abuse among the elderly living in rural communities.

International data on elder abuse and neglect show that the prevalence varies globally between 1% and 44.6% (Sooryanarayana, *et al.*, 2013) and between 2.2% and 66% in Asia (Yan E, Chan, and Tiwari, 2015). A recent review synthesizing prevalence from community-based studies among elders aged 60 yielded a pooled prevalence of abuse estimate at 15.7%. Psychological abuse was found to be the most common form (11.6%), followed by financial, neglect, physical and sexual abuse at 6.8%, 4.2%, 2.6% and 0.9%, respectively. Regional elder abuse estimates suggest that Asia predominated at 20.2%, despite the greater emphasis on filial piety in Asian cultures. This estimate is followed by Europe (15.4%) and the Americas (11.7%) (Yan et al., 2016: 37).

The reasons for the higher estimates found in Asian cultures are unknown although the increasing rapid economic development and social change in many Asian countries may have significantly contributed to the elder neglect problem. The slow degradation of values coincides with the disbanding of extended families in favour of the nuclear family set-up especially when work opportunities take youngsters away to larger cities (Yan et al., 2015). Some studies have reported that elder abuse may be associated with older age, female sex, minority ethnic status, lower levels of education, lower socio-economic status, cohabiting with other relatives (Sooryanarayana, *et al.*, 2013). Laumann, *et al* (2008: 56-59) found that 9% of community-dwelling elders reported verbal mistreatment, 3.5%, financial mistreatment, and 0.2% physical mistreatment. Data analysis also revealed more verbal mistreatment for women and

those with physical disabilities, and more financial mistreatment for African Americans and those without a spouse or intimate partner.

The National Elder Mistreatment Study revealed past-year prevalence of emotional mistreatment to be 4.6%; physical mistreatment, 1.6%; sexual mistreatment, 0.6%; current potential neglect, 5.1%; current financial exploitation by family, 5.2%; and lifetime financial exploitation by a stranger, 6.5%. Excluding financial exploitation, about one in ten respondents reported at least one form of past-year mistreatment and 1.2% reported two or more forms. Data analysis further indicates that spouses or intimate partners were more likely than adult children to perpetrate most forms of elder abuse (Acierno *et al.*, 2010).

Page, *et al.* (2009) found that care setting had an impact on the type and rate of elder abuse, particularly high rates across all types of abuse in nursing homes, high rates of verbal abuse in paid home care, and high rates of neglect in assisted living situations. Randel, German and Ewing, (1999) found that elders in nursing homes experienced physical abuse by staff at least once, including restraint and sexual abuse.

In Nigeria, there has never been any form of accurate and readily available material showing the statistics and reports pertaining to elderly abuse. Older women for that matter, especially those who live in rural areas experience harsh times in the hands of their caretakers. The elderly population is mainly in the rural areas. This

informal kind of settlement is characterized by high levels of unemployment, insecurity and poverty (Macharia, 2000).

There are many types of elder abuse. However, Ayres and Woodtli (2011) mention the difficulty of fitting abusive acts into a specific category of elder abuse, since some abusive acts may not fit one single category or may be appropriate for several categories. In addition, elder abuse situations are complex and these categories do not always reflect those complexities. Nevertheless, scholars have agreed upon five types of elder abuse, namely physical abuse, psychological abuse, financial abuse, sexual abuse and neglect (Habjanic & Lahe, 2012). Mouton *et al.* (2015) include harming the older person or placing them in a place of danger. The elderly may be abused physically by the one who is taking care of them. The caretaker may abuse the elderly physically like hitting, slapping, kicking, pushing, pulling the elderly's hair, burning, or forcing them to feed or use of or intentional over-medication.

The National Centre on Elder Abuse (Conrad *et al.*, 2011:149) defines emotional or psychological abuse as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional or psychological abuse includes, but is not limited to, verbal assaults, insults, threats, intimidation, humiliation, and harassment. Some examples of emotional or psychological abuse may also consist of actions such as treating an older person like a child; isolating the older person from his or her family, friends, or regular activities; giving an older person the silent treatment; and enforced social isolation.

According to Sev'er (2009:34), financial abuse involves exploitative actions such as theft, fraud, forgery as well as charging older people inflated fees for cheaper goods. Severe forms of economic exploitation include selling the property of older people without their informed consent, stealing the pension money of older people, or forcing older people to change their will. Other forms of elder abuse include forcing older people to take care of grandchildren, refusing to vacate the home of the older person or staying with the older person without making any financial contribution towards the household.

The World Health Organisation (WHO, 2013; 24) defines sexual abuse as non-consensual sexual contact of any kind that includes unwanted intimacy, touching in a sexual way, rape, and undressing in front of the elderly person. Neglect of older people is the most common type of elderly abuse, but it is not easy to prove neglect. Neglect is when the caregiver does not provide an elder's safety, or for his or her physical and/or psychological needs, or provide proper nutrition, or clothing (Maatskaplike, 2014).

2.3 Socio-economic factors

Poverty is the main threat facing elderly people worldwide. A report on ageing and development by Help Age International (2015) indicates that old people are consistently among the poorest in all societies, and material security is therefore one of the greatest pre- occupations of old age. Poverty has diversified itself to various

categories within the society and it is recognized as a major threat to every significant section of the Nigeria household (Help Age International, 2015). The Poverty Eradication Plan of 2013 notes that, in Nigeria, the poor tend to be classified as the landless, female headed households, households headed by people without formal education, orphans and beggars. The policy paper notes that poverty is multidimensional; it includes shortage of income and deprivations in other aspects, for instance, in knowledge, life expectancy, in standard and quality of life as well as in food. Poverty in communities and families therefore, remain the greatest threat to the wellbeing of elderly people (Heslop, *et al.*, 2014).

The majority of Nigeria older persons are caught in the grip of poverty that is unlikely to end in their lifetime. In fact, a study initiated by Help Age International in Nigeria recorded the impact that historical policies have on the lives of older persons, creating emotional and material poverty, the effects of which they battle with on a day-to-day basis (Heslop, *et al.* 2014). Living conditions of the elderly living in private homes (the majority) with their extended families caught in the grip of poverty are dreadful. They endure the hardships of lack of basic services like water and sanitation. It is estimated that 13 percent of older persons live in homes with no toilet, and 25 percent lack access to any water (Department of Health, 2013). A study carried out as part of the International Year of the Older Person (IYOP) to determine the knowledge, perception and needs of older persons in Nigeria, highlighted older persons' desire for

adequate housing with electricity, water supply and sanitation (Ondicho, 2012). Moreover, in cases where the adult generation cannot provide assistance, for instance being sick or being unemployed, the structure of the family changes completely: the elderly provide through pensions, if there is any, both for their children and grandchildren.

Development analysts and policy makers have largely excluded elderly people from poverty debates, regarding them as economically unproductive. This undermines poverty alleviation strategies, by failing to recognize the role of elderly people's actual and potential contributions to the well-being and survival of families and communities. A survey conducted by Help Age Ghana and Help Age International on livelihood security in Ghana found that, elderly women are the bedrock of support for the family. They provide childcare for the family, physical care and financial assistance to older men. The contribution of the older women is less likely to be officially recognized. It is regarded as domestic and therefore, extension of their normal responsibilities regardless of their age (HAI, 2013).

The life course approach also postulates that discrimination, for example, against women and other marginalized groups can result in them experiencing poverty in old age if they were excluded from high paying jobs earlier in their lives. WHO (2015), for example, linked pathological ageing to poverty; it noted that 'Chronic diseases and poverty are interconnected in a vicious circle. At the same time, poverty and worsening

of already existing poverty are caused by chronic diseases. The poor are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services'. However, Knodel and Ofstedal (2013) have criticized the life course approach for always focusing on female disadvantage.

In a 2003 paper by life course, they pose the question 'where are the men?' They argue that older men's problems are being under theorized as a result of an uncritical bias towards women as a permanent minority. In the East Africa region, Knodel and Ofstedal (2013:12) observed that 46% of the population above 60 years is male and women's advantage in life expectancy (also known as the gender advantage) at age 60 is 1.5 years. Knodel and Ofstedal (2013:16) note that 'men represent a declining share of successive older age groups among the elderly'. For instance, whilst world statistics indicate that men comprise nearly half of the older persons in the 60–64 year age group, they make up only two fifths of the population of older people who are 80 years and above (UN, 2012).

The elderly people suffer physical limitations due to restricted mobility, joint stiffness and muscle weakness. Failure of the various organs adds to these limitations, including poor eyesight, deafness and a diminished sense of balance. Elderly persons are also prone to bone fractures, chest and urinary infections. Their blood circulation tends to be sluggish and digestion poor. They are prone to high blood pressure, diabetes

and heart disease. The physical challenges grow proportionately with the ageing process as the physical composition of the body changes. The elderly may also suffer from failing mental faculties. These may include deterioration of memory, the learning and grasping power or cognition, concentration and reasoning. At the emotional level, the elderly may suffer from fear of incapacity and death, dependency, insecurity, rejection and loneliness, decreased self-esteem and confidence. Psycho-social problems among the elderly may arise due to reduced or lack of finances, lack of personal space, inability to hand over power/responsibility to the younger generation (Kamwengo, 2011).

As people grow older they become more vulnerable to abuse. Abuse is often perpetrated by family and community members and exacerbated by difficult economic and social conditions. The extent and nature of elderly abuse needs to be uncovered. Older women in Tanzania, Mozambique and Zimbabwe are accused of witchcraft. In Nigeria, protective legislation is often not applied in cases of violence against elderly people (HAI, 2002). Elderly people have been subjected to various forms of abuse that include physical violence, rape, denial of basic necessities such as food, water, shelter and health care.

The decline in the physical ability of the elderly persons to hear clearly puts them at higher risks of accidents, reduced interpersonal communication, paranoid tendencies

and depression (Kamwengo, 2011). The elderly are beset with other physical challenges such as frailty, poor vision or blindness, low immunity which make them susceptible to disease. Their conditions are worsened especially when the elderly in their frail conditions have to walk long distances to the health centres.

After the era of single party rule which ended in 1992 and Nigerias ushered in multiparty politics, there was a great interest by the Government and political parties to come up with social protection measures in order to curb unemployment, inequality and prevailing poverty among her people. This was demonstrated by the implementation of a large number of social protection programmes in existence today (Republic of Nigeria, 2009). These programmes are being implemented by the Government and non-governmental organizations in partnership with the private sector in form of cash transfers and non-cash transfer programmes. According to the National Social Protection Policy (Republic of Nigeria 2011), the broad goal of social protection is to ensure that all Nigerias live in dignity and exploit their own social and economic development. There are a number of social protection legal and policy frameworks and programme interventions for the elderly in Nigeria.

Modernization in the form of urbanization and rural-urban migration, have led to a cultural gap between the young and the old. In Nigeria, the collapse of the traditional extended family systems with its social security, welfare mechanisms, traditional power structure and social cohesion has rendered elderly persons irrelevant, disadvantaged

and marginalized. With the onset of modernization, the exodus of younger persons from the rural to urban cities raises the rural proportion of the elderly residents. As a result, traditional family support systems for the frail elderly may change. Younger members living in urban areas are unlikely to provide direct care for the elderly. This may be due to the high cost of urban life or change in lifestyle by the young people. The elderly in such instances are left to work in the farms despite their frail condition. It is only a matter of time when they can no longer engage in food production and thus they are subjected to poverty. The CBS (2013) poverty report states that the majority of the rural poor are women. When families are trapped in endemic poverty, younger generations have little scope to support the elderly. Co-residency, which is common in most rural setups, is no guarantee of effective care, since many elderly persons live in a state of material and emotional neglect. According to Cattel (2014), the elderly people face difficult situations due to the onset of modernization. The issue of family support for elderly people is coming more and more in the forefront especially as the African extended families are becoming stressed by geographical separation, economic pressures, and western influence.

2.4 Cultural factors

A common theme throughout various American Indian tribes in the U.S. is that they are of a culture that reveres the elderly in their communities (Anisko, 2009; Smyer & Clark, 2011). Elders are the carriers of the culture, holders of wisdom, and strength

of the community. They assist in raising children, teach languages, customs, and ceremonies, and often comprise leadership groups of spiritual leaders, healers and council chairs. Elder status is often based on life experience, wisdom, and respect from the community (Anikso, 2009). Anisko, (2009), suggests that 10 percent of American Indian elders suffer from definite or probable physical mistreatment. This percentage does not include other types of abuse such as psychological abuse, financial abuse or neglect, and it is therefore likely to be an underestimate of overall elder abuse. Factors that have been found to contribute to elder abuse in this population are caregiver substance use and psychological illness, marital conflict/violence against older persons, financial dependence of the caregiver on the elder, poverty, multiple caregivers, and medication noncompliance. Furthermore, because mistreatment of an elder is contrary to the cultural role expectations, it may often go unreported out of shame and guilt.

Inglehart (2014) examined elder abuse in Japanese culture. Confucian principles of filial piety, which emphasize providing for aged parents, have a long tradition in Japanese culture. The younger generation, however, adheres less to it than the older generation. Surveys indicate that the incidence of physical abuse and neglect were highest in home settings. It is difficult, however, to obtain a true prevalence due to the fact that it is important in Japanese culture to keep family matters private. Researchers note that the Japanese are tolerant of family violence and that abusers tend to be under a high level of stress (Arai, 2006). As support for traditional Japanese values and norms

are shifting towards industrialization and urbanization, Japanese elderly are no longer guaranteed the same prestige, power and care within the family. These shifts are likely to have affected perceptions of elder abuse in Japanese culture. Arai (2016) found that Japanese tend to consider physical aggression and neglect as elder abuse, suggesting stress caused by conflicting expectations among Japanese families. They also consider not taking care of elderly parents as extreme elder abuse, reflecting filial responsibility.

Chang and Moon (2015) examined elder abuse from the perspective of the Korean American elderly. Because most refused to disclose their own experiences of mistreatment due to strong cultural norms of shame, face-saving and keeping family problems within the family, the study focused on how Korean American elders identify and define elder abuse. Findings suggest that financial and psychological abuse occur more frequently than physical abuse and neglect in this population, with sons typically as financial abuse perpetrators and daughters-in-law as responsible for psychological abuse. These findings are consistent with the concept of filial piety, which also has a strong influence in Korean culture. Filial piety dictates that the oldest son lives with his parents and that his wife performs the household duties. Korean elderly parents tend to be much more critical of daughters-in-law because of their inferior status in the family. The finding that daughters-in-law were named as perpetrators more frequently than any other family members may be due to perceived deviation from traditional expectations (Dong and Simon, 2014).

Soneja's (2012) research on elder abuse in India revealed five key factors associated with, abuse and neglect namely, lack of value system and negative attitudes towards older persons, inadequate housing facilities, space and living arrangements, lack of adjustment and, lastly, financial and mental dependence of the elderly on their families. Nagpaul (2012) found similar results in relation to elder abuse among Indians in India. The consequences of urbanization have had profound effects on families in India to the extent that traditional cultural values such as the veneration of the old is now giving way to more abusive and negligence situations in the context of family care-giving.

Cultural values and belief systems influence norms about family life and structure. Disengagement, for example, is the response of a culture which has already indicated the aged are superannuated occupationally, and therefore should be phased out of life. With negative attitudes towards ageing and the aged becoming internalized by the elderly and young alike, there seems no reason to believe that age prejudice, some of which is maintained in conformity to social norms and practices, to which people are socialized, may end. Ageism, apart from leading to discrimination inherently contributes to disrespect for the elderly people. It allows younger people to view elderly people as different from themselves and hence cease to view them as human beings. It often results in the attitude that elderly people are unproductive, sickly, depressing and the cognitive damage is normative. Some of the most prevalent outcomes of ageism

for elderly people in Nigeria are; poor housing and income, untreated physical illnesses, disrespect, isolation and complaints. Elderly adults tend to be marginalized, stripped of responsibility, power and ultimately their dignity. This is converse of the olden days when elderly people were often held in high regard as teachers (Pang, 2000).

Discriminatory inheritance laws and customary practices against women in Nigeria are also to blame. Widows have a low status in society, little knowledge of their rights and cannot inherit property. The intimate relationship amongst people in the rural communities was found to be a factor that influenced financial decisions and potential abuse. Due to local social cohesion, there is reluctance on the part of elderly people in reporting cases of abuse to the police. Elderly women face double discrimination by virtue of their age and sex. The disadvantaged position of elderly women in most African societies is further exacerbated by traditional practices that dictate issues to do with widowhood and inheritance. Widowhood often brings about profound changes in a woman's status, stability and security. Elderly widows are susceptible to attacks, discrimination and various forms of abuses. They are denied the right to own property left by their deceased husbands. This is more marked in rural areas where women are generally regarded as the property of their husbands clans and remain voiceless even when the homes and property shared with their deceased husbands are taken away from them (HAI, 2014).

Africans' primary resource is and has been land (Bay, 2012). The right of property over land is therefore of great concern to the society. In many socio-cultural settings, women are not allowed to own land directly; it was either placed in the custodian of the clan or owned primarily by men. Women would then only use land but not own it (Mbithi, 2014). Boserup (2014) sought to find the root of land ownership and use in relation to gender. He observes that the European colonialists brought land reforms and put land parcels under the custodian of men as family heads. Land then continued to be passed on to the male through inheritance, this explains how and why women were left out completely without owning land. The World Bank (2013) agrees with this stating that whatever land the women farmers use is either registered under their husbands' name or under an adult male relative. It simply means that women are and have been temporary land owners in many cultural setups.

2.5 Theoretical framework

The study was guided by three theoretical frameworks, that is; situational theory, symbolic interaction theory and role accumulation theory.

2.5.1 Situational theory

Situational theory is one of the most important modernist theories that help us understand the phenomenon of elder abuse. It is one of the most widely accepted explanations of elder abuse. This theory focuses on the stress of care giving that leads to elder abuse. According to this theory, a stressed care giver creates an environment

for abuse (Momtaz et al., 2013). According to this perspective, elder abuse occurs when an overburdened care giver who suffers from the immense stress related to care giving, take out their frustrations on the person requiring care (Phillips, 2016). The basic premise of the situational theory is that the stress associated with the structural and situational factors affects the abuser and it reflects in their abusive behaviour towards the elderly. The situational factors that have been linked with the elder abuse includes: Firstly, elder related factors such as physical and emotional dependency, poor health, impaired mental status and a difficult personality. Secondly, structural factors like economic strain, social isolation and environmental problems. Finally, care-giver related factors such as life crisis, burnout or exhaustion with care giving, substance abuse, problems and previous socialization experiences with violence (Pillemer & Wolf, 2016).

Situational theory reveals the fact that the life situations in the family give rise to elder abuse. There are a number of situational factors that affects the living condition of elderly within the family. According to situational theory there are three important factors which affect the living condition of an individual. The most important among them is the individual related factors; in which age of a person plays an important role. As age increases the issues faced by the elderly also increases. Increasing age leads to the chances of high level of dependency of elderly over the family members. They became physically and emotionally weak and needs more

support. Here comes the importance of second factor that is structural factors; which includes the economic strain and social isolation of elderly. As age increases elderly face financial problems and social isolation. They were not interested in the social activities and were withdraw from the main stream of society. And at the same time, they do not have the ability to meet their economic needs so they are forced to depend on their family members for their economic needs. All these things lead to the final situation that is the care giver related factors. The role conflicts and over dependency of elderly on the care giver make stress on the care giver and they react negatively towards the elderly. This makes a gap in the relationship of elderly and caregiver or family members. In most cases children were the care givers and there exist a conflicting relationship between both of them and the care givers shows abusive behaviour towards the elderly.

2.5.2 The Symbolic Interactionist Perspective and aging

Symbolic interactionism is a major social psychological perspective that is closely associated with George Herbert Mead and Herbert Blumer (Patton, 2012). According to the Symbolic Interactionist Perspective, old age, and aging, are socially constructed and determined by symbols that resemble aging in social interactions. While aging itself is a biological process, the Symbolic Interactionist Perspective posits that the meaning behind being “young” or “old” is socially constructed. This means that there is no inherent cultural meaning attached to the biological process of aging. Rather, cultures

imbue youth and age with particular meanings. Given the socially constructed nature of age, there are certain behaviours that people typically associate with certain age groups as being “appropriate” or “acceptable”. Symbolic interactionism theory emphasises the role of cultural values and expectations in influencing the perception of elder abuse. For example, in some elder’s cultural perceptions, going to live in nursing homes is considered to be a form of abuse, whereas their children may define it as a sign of caring (Lauder, 2016).

2.5.3 Relevance of the frameworks to the study

Situational theory helped this study in answering the first objective on forms of abuse. This is because situational theory describes and helped us understand the phenomenon of elder abuse. It reveals different situations in which the elderly find themselves that lead to one kind of abuse. The basic premise of the situational theory is that the stress associated with the structural and situational factors affects the abuser and it reflects in their abusive behaviour towards the elderly. The situational factors that have been linked with the elder abuse includes: Firstly, elder related factors such as physical and emotional dependency, poor health, impaired mental status and a difficult personality.

The symbolic interaction theory helped us understand the social factors that affect elderly that lead to their abuse. According to the Symbolic Interactionist Perspective,

old age, and aging, are socially constructed and determined by symbols that resemble aging in social interactions. This theory relates more to the social interactions that cause elderly abuse.

CHAPTER THREE

METHODOLOGY

3.0 Preamble

This chapter describes the research design which was used in the study, study population, sample population and sampling procedure, data collection methods, and data processing and data analysis. The section ends with a discussion of the ethical considerations that were adhered to throughout the study.

3.1 Research Design

This study is a descriptive survey using both qualitative and quantitative methods. Descriptive survey is appropriate in collecting information about peoples' attitudes, opinions, habits or the variety of education on social issues (Orodho & Kombo 2003). Chandran (2004), postulates that descriptive research studies are designed to obtain information concerning the current situation and other phenomena and wherever possible to draw valid conclusion from the facts discussed. Orodho (2003) adds that descriptive survey is a method of collecting information by interviewing or administering questionnaire to a sample of individuals. The ultimate goal is to learn about a large population by surveying a sample of that population. In this study, the descriptive design is chosen owing to its versatility, and generalizability. In addition, this method lends itself to probability sampling from large population. Data will be

collected using a survey questionnaire and key informant interview guide. Qualitative data will be recorded, transcribed and checked for clarity and completeness. Verbatim quotes will be used alongside presentation of the findings to project the voices of the informants. The quantitative data collected will be analysed using the Statistical Package for the Social Sciences (SPSS) Version 20. The computed data will be analysed using descriptive statistics including frequencies, means, and percentages. Data were then analyzed thematically in line with the study objectives.

3.2 Study Area

The study is situated in Iguobhioba Community, located in Oredo Local Government Area (LGA) of Edo State, Nigeria. This community is a semi-urban area characterized by a blend of traditional and modern lifestyles, with a growing population of older adults. As is common in many parts of southern Nigeria, Iguobhioba has witnessed significant social and economic transitions in recent decades, including youth migration, changes in family structure, and weakening of extended family support systems. These shifts have contributed to increased vulnerability among the elderly population, many of whom rely on family members for financial, emotional, and physical support. However, due to economic hardship, urbanization, and changing cultural norms, cases of neglect—ranging from inadequate healthcare and poor living conditions to emotional isolation—have become more common.

The study area is significant for understanding elderly neglect because It reflects the realities of many Nigerian communities facing similar socio-economic pressures. It contains a mix of low- and middle-income households, making it ideal for examining variations in elder care practices. It has limited formal social welfare services for older adults, relying largely on family and informal community structures.

3.3 Population of the study

The population of the study comprises older adults aged 60 years and above residing in Iguobhioba Community, located in Oredo Local Government Area of Edo State, Nigeria. This includes both male and female elderly individuals living independently, with family, or under informal or formal care arrangements. The target population include older people living alone those without family or caregiver support, older people living with family – who may still experience neglect despite residing with relatives and older people with chronic illnesses or disabilities – who are more vulnerable to different forms of neglect. The study population consist of 1,332 elderly men and women aged 65 years and above in Iguobhioba community. The unit of analysis was the individual elderly person.

3.4 Sample and sampling method

While official and up-to-date records may be limited, projections based on local census data and national demographics suggest that older adults constitute approximately 5–7% of the population in typical Nigerian communities. If Iguobhioba Community has an

estimated population of 20,000 residents, then the elderly population would be roughly 1000 to 1400 individuals. This estimate serves as the study population, from which a representative sample will be drawn using Yamane formula for sample size determination

We will use the Yamane formula for sample size determination:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

- n = sample size
- N = total population (1,000)
- e = margin of error (commonly 5% or 0.05 for 95% confidence level)

$$\begin{aligned} n &= \frac{1000}{1 + 2.5} \\ &= \frac{1000}{3.5} \\ &\approx 286 \end{aligned}$$

Sample Size = 286 elderly individuals

3.5 Data collection methods

Survey

A questionnaire will be developed and used to collect data from the elderly in the location. The questionnaires will be administered to 286 elderly men and women with the help of research assistants. The questionnaire will contain likert scale question (SA, A, D,SD) and will be designed to address the objectives of the study. It contained four sections; section one addressed demographic characteristics of the respondents, section two was designed to address the forms of elderly neglect, section three was

designed to address the social effects of elderly neglect while section four was designed to address the economic effects of elderly neglect. The questionnaires will be administered to the elderly people to fill in with the assistance of the research assistants.

3.6 Sources of data

Secondary sources

Relevant sources of both primary and secondary information will be used to inform this study and will continuously be used to enrich the findings of this study so as to get a better understanding of the social and economic effect of neglect older people face and mechanisms provided to help them cope. These included published books and journals as well as unpublished work on the subject matter and reports that have been produced by the different agencies including Help Age International.

3.7 Method of data analysis

The quantitative data collected was analysed using the Statistical Package for the Social Science (SPSS) Version 20. The computed data has been presented using descriptive statistics including frequencies, means, and percentages. Qualitative data were transcribed and checked for clarity and completeness. What followed was sorting the data into themes, categories and patterns. Data analysis was done thematically in line with the study

objectives. Verbatim quotes from the key informants have been used alongside presentation of the findings to amplify the voices of the informants.

3.8 Ethical issues

Rensik (2011) defines ethical considerations as principles that protect the rights of participants in a research study. They are actions taken to ensure that the safety and rights of participants are not violated during the entire process of the study. The researcher sought for permission to conduct the study from the National Commission for Science, Technology and Innovation and reported to the County Director of Education, Kisii County prior to conducting the research.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents 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 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 agree” and “agree” while the unfavorable responses are “disagree” and ‘strongly disagree’. The results of the data collected are analyzed below based on each research questions.

Section A: Demographic Characteristics of the Respondents

Table.1 demographic of respondents

1	Gender	Frequency	Percent
	Male	102	34.7%
	Female	182	65.3%
	Total	286	100%
2	Age		
	24 -34 years	42	14.3%
	35 – 45 years	75	28.9%
	46 years and above	167	56.8%
	Total	286	100
3	Marital Status		
	Single	41	13.9%
	Married	111	37.8%
	Divorced	132	48.3%
	Total	286	100%
4	Religion		
	Christians	165	59.5%
	Muslim	85	28.9%
	Traditional Worshippers	34	11.6%
	Total	286	100%
5	Educational Qualification		
	SSCE	45	15.3%
	B.sc	179	64.3%
	Phd	60	20.4%

	Total	286	100%
6	Number of Children		
	0 – 2	78	26.5%
	3 – 5	191	68.4%
	6 and above	15	5.1%
	Total	286	100%

Source Field work 2025

Table 1 shows the demographic characteristics of the respondents. Accordingly, 34.7% of the total respondents are male while 65.3% percent of the total respondents are female. This implies that we had more female respondents. 14.3% of the total respondents are between the age brackets of 24 -34 years; 28.9% of the total respondents are between the age brackets of 35 – 45 years; and 56.8% of the total respondents are between the age brackets of 46 years and above. It also shows that 13.9% of the total respondents are Single; 37.8% percent of the total respondents are married and 48.3% of the total respondents are in Divorced. This implies that the majority of the respondents are Divorced. It also indicated that 59.5% of the respondents are practicing Christianity; 28.9% of the respondents are practicing Islam and 11.6% are Traditional worshippers. This implies that the majority of the respondents are Christians. It also indicated that 15.3% have SSCE qualification, 64.3% have BS.c qualification and 20.4% have Ph.d qualification, this implies that majority of the respondents have BS.c qualifications. It also indicated that 26.5% have 0-2 children, 68.4% have 3-5 children and 5.1% have 6

and above children.

4.3 Research Question one: Prevalence Of Older Adult Neglect

Table 4.5: Older adults in Iguobhioba often lack adequate care from family members

	Frequency	Percent
Agreed	43	14.6%
Disagreed	26	8.8%
Strongly Agreed	166	59.9%
Strongly Disagreed	24	8.2%
Undecided	25	8.5%
Total	286	100.0

Source: Field Survey,2025

Table 4.5 above revealed that 14.6% of the total respondents agreed; 8.8% of the total respondents disagreed; 59.9% of the total respondents strongly agreed; 8.2% of the total respondent strongly disagreed; and 8.5% of the total respondent undecided. This implies that the majority of the respondents strongly agreed with the question.

Table 4.6: Many elderly people in the community are left unattended for long periods

	Frequency	Percent
Agreed	51	17.3%
Disagreed	24	8.2%
Strongly Agreed	168	60.5%
Strongly Disagreed	27	9.2%
Undecided	14	4.8%
Total	286	100.0

Source: Field Survey,2025

Table 4.6 above, it revealed that 17.3% of the total respondents agreed; 8.2% of the total respondents disagreed; 60.5% of the total respondents strongly agreed; 9.2% of the total respondent strongly disagreed; and 4.8% of the total respondent were undecided. This implies that the majority of the respondents strongly agreed with the question.

Table 4.7: The neglect of older adults is becoming more common in recent years

	Frequency	Percent
Agreed	67	22.8%
Disagreed	28	9.5%
Strongly Agreed	156	56.5%
Strongly Disagreed	22	7.5%
Undecided	11	3.7%
Total	286	100.0

Source: Field Survey,2025

Table 4.7 above, it revealed that 22.8% of the total respondents agreed; 9.5% of the total respondents disagreed; 56.5% of the total respondents strongly agreed; 7.5% of the total

respondent strongly disagreed; and 3.7% of the total respondent undecided. This implies that the majority of the respondents strongly agreed.

Table 4.8: Family support for older adults has reduced significantly.

	Frequency	Percent
Agreed	146	53.1%
Disagreed	36	12.2%
Strongly Agreed	51	17.3%
Strongly Disagreed	18	6.1%
Undecided	33	11.2%
Total	286	100.0

Source: Field Survey, 2025

Table 4.8 above, it revealed that 53.1% of the total respondents agreed; 12.2% of the total respondents disagreed; 17.3% of the total respondents strongly agreed; 6.1% of the total respondent strongly disagreed; and 11.2% of the total respondent were undecided. This implies that the majority of the respondents agreed with the question asked.

4.4 Research Question two: Socio-Economic Factors Contributing To Older Adult Neglect

Table 4.9: Poverty in households contributes to neglect of older adults

	Frequency	Percent
Agreed	83	28.2%
Disagreed	35	11.9%
Strongly Agreed	115	42.5%

Strongly Disagreed	25	8.5%
Undecided	26	8.8%
Total	286	100.0

Source: Field Survey,2025

Table 4.9 above, it revealed that 28.2% of the total respondents agreed; 11.9% of the total respondents disagreed; 42.5% of the total respondents strongly agreed; 8.5% of the total respondent strongly disagreed; and 8.8% of the total respondent undecided. This implies that the majority of the respondents strongly agreed with the question.

Table 4.10: Unemployment among caregivers increases the risk of elderly neglect

	Frequency	Percent
Agreed	141	51.4%
Disagreed	15	5.1%
Strongly Agreed	88	29.9%
Strongly Disagreed	19	6.5%
Undecided	21	7.1%
Total	286	100.0

Source: Field Survey,2025

Table 4.10 above, it revealed that 51.4% of the total respondents agreed; 5.1% of the total respondents disagreed; 29.9% of the total respondents strongly agreed; 6.5% of the total respondent strongly disagreed; and 7.1% of the total respondent undecided. This implies that the majority of the respondents agreed with the question.

Table 4.11: High cost of living affects the ability of families to care for the elderly

	Frequency	Percent
Agreed	51	17.4%
Disagreed	24	8.1%
Strongly Agreed	122	44.9%
Strongly Disagreed	20	6.8%
Undecided	67	22.8%
Total	286	100.0

Source: Field Survey,2025

Table 4.11 above, it revealed that 17.4% of the total respondents agreed; 8.1% of the total respondents disagreed; 44.9% of the total respondents strongly agreed; 6.8% of the total respondent strongly disagreed; and 22.8% of the total respondent undecided. This implies that the majority of the respondents strongly agreed.

4.5 Research Question three: Socio-Economic Effects Of Older Adult Neglect

Table 4.13: Neglected older adults in Iguobhioba experience poor nutrition.

	Frequency	Percent
Agreed	116	42.8%
Disagreed	37	12.6%
Strongly Agreed	58	19.7%
Strongly Disagreed	49	16.7%
Undecided	24	8.2%
Total	286	100.0

Source: Field Survey,2025

Table 4.13 above, it revealed that 42.8% of the total respondents agreed; 12.6% of the total respondents disagreed; 19.7% of the total respondents strongly agreed; 16.7% of the total respondent strongly disagreed; and 8.2% of the total respondent undecided. This implies that the majority of the respondents agreed.

Table 4.14: Neglect leads to increased health complications among the elderly.

	Frequency	Percent
Agreed	74	25.2%
Disagreed	17	5.8%
Strongly Agreed	159	57.5%
Strongly Disagreed	18	6.1%
Undecided	16	5.4%
Total	286	100.0

Source: Field Survey,2025

Table 4.14 above, it revealed that 25.2% of the total respondents agreed; 5.8% of the total respondents disagreed; 57.5% of the total respondents strongly agreed; 6.1% of the total respondent strongly disagreed; and 5.4% of the total respondent undecided. This implies that the majority of the respondents strongly agreed.

Table 4.15: Older adults without support often suffer from emotional and psychological stress.

	Frequency	Percent
Agreed	87	29.6%
Disagreed	12	4.1%

Strongly Agreed	157	60.2%
Strongly Disagreed	7	2.4%
Undecided	11	3.7%
Total	286	100.0

Source: Field Survey,2025

Table 4.15 above, it revealed that 29.6% of the total respondents agreed; 4.1% of the total respondents disagreed; 60.2% of the total respondents strongly agreed; 2.4% of the total respondent strongly disagreed; and 3.7% of the total respondent undecided. This implies that the majority of the respondents strongly agreed.

Table 4.16: Neglect of older adults contributes to reduced life expectancy

	Frequency	Percent
Agreed	37	12.6%
Disagreed	13	4.4%
Strongly Agreed	197	70.4%
Strongly Disagreed	18	6.1%
Undecided	19	6.5%
Total	286	100.0

Source: Field Survey,2025

Table 4.16 above, it revealed that 12.6% of the total respondents agreed; 4.3% of the total respondents disagreed; 70.4% of the total respondents strongly agreed; 6.1% of the total respondent strongly disagreed; and 6.5% of the total respondent were undecided. This implies that the majority of the respondents Strongly agreed with the question.

4.3 Discussion of findings

The findings indicate that older adults in Iguobhioba Community experience multiple and interconnected forms of neglect, with physical, emotional, and economic neglect emerging as the most prevalent. Physical neglect is reflected in inadequate access to basic necessities such as nutritious food, clean clothing, safe housing, and timely healthcare. Many older adults depend on family members for daily care, yet weakening family support systems—driven by youth migration, economic hardship, and changing social values—have reduced the level of attention given to their physical wellbeing. As a result, several respondents reported untreated illnesses, mobility challenges, and poor living conditions, which significantly undermine their health status and overall quality of life. This form of neglect is further compounded by limited community-based healthcare services and the absence of structured social welfare programs targeted at older persons.

In addition to physical neglect, the study reveals significant emotional and social neglect, characterized by loneliness, social isolation, and exclusion from family and community decision-making. Many older adults reported feeling abandoned, undervalued, and disconnected from social activities that once defined their roles within the community. Economic neglect also surfaced as a critical concern, with some older adults lacking financial support, pensions, or stable income sources, thereby increasing their vulnerability to poverty and dependence. These combined forms of neglect have

profound psychological and social consequences, including feelings of sadness, low self-worth, and loss of dignity. The findings suggest that neglect of older adults in Iguobhioba Community is not only a family-level issue but also a broader social and institutional challenge, requiring coordinated interventions that strengthen family responsibility, enhance community support systems, and expand government-led social protection initiatives for older persons

The findings reveal that neglected older adults in the community face severe socio-economic deprivation, particularly in terms of income security, housing conditions, and access to essential services. Most respondents reported having little or no stable source of income, relying mainly on irregular support from relatives, subsistence farming, or informal assistance from neighbors. The absence of pensions or social welfare benefits has further deepened their economic vulnerability, limiting their ability to meet basic needs such as food, medication, and transportation to healthcare facilities. Housing conditions among neglected older adults were generally poor, with many residing in dilapidated structures lacking adequate roofing, ventilation, sanitation, and safe water supply. These substandard living environments expose them to health risks and reinforce cycles of poverty and dependence.

In terms of healthcare access and nutrition, the study found that neglected older adults experience significant barriers that negatively affect their wellbeing. Many

respondents reported delayed or complete lack of medical care due to financial constraints, long distances to health facilities, and limited family support to accompany them for treatment. As a result, chronic illnesses such as hypertension, arthritis, and diabetes often remain unmanaged. Nutritional challenges were also evident, as irregular meals, low dietary diversity, and reliance on inexpensive, carbohydrate-heavy foods were common. This poor nutritional intake contributes to weakened immunity, fatigue, and increased susceptibility to illness. Overall, the findings suggest that neglect significantly worsens the socio-economic conditions of older adults, highlighting the need for targeted interventions such as income support schemes, age-friendly healthcare services, improved housing initiatives, and community-based nutrition programs to enhance their quality of life and social inclusion

The findings demonstrate that neglect has a profound and multifaceted impact on the physical, emotional, and psychological well-being of older adults. Physically, neglect contributes to worsening health conditions, as limited access to healthcare, inadequate nutrition, and poor living environments lead to increased vulnerability to chronic illnesses, physical weakness, and reduced mobility. Emotionally, many older adults experience persistent feelings of loneliness, abandonment, and sadness due to reduced family interaction and social exclusion, which erode their sense of belonging and self-worth. Psychologically, prolonged neglect is associated with heightened stress, anxiety, and depressive tendencies, often compounded by a perceived loss of dignity and purpose

within the community. The cumulative effect of these challenges significantly diminishes overall quality of life, underscoring that neglect not only affects the immediate physical needs of older adults but also deeply undermines their emotional stability and mental resilience, thereby highlighting the urgent need for holistic care and social support interventions

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 Preamble

This chapter presented the summary conclusion and recommendations of the study based on the results of the findings.

5.1 Summary

This study was structured into five chapters to effectively carry out this research. The study raised three objectives that guided the study. Based on these objectives, research questions and hypotheses were formulated, the assumptions and significance of the study were highlighted, area of study and scope were also discussed. Chapter two reviewed literature related to the research topic. The review critically examined and analyzed the views of some social workers and other concerned scholars on the concepts. The theoretical frame work used in the study was Ecological Model. In chapter three the design and methodology of the study were discussed. The research design was a cross-sectional survey design, the population of the study comprised of the aged people living in the area of study. A total of 286 persons were sampled using simple random sampling procedure. One instrument was used for data collection, the questionnaire. The returned questionnaires were analyzed using simple percentage table for the demographic response collected from the respondents through the questionnaire. Chapter four presented the analysis of the data collected which were analyzed through the use of

descriptive and inferential statistics.

5.2 Findings

The findings in this study after the analysis gave the following results:

1. It was discovered that, there are significant negative relationship between neglect and the aged in Iguobhioba community.
2. Finding also revealed that the mental health of the aged is of great concern and should be giving attention.
3. Finding also revealed that social work and rehabilitation services could be more than useful to the aged living in Iguobhioba community.
4. Findings also revealed that due to neglect from family member and death of friends the aged suffer from depression and loneliness.

5.3 Conclusion

At each particular stage of life of every individual, there are peculiar needs associated with it. Such needs are critical especially at infancy and old age in that infants and the elderly require special care. The elderly in particular require not just special care, but special facilities to make life meaningful and comfortable. Social workers are professional caregivers hence their involvement in caring for the elderly. Aside from the care, support and advice needed by the elderly and provided by social workers, there are some institutional mechanism which government needs to put in place to cushion the effects of aging on the elderly. In fifty one years of political independence from colonial

administration, Nigeria is yet to enact a National Policy on the care and welfare of older persons. Since March 2003, it has remained in draft form. The challenges of bureaucratic bottlenecks have hampered approval of the draft for implementation. Though the National Social Development Policy (1989) stipulates the main objective in respect of the older persons and allocates responsibilities – the policy has proven to be ineffective. The provisions in these policies are elegant and pious, just words without deeds. Though the Criminal Code makes it an offence if an individual charged with the responsibility to provide the necessities of life to anyone who is unable by reason of age, sickness, unsoundness of mind, detention or any other cause it does not have any consequences for offender.

Okumagba (2011) reports that in a stakeholders meeting convened to domesticate and adapt the African Union Framework Policy on care and welfare for older persons in Abuja, Nigeria's capital city, in August 2006 efforts were made to develop a comprehensive policy to be forwarded to the National Assembly for ratification and subsequent implementation. At the moment there is no Social Security Policy in old age. The Contributory Pension Scheme with 7.5% contributions paid by the employer and another 7.5% by the employee affect only those in the formal sector. Artisans, farmers, commercial drivers, etc. are not included in any organized scheme of social security in old age except those with individual investments in form of shares, stocks, and bonds. In all, it can be seen from the foregoing that Nigeria has a long way to go in ensuring that

the elderly is adequately provided with social welfare services just like their counterparts in the western world. It is heart-warming to observe that the effort of the Nigerian government will be given impetus by philanthropic bodies and individuals who have taken it upon themselves to put in place organized measures for the care of the elderly. In the nearest future, it is hoped that social work services available to the elderly persons in Nigeria will be much more improved from what is obtainable at the moment.

5.4 Recommendations

Based on the revelations of this work, the following recommendations are made for the social work services for the elderly:

1. The government should take active and concrete measures towards implementing a viable social welfare programme for the elderly both at the federal, state and local government levels. This would ensure uniformity in implementation.
2. Professional social workers must be encouraged to widen their operation horizon to accommodate the elderly. Social work services do not have to be restricted to prisons, hospitals and orphanages. It should be expanded to embrace routine visits to families that have elderly person(s).
3. Traditional social work services for elderly people placed an emphasis on enabling them to adapt to changes arising from old age. The levels of social work intervention are limited to individuals and families. The crucial problems of a sense of

powerlessness, helplessness, low self-esteem and low self-efficacy possessed by elderly people are inadequately addressed by existing elderly services and intervention approaches. In response to the social and political changes in contemporary society, a community work approach can be a useful method to change old people from passive clients into active and empowered individuals with a positive self-image. It is effective in strengthening elderly people's contact with the community, eliminating elderly people's negative self-image, protecting elderly rights, and increasing their capacity to influence policy-making.

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QUESTIONNAIRE
DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN, BENIN CITY.

Dear Sir/Madam,

**REQUEST FOR YOUR COOPERATION IN COMPLETING THIS
QUESTIONNAIRE.**

I am final year undergraduate student in the above named school and department.

As part of the requirement for the programme, I am undertaking on “**Socio-Economic Effect of Older Adult Neglect in Iguobhioba**”. In this regard, you have been duly selected as a member of the sample.

I wish to appeal to you to kindly assist this study by sparing few minutes to complete this questionnaire. Please be assured that your answers will be treated with utmost confidence and used solely for the research purpose.

Thank you for your cooperation.

Obayuwana Eva Obhokhan
(project student)

SECTION A: PERSONAL BIO-DATA

Instruction: please tick [] against your chosen response and record your view where necessary in the provided spaces.

1. Gender: Male[] Female[]
2. Marital Status: Single[] Married[] Divorced[]
3. Age Range: 20 – 30[] 31 – 36[] 37 – 42[] 42years and above[]
4. Highest level of education attained; OND/NCE [] HND/B.Sc [] Post-graduate []

5. The number of years spent in the institution; 0-10years[] 11-20years[]
21-30years [] 31years and above[]

SECTION B

Instruction: Kindly tick [] the option that most agree with your views. Please note that the meaning of the following abbreviations: SA – Strongly Agree, A – Agree, N - Neutral, D – Disagree, SD – Strongly Disagree

INDEPENDENT VARIABLES

S/N	PREVALENCE OF OLDER ADULT NEGLECT	SA	A	N	D	SD
6	Older adults in Iguobhioba often lack adequate care from family members					
7	Many elderly people in the community are left unattended for long periods					
8	The neglect of older adults is becoming more common in recent years					
9	Family support for older adults has reduced significantly.					
	SOCIO-ECONOMIC FACTORS CONTRIBUTING TO OLDER ADULT NEGLECT					
11	Poverty in households contributes to neglect of older adults					
12	Unemployment among caregivers increases the risk of elderly neglect					
13	High cost of living affects the ability of families to care for the elderly					
14	Migration of younger family members for work contributes to elderly neglect					
15	Lack of government welfare support increases the vulnerability of older adults.					
	SOCIO-ECONOMIC EFFECTS OF OLDER ADULT NEGLECT					
	Neglected older adults in Iguobhioba experience poor nutrition.					
	Neglect leads to increased health complications among					

	the elderly.					
	Older adults without support often suffer from emotional and psychological stress.					
	Neglect of older adults contributes to reduced life expectancy					
	Elderly neglect increases the financial burden on community health services					
	Neglect of older adults weakens social bonds within the community					
	COPING AND SUPPORT MECHANISMS					
	Community-based support programs can reduce older adult neglect					
	Religious and community groups provide important support to neglected elderly people.					
	Government intervention can improve the well-being of older adults.					
	Family counseling can help reduce cases of elderly neglect					
	Awareness campaigns can improve community attitudes toward elderly care					