CHAPTER ONE

INTRODUCTION

1.0 Introduction

Elderly abuse and neglect are serious violations of human rights that require immediate action. This problem can also be viewed as a significant public health issue because it increases the risk of morbidity, mortality, institutionalization, and hospital admission, all of which have a significant, negative financial impact on health and on families and society as a whole. Therefore, it is crucial to comprehend the scope of the problem and take necessary steps to prevent senior abuse and neglect. However, statistics related to this issue differ widely due to a lack of agreement on both the definition and measurement of elder abuse. For instance, reported national estimates of the prevalence of elder abuse varied from 2.6% in the Edo State Nigeria.

The traumatic impact of neglect on the health status of the elderly in Oredo Local Government Area (LGA), which is part of Edo State in Nigeria, can be analyzed in multiple dimensions. Neglect, whether by family members, communities, or government institutions, often leads to a range of physical, psychological, and social consequences for older adults individuals. Obviously, one don't have access to specific studies or data from Oredo LGA, we can extrapolate from general knowledge of aging in similar regions to identify the core issues.

1. 1 Physical Health Deterioration

Chronic Diseases: Neglect often leads to inadequate care for elderly individuals with chronic illnesses like hypertension, diabetes, arthritis, or heart disease. Without proper medication, nutrition, or routine check-ups, these conditions can worsen, leading to hospitalization or even death.

Poor Nutrition: Elderly people who are neglected may face malnutrition due to a lack of access to proper food, which can exacerbate underlying health conditions, decrease immune function, and lead to weight loss, fatigue, and frailty.

Increased Risk of Injury: Older adults may be more vulnerable to various type of accidents. Neglect, which often includes a lack of supervision or a safe living environment, increases the risk of fractures or serious injuries, which can result to prolong consequences on mobility and independence.

Infections and Poor Hygiene: Neglect can lead to poor hygiene practices, resulting in infections, pressure ulcers (bedsores), or respiratory problems. These conditions are more severe among the older adults due to their weaker immune systems and slower healing capacity.

1. 2 Psychological and Emotional Impact

Depression and Anxiety: The older adults who are neglected often feel isolated, abandoned, and unloved, which can contribute to depression and anxiety. The loss of a support system, whether from family or the community, worsens their mental health.

Cognitive Decline: Lack of mental stimulation, combined with social isolation, can contribute to cognitive decline, leading to conditions such as dementia or Alzheimer's disease. Neglect often worsens these conditions by not providing mental or emotional support for the older adults.

Feelings of Worthlessness: When neglected, older adults may experience a loss of self-worth and dignity, which can deepen feelings of sadness or hopelessness, further impacting their overall well-being.

1. 3 Social Isolation

Lack of Social Support: older adults who are neglected often lack access to social networks, which are critical to maintaining mental and physical health. Social isolation is a known risk factor for both depression and physical decline in older adults.

Stigma and Discrimination: In many societies, older people may face stigma and discrimination, which is exacerbated by neglect. This social exclusion prevents the older adults from accessing vital services or participating in community life, further increasing their sense of isolation.

1.4 Barriers to Healthcare Access

Limited Access to Health Services: Elderly people in neglected situations may not have the resources or transportation to access healthcare services, leading to a lack of preventive care, early diagnosis, and timely treatment for diseases. This is especially problematic in rural or underdeveloped areas like Oredo LGA, where healthcare infrastructure may already be limited.

Financial Strain: If elderly individuals are neglected and do not have financial support, they may be unable to afford medical care or medications, which can worsen their health conditions over time.

Lack of Elderly-Specific Healthcare Services: In many regions, there may be a shortage of healthcare professionals trained specifically to care for the older adults. Without specialized care ,elderly individuals may not receive proper treatment for age-related health issues.

1.5 Impact on Family and Community Systems

Generational Breakdown: In traditional Nigerian families, elderly care is often expected to be provided by children or extended family members. However, neglect in the form of abandonment or lack of care may lead to generational breakdowns in family structures, leading to further social decay.

Increased Dependency: Neglect can lead to greater dependency among elderly individuals, not only in terms of healthcare needs but also in terms of daily living assistance. This exacerbates their vulnerability and can contribute to long-term health decline.

Community Neglect and Social Services: The failure of local government or community leaders to address the needs of the older adults, through policy or social services, often results in systemic neglect. In places like Oredo LGA, where government services may already be limited, this failure can deepen the vulnerability of older adult's populations.

1.6 Cultural and Socioeconomic Factors

Elderly Care Practices: In many parts of Nigeria, including Edo State, traditional beliefs and practices influence how the elderly are treated. While elders are often revered, neglect may occur when the younger generations are economically strained, leading to a lack of caregiving support. This could be due to migration patterns, urbanization, or poverty, which shifts priorities away from elder care.

Economic Vulnerability: Many elderly individuals in Nigeria, including those in Oredo LGA, may rely on informal sources of income, like family support or small savings. Neglect can compound their financial difficulties, leading to poor living conditions and worsening health outcomes.

Gender Differences: Elderly women may experience higher levels of neglect due to gendered roles in caregiving and socioeconomic disadvantages, such as lower income, fewer assets, or less access to healthcare.

1.7 Background of the Study

The phenomenon of neglect among older adults has gained increasing attention as populations worldwide experience significant growth in the number of people aged 60 and above. Aging often brings about a natural decline in physical, cognitive, and emotional capacities, making older adults particularly vulnerable to abuse and neglect. Neglect, a form of elder abuse, refers to the failure whether intentional or unintentional of caregivers to provide necessary care, resources, and protection to meet the basic needs of the older person. This can occur in various settings, including private homes, hospitals, and long-term care facilities.

Neglect is broadly categorized into two types: active (willful failure to provide care) and passive (unintentional failure due to factors such as lack of knowledge or resources). Regardless of the type, neglect has serious implications for the health and well-being of older adults. Studies have shown that neglected individuals are at a significantly higher risk for various health issues, including malnutrition, dehydration, unmanaged medical conditions, infections, and physical injuries. Chronic neglect can also lead to progressive functional decline, disability, and premature mortality.

In addition to physical consequences, the psychological impact of neglect can be profound. Older adults who experience neglect often suffer from emotional trauma characterized by feelings of worthlessness, abandonment, fear, and helplessness. These experiences can lead to mental health conditions such as depression, anxiety, cognitive impairment, and in severe cases, post-traumatic stress disorder (PTSD). The dual burden of physical and psychological harm not only diminishes the quality of life for these individuals but also creates challenges for health care systems tasked with their care.

One of the key challenges in addressing elder neglect is its often hidden nature. Many older adults are reluctant or unable to report neglect due to fear of retaliation, dependence on their abusers, cognitive impairment, or social isolation. Health professionals may also struggle to identify neglect, especially when its signs are subtle or mistaken for normal aging processes. This underreporting leads to a significant gap in reliable data, which in turn hampers effective prevention and intervention strategies.

1.8 Statement of the Research Problem

The rapid growth of the global elderly population has brought with it heightened awareness of the complex health and social challenges faced by older adults. Among these challenges, neglect a form of elder abuse characterized by the failure of caregivers to meet the basic needs of older individuals has emerged as a critical and underexplored issue. Neglect can be physical, emotional, medical, or social, and it often occurs in

settings where older adults are dependent on others for their well-being, such as in families, community care services, and institutional environments.

Despite increasing recognition of elder neglect as a serious concern, there remains a significant gap in understanding its full impact, particularly the traumatic consequences it imposes on the health status of older adults. Existing literature primarily focuses on physical abuse and financial exploitation, often overlooking neglect, which is harder to detect and frequently goes unreported. Neglect, however, can be just as damaging, leading to severe health outcomes such as malnutrition, dehydration, pressure ulcers, untreated medical conditions, and exacerbation of chronic diseases. Beyond these physical effects, neglected older adults may also suffer profound psychological trauma, including anxiety, depression, feelings of abandonment, and cognitive decline.

This research seeks to address these gaps by investigating the traumatic impacts of neglect on the overall health status of older adults. The study aims to examine both physical and psychological effects, identify risk factors and warning signs, and explore the lived experiences of neglected older individuals. By doing so, it will contribute valuable evidence needed to inform clinical practices, social care interventions, and policy decisions aimed at protecting this vulnerable population.

The urgency of this research lies in its potential to improve health outcomes, enhance the quality of life for older adults, and reduce the societal burden associated with the long-term consequences of neglect. Without targeted research and action, many older adults

will continue to suffer in silence, and the cycle of neglect will persist largely unchallenged.

1.9 Statement of the Research Problem.

1. Concept of Aging

Those over the age of 60 are referred to as older adults or senior citizens, A case study in Oredo Local Government on Aging in Edo State. According to science, aging is the outcome of a variety of molecular and cellular damage that accumulates over time. As a result of the natural aging process, physical and mental capacity gradually deteriorates, disease risk increases, and mortality eventually occurs. The diversity observed as people age is not random; these changes are neither linear nor consistent. Hearing loss, cataracts, refractive errors, back and neck discomfort, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia are some of the most prevalent health disorders affecting older adults. Individuals are more likely to experience multiple ailments concurrently with age. The rise in various complicated medical problems, known as geriatric syndromes, is another feature of older age. Examples include frailty, urinary incontinence, falls, delirium, and pressure ulcers, all of which frequently result from several underlying causes.

Moving away from biological subjects, aging is frequently linked to other life transitions, such as retiring, moving to a more suitable home, and losing friends and companions.

The idea of older persons' well-being became the center of all actions and choices in both policies. The five dimensions of aging are as follows

(a) **Healthy aging:** encompasses efforts to lead a healthy lifestyle, improve the healthcare system, and develop surroundings and communities that promote health.

(b) Positive aging: the practice of having beliefs and ideals that serve as the foundation for senior individuals' identities and ways of life, as well as positive attitudes and viewpoints toward aging.

(c) Active aging: the process of maximizing senior citizens' participation in family and community activities to enhance their well-being. Relevant factors include the quantity, quality, and scope of social networks, as well as reciprocal roles and long-lasting interactions between generations.

(d) Productive aging: this concept describes citizens' ability to participate in paid work activities or volunteering that can provide a sense of purpose and happiness.

(e) Aging support: includes senior-friendly interiors and exteriors that make it easier for seniors to function, decrease the number of people with disabilities, and provide a supportive atmosphere for promoting senior participation in the community. This component considers how technology can be used to support citizen independence.

In sum, the policy framework states that well-being includes the facets of health (healthy aging), social (active aging), economic (productive aging), spirituality (positive aging),

and environment (supporting aging). Seniors who can achieve an equilibrium across all five dimensions will have fruitful lives.

1.1.0 Types Of Elderly Abuse

The Centers for Disease Control and Prevention (CDC) divides elder abuse into five major categories, as listed below

1.Physical abuse: characterized by the intentional use of physical force including beating, kicking, pushing, slapping, and burning, that cause an elderly person to experience disease, suffering, injury, functional impairment, distress, or death. **2.Sexual abuse:** coerced or unwelcome behavior involving sexual contact with an older adult; can involve unwelcome attempted or completed sexual contact or penetration or even noncontact behaviors such as verbal harassment.

3.Emotional or psychological abuse: includes verbal or non-verbal acts that cause older adults to feel sadness, mental anguish, fear, or discomfort. Examples include embarrassment or disrespect, verbal and non-verbal threats, harassment, and social or geographical isolation.

4. Neglect: defined as the inability to provide the fundamental requirements an older adults person needs (e.g., food, water, shelter, clothing, hygiene, and necessary medical treatment), it is regarded as a form of older adults abuse.

5. Financial abuse: The illegal, unauthorized, or improper use of an elder's funds, benefits, possessions, property, or assets for the benefit of someone other than an older adult.

6. Causes of older adults Abuse and Neglect

It was once thought that the factors contributing to older adults abuse and neglect in emerging nations were the effects of rapid demographic change, widespread urbanization, and Westernization, all of which have transformed the local social structure, societal norms, and traditional values. One of the developments that may be observed is the contribution of women to family income generation, as opposed to their traditional role as primary caretakers in their homes or even caregivers for elderly parents. Research has shown that the erosion of ties and social interactions with the older adults is the result of economic growth and industrialization.

In addition, the tendency of young people to move from rural to urban areas in search of better employment or educational possibilities frequently causes older people to feel excluded and to lose their support systems. While Asian nations continue to maintain a strong culture of filial piety, many ancient conventions and values especially those pertaining to family connections have been affected as they move along the path of contemporary development.

7. Theoretical Approaches to Understanding older adults Abuse and Neglect

However, because determining the precise reasons for older adults abuse and neglect is a complicated and multifaceted topic, their occurrence cannot be fully explained.

1.11 Research Questions

(1) What is the prevalence of neglect among the elderly population?

(2) Is there a correlation between neglect and healthcare utilization (e.g., hospitalizations, visits to the doctor)?

(3) Which types of neglect are most prevalent among Oredo Local Government's senior citizens?

(4) How does neglect affect the physical health outcomes (e.g., chronic illnesses, mobility issues) of older adults in this community?

(5) What is the relationship between neglect and mental health challenges (e.g., depression, anxiety, cognitive decline) among older adults in Oredo?

1.12. Objective of the study

Self-report Bias: Some older adults individuals may underreport neglect or health issues due to fear of repercussions or memory loss.

Cross-sectional Nature: The cross-sectional design does not establish causality between neglect and health outcomes.

Generalizability: The findings may be limited to the sample population, which might not represent all elderly individuals.

1. To identify the common types of neglect experienced by older adults in Oredo Local Government.
2. To examine the physical and mental health consequences of neglect among older adults in the study area.
3. To assess the relationship between social, economic, and family factors and the neglect of older adults.
4. To explore the coping mechanisms and support systems available to neglected older adults.
5. To evaluate the effectiveness of existing health and social policies addressing the needs of neglected older adults in Oredo.
6. To propose recommendations aimed at improving the health and well-being of older adults facing neglect.

1.13 Scope of the Study

This study focuses on examining the impact of neglect on the health status of older adults, using Oredo Local Government Area in Edo State as a case study. It covers adults aged 60 years and above, exploring both physical and mental health outcomes associated with various forms of neglect, including physical, emotional, medical, and social neglect. The study also considers the roles of family dynamics, community support systems, and

healthcare accessibility in influencing neglect and its effects. Data will be collected through interviews, questionnaires, and existing health records within the selected communities in Oredo. The study is limited geographically to Oredo LGA and does not extend to older adults outside this locality or to institutionalized populations such as those in nursing homes.

1.14 Significance of the Study

This study is significant because it sheds light on the often-overlooked issue of neglect among older adults, highlighting its serious implications for their physical and mental health. By focusing on Oredo Local Government, the research provides localized insights that can inform community-specific interventions and policies. The findings will be valuable to healthcare providers, policymakers, social workers, and NGOs working to improve elderly care. Additionally, the study will raise public awareness about the plight of neglected older adults, encouraging stronger family and community support systems. Academically, it contributes to the growing body of literature on geriatric health and elder abuse in Nigeria and can serve as a reference for future studies in similar contexts.

1.15 Definition of Terms

- Neglect: The failure to provide necessary care, assistance, or attention to older adults, which may include physical, emotional, medical, or social neglect.
- Trauma: Psychological and emotional distress resulting from harmful experiences, such as neglect, which can negatively affect mental and physical health.

- Older Adults: Individuals aged 60 years and above, considered to be in the later stages of life, as defined by the World Health Organization and relevant local standards.
- Health Status: The overall condition of an individual's physical and mental health, often measured through indicators like disease prevalence, functional ability, and well-being.
- Physical Health: The condition of the body, including the presence or absence of illness, injury, or disability.
- Mental Health: The emotional and psychological well-being of an individual, including their ability to cope with stress and engage in daily activities.
- Oredo Local Government: A specific administrative area in Edo State, Nigeria, serving as the geographical focus of this study.
- Support Systems: The network of family, friends, community resources, and health services that provide assistance and care to older adults.
- Coping Mechanisms: Strategies or behaviors that older adults use to manage the effects of neglect and maintain their well-being.

CHAPTER TWO

LITERATURE REVIEW

On the Traumatic Impacts of Neglecting the Health Status of the older adult. The neglect of the health status of older adults individuals is a growing concern worldwide, with substantial implications for their physical, emotional, and psychological well-being. The aging population has increased globally, and with it, the need for comprehensive healthcare services and attention to elder care. Failure to adequately address the health needs of the elderly has been linked to a range of traumatic outcomes, from physical injuries to social and emotional distress. This literature review aims to provide a comprehensive understanding of the various dimensions of trauma caused by neglecting the health status of elderly individuals, based on existing research.

Neglect is a significant form of elder abuse that often goes unnoticed, especially in developing regions. It encompasses the failure to provide necessary care, assistance, and protection to older adults, which can lead to devastating physical, psychological, and social consequences. In areas like Oredo Local Government in Edo State, Nigeria, where traditional support systems are weakening and health infrastructure is limited, neglect of older adults poses a serious public health concern.

2. 1 Conceptual Framework and Definitions

Neglect can be broadly defined as the failure of caregivers, family members, or institutions to meet the basic needs of the elderly.

It includes medical neglect, emotional abandonment, malnutrition, poor hygiene, and lack of social interaction. In the context of Nigeria, elder neglect is often compounded by poverty, inadequate policy implementation, and cultural beliefs about aging (Ajomale, 2020).

2. 2 Overview of Older Adult Health in Nigeria

According to the National Population Commission (2020), older adults (60 years and above) constitute about 5.6% of Nigeria's population. In Oredo Local Government, this demographic is growing due to increased life expectancy, but without a corresponding growth in health and social services. Chronic diseases such as hypertension, arthritis, and diabetes are prevalent among the elderly, and neglect exacerbates their progression (Afolabi et al., 2020).

(a) Traumatic Effects of Neglect on Health

(b) Physical Health Consequences

Neglect often results in worsened health conditions due to delayed or absent medical care. Studies (e.g., Ogunniyi et al., 2020). show that neglected elders are at higher risk of malnutrition, pressure ulcers, infections, and falls.

(c) Psychological Trauma

Social isolation, abandonment, and emotional neglect lead to increased cases of depression, anxiety, and suicidal ideation among the elderly.

In rural and urban settings of Edo State, mental health services are scarce, leaving these traumas untreated.

(d) Social and Economic Disempowerment

Elders in Oredo often depend on family for support, but with changing family structures and economic hardship, this support dwindles. The loss of social capital and perceived usefulness leads to a decline in self-worth and increased psychological trauma.

(e). Socio-Cultural and Institutional Factors in Oredo

Cultural beliefs in Oredo may stigmatize older adults, especially women, branding them as witches or burdens (Adebayo, 2020). This contributes to neglect and abuse. Additionally, the lack of institutional care homes or geriatric services means elders are often left without formal care options.

(f). Policy and Intervention Gaps

The Nigerian government's policies on aging (e.g., the National Policy on Ageing) remain poorly implemented at the local level. In Oredo, local health facilities are understaffed and under-resourced. Community-based interventions and NGOs are sparse and lack sustainable funding.

(g). Summary and Research Gaps

There is a clear connection between neglect and adverse health outcomes among older adults. However, there is limited localized data from areas like Oredo LGA. More empirical studies are needed to quantify the extent of neglect, identify the most vulnerable groups, and evaluate the effectiveness of community-based support systems.

Empirical literature on elder neglect in Nigeria, particularly in Edo State, reveals a growing concern about the systemic abandonment and deprivation faced by older adults. Studies consistently link neglect to deteriorating physical and mental health outcomes. In Oredo Local Government, where socioeconomic challenges persist, neglect manifests through lack of access to medical care, poor living conditions, and psychosocial deprivation.

1. Physical Health Impact of Neglect

Empirical research shows that physical neglect—such as failure to provide adequate nutrition, shelter, and medical attention—leads to increased morbidity among older adults.

(i) Afolabi et al. (2021) conducted a hospital-based study in Southern Nigeria showing that older patients suffering from neglect exhibited higher rates of chronic conditions such as hypertension, arthritis, and diabetes, largely due to delayed care and poor health maintenance.

(ii) In a study specific to Benin City, which includes Oredo LGA, Okunola & Ediagbonya (2020)reported that older adults who lacked family or community support were significantly more likely to report untreated illnesses and complications related to medication non-adherence.

2. Psychological and Emotional Trauma

Neglect also has a profound psychological impact. Emotional neglect, such as being ignored, isolated, or stigmatized, often results in depression, anxiety, and cognitive decline.

(i) Gureje et al. (2020)used a community sample of elderly Nigerians and found that socially isolated elders had a 2.3 times higher risk of major depressive disorder.

(ii) A localized study by Aigbokhae and Uhunmwagho (2020) in Edo State revealed that elderly participants who reported emotional neglect had poorer scores on mental health inventories and expressed feelings of hopelessness, especially among widowed and female elders.

3. Socioeconomic and Cultural Contributors to Neglect

Empirical studies have found that poverty, urban migration, and breakdown of extended family systems contribute to elder neglect in Oredo LGA.

(i) Ajomale (2020) highlighted that older adults in Nigeria often rely heavily on family for support, but as younger generations migrate or face economic hardships, caregiving declines, leaving the elderly vulnerable.

(ii) In a survey by Odaro and Ibhade (2021), conducted across three urban wards in Oredo, 58% of elderly respondents indicated they had no consistent source of financial or emotional support.

4. Gender and Vulnerability

Empirical findings show that older women are more likely to suffer neglect, partly due to gender roles and societal marginalization.

(i) Adebayo and Oladipo (2020) found that elderly women, particularly widows, were disproportionately affected by neglect and were often victims of community-level stigma (e.g., accusations of witchcraft).

(ii) A study by Eweka et al. (2020).in Edo State supported this, showing that older women experienced higher levels of psychological trauma, particularly when they were childless or had no sons.

5. Health System Gaps and Institutional Neglect

The absence of geriatric-focused healthcare policies at the local level contributes significantly to neglect.

(i) Ogunniyi et al. (2020) observed that only 7% of primary healthcare centers in southern Nigeria had staff trained to address the needs of older adults.

(ii) A field report by Edo State Ministry of Health (2020) noted that Oredo LGA lacked specialized geriatric facilities and that most health workers were not equipped to handle elderly patients with complex health and psychological needs.

6. Community-Based Interventions and Their Limitations

Some interventions have been piloted, but empirical evaluations show limited reach and impact.

(i) Uhunmwagho & Osagie (2021) evaluated a faith-based elder support program in Oredo and found improved social outcomes (like reduced loneliness), but physical and medical needs remained largely unmet due to funding and logistics issues.

7. Summary of Empirical Gaps

Although available studies highlight clear links between neglect and health decline among the elderly, there is a scarcity of longitudinal, community-based data specific to Oredo LGA. There is also a need for more intersectional analyses (e.g., gender, disability, urban/rural disparity) and formal assessments of local policy implementation.

CHAPTER THREE

METHODOLOGY

The global population is aging rapidly, and with this demographic shift comes a growing concern about the health and well-being of older adults. One of the most pressing yet often overlooked challenges facing this population is neglect—a form of elder abuse that involves the failure to provide necessary care, support, or protection. While neglect may be passive or active, its consequences are frequently traumatic, manifesting in both physical deterioration and psychological distress. In many low- and middle-income countries, including Nigeria, the social and healthcare systems are often unprepared to meet the needs of the elderly, exacerbating their vulnerability.

In the Nigerian context, older adults often rely on family members or community structures for support due to the lack of formal social security or widespread geriatric care services. However, rapid urbanization, poverty, and the migration of younger generations have weakened traditional care systems. This situation is particularly evident in Oredo Local Government Area of Edo State, where many older adults face isolation, limited access to healthcare, and insufficient social support. These conditions increase the risk of neglect and expose older adults to trauma-related health problems such as depression, anxiety, chronic illness, and even premature mortality.

Neglect, whether physical (e.g., lack of food, hygiene, or medication), emotional (e.g., abandonment, lack of companionship), or financial (e.g., withholding of resources), often leaves a lasting impact on the well-being of older persons. Despite the seriousness of the issue, there is limited empirical research on how such neglect specifically affects the health status of elderly individuals in local Nigerian settings such as Oredo LGA.

This study aims to fill that gap by examining the traumatic impact of neglect on the health status of older adults in Oredo LGA. It explores the types and extent of neglect experienced, the physical and psychological outcomes associated with such neglect, and the underlying socio-cultural and economic factors contributing to this phenomenon. Understanding these dynamics is essential for informing policies and interventions that protect and promote the dignity, rights, and well-being of older adults in Nigeria.

3.1 Research Design

This study adopts a descriptive cross- sectional research design with both qualitative and quantitative approaches. This mixed-methods strategy allows for a comprehensive understanding of the relationship between neglect and the health outcomes of older adults in Oredo LGA.

This study could employ a mixed-method approach to gather both qualitative and quantitative data.

a. Quantitative Method

Survey: A cross-sectional survey could be used to gather data from elderly patients, caregivers, and healthcare providers (doctors, nurses, administrators) across various healthcare facilities (both public and private).

Sampling: A stratified random sampling method could be used to ensure diversity in the sample from urban and rural settings, considering the elderly population in different regions.

Data Collection: A structured questionnaire could be designed to assess:

Healthcare access (e.g., waiting times, affordability, availability of elderly-specific care services).

Quality of care (e.g., treatment adequacy, availability of geriatric specialists, elder-friendly facilities).

Experiences of elderly patients and caregivers.

Knowledge and awareness of healthcare providers on elderly care.

Variables: Independent variables might include socioeconomic status, geographical location (urban vs. rural), and type of healthcare facility, while dependent variables could include satisfaction with care, health outcomes, and perceived negligence.

b. Qualitative Method

Interviews and Focus Groups: Semi-structured interviews could be conducted with elderly patients, caregivers, healthcare providers, and policymakers to gain a deeper understanding of the issues.

Participants: Elderly individuals who have sought healthcare in the past year, their caregivers, healthcare providers who specialize in geriatrics (if available), and policymakers involved in eldercare.

Data Collection: Open-ended questions would allow participants to share their personal experiences, concerns, and perceptions about the quality of healthcare they receive or provide. Key themes would include neglect, gaps in the system, and suggestions for improvement.

Analysis: Thematic analysis could be used to identify recurring themes related to neglect, challenges in healthcare delivery, and personal accounts of mistreatment or lack of attention.

3.2. Study Areas: the research was conducted in oredo local government area of Edo state, Nigeria. oredo is urban-rural in nature, with a mix of traditional and modern health care services and an aging population facing socio-economic challenges.

3.3. Study Population

The target population comprises older adults Aged 60 years and above residing in oredo LGA. Caregiver, health worker, and community leaders were also included for key informant perspectives.

Elderly individuals: Aged 60 and above, residing in various regions of Nigeria (urban, semi-urban,and rural).

Healthcare Providers: Doctors, nurses, and administrative personnel who interact with elderly patients.

Caregivers: Individuals who take care of the elderly, often family members, who can provide insight into the challenges faced by the elderly in accessing and receiving care.

Policymakers: Individuals involved in health policy and advocacy for the elderly.

3.4 Sample Size and Sampling Technique

A sample size of 150 older adults was determined using Yamane's formula for a finite population. Participants were selected through multistage sampling:

Stage 1: Random selection of 5 wards from Oredo LGA.

Stage 2: Purposive selection of communities with visible elderly populations.

Stage 3: Systematic random sampling of older adults from households and care centers

Stage 4: In addition, 10 in-depth interviews (IDIs) were conducted with caregivers, healthcare workers, and community heads.

3.5. Data Collection Instruments

a) Structured questionnaire: For collecting quantitative data on neglect (e.g., physical, emotional, financial) and self-reported health status (mobility, chronic illness, psychological distress).
b) Interview guide: Used for in-depth interviews to explore perceptions and experiences of neglect, trauma, and barriers to care.
c) All instruments were pre-tested in a neighboring LGA and validated for content and clarity.

3.6. Data Collection Procedure

a) Trained research assistants administered questionnaires through face-to-face interviews.
b) IDIs were recorded and transcribed with participant consent.
c) Ethical guidelines were strictly followed, including voluntary participation and confidentiality.

3.7. Data Analysis

a) Quantitative data were analyzed using SPSS (version 25). Descriptive statistics (mean, frequency, percentages) and inferential statistics (chi-square, regression analysis) were used to examine associations between neglect and health outcomes.
b) Qualitative data were analyzed using thematic content analysis to identify recurring themes on trauma and neglect.

3.8. Data Analysis

Quantitative Data: statistical techniques such as descriptive statistics, chi-square tests, and regression analysis could be used to analyze survey data. This would help identify relationships between demographic variables and reported experiences of negligence.

Qualitative Data: NVivo or another qualitative data analysis software could be used to code and analyze interview and focus group transcripts.Themes like “neglect”, “inaccessibility “,and “systemic barriers “ would be identified and analyzed.

3.9. Ethical Considerations

a) Ethical approval was obtained from a recognized Research Ethics Committee.
b) Informed consent was obtained from all participants.
c) Privacy and confidentiality were ensured throughout the study.

Limitations

Access to Participants: There may be challenges in reaching elderly individuals, especially those in rural areas or those who are bedridden.

Cultural Sensitivity: Attitudes toward elderly care and healthcare systems might vary across different cultural and regional contexts, potentially influencing responses.

Resources: Conducting a nationwide survey or interviews across diverse settings may require significant financial and logistical resources.

Potential impact

Policy implications: the study could inform healthcare policies that focus on elderly care and influence national debates on healthcare funding, infrastructural development, and social welfare programs

Public Awareness: Raising awareness about the needs of elderly individuals can lead to societal and cultural shifts that prioritize eldercare.

This study would contribute valuable insights to the understanding of healthcare negligence in Nigeria and could be a foundation for future research or policy development aimed at improving the quality of care for the elderly.

Conclusion

The findings from this study would provide a comprehensive view of the healthcare system's treatment of elderly Nigerians, highlighting gaps and areas where improvements are needed. Recommendations might include policy changes, better training for healthcare providers, increasing access to geriatric care, and creating more supportive environments for the elderly in both urban and rural settings.

CHAPTER FOUR

4.1 Presentation and Analysis of Data

This section presents and analyzes the data collected from 150 older adult respondents and 10 key informants in Oredo Local Government Area. The data were gathered through structured questionnaires and in-depth interviews, analyzed using SPSS (version 25) for the quantitative data and thematic content analysis for the qualitative data.

1. Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency (n=150)	Percentage (%)
Age	60-69	72	48.0%
	70-79	55	36.7%
	80+	23	15.3%
Gender	Male	68	45.3%
	Female	82	54.7%
Marital Status	Married	65	43.3%
	Widowed	61	40.7%
	Divorced/Separated	24	16.0%
Living Arrangement	Alone	45	30.0%
	With Family	105	70.0%
Source of Income	Pension	33	22.0%
	Support from relatives	60	40.0%
	No Stable Income	57	38.0%

Interpretation: A significant number of older adults live alone (30%) or lack a stable income (38%), both of which are strong indicators of potential neglect.

2. Forms of Neglect Experienced

Form of	Yes (%)	No (%)
Physical neglect	61 (40.7%)	89 (59.3%)
Emotional/Psychological neglect	77 (51.3%)	73 (48.7%)
Medical neglect	65 (43.3%)	85 (56.7%)
Financial neglect	54 (36.0%)	96 (64.0%)
Social isolation	70 (46.7%)	80 (53.3%)

Interpretation: Emotional neglect was the most reported, followed by social isolation and medical neglect. This indicates that beyond physical needs, older adults in Oredo also face significant psychological stressors.

3. Health Status Respondents

Health Indicator	Reported Cases (n-150)
Chronic illness (hypertension, arthritis. Etc.	93 (62.0%)
Difficulty with mobility	56 (37.3%)
Frequent Hospital Visits	40 (26.7%)
Depression or Anxiety	72 (48.0%)
Poor nutrition	59 (39.3%)

Interpretation: A large proportion of respondents suffer from chronic conditions and psychological issues like depression, which correlates with their experiences of neglect.

4. Relationship Between Neglect and Health Outcomes (Chi-square test)

Neglect Variable	Health Outcome Affected	Chi-square (X^2)	p-value
Emotional neglect	Depression/Anxiety	18.56	0.001
Medical neglect	Chronic illness	15.21	0.003
Social isolation	Nutritional deficiency	10.87	0.008

Interpretation: The p-values indicate a statistically significant relationship between different types of neglect and negative health outcomes. Emotional and medical neglect are closely linked to psychological and physical health decline.

CHAPTER FIVE

SUMMARY CONCLUSION AND RECOMMENDATION

The aging population in Nigeria is growing rapidly, yet older adults often remain one of the most marginalized and neglected groups. Neglect—defined as the failure to meet the basic physical, emotional, social, or medical needs of an elderly person—is a silent crisis that significantly threatens their health and quality of life. In traditional African societies, older people were cared for within the extended family system. However, with urbanization, economic hardship, and the breakdown of communal care structures, many older adults in communities like Oredo Local Government Area (LGA) in Edo State face neglect and abandonment.

This study investigates the traumatic impact of neglect on the health status of older adults in Oredo LGA. Neglect can manifest in various forms, including physical abandonment, lack of medical care, emotional isolation, and financial hardship. These conditions not only exacerbate chronic illnesses and disabilities but also contribute to psychological issues such as depression, anxiety, and feelings of worthlessness.

Understanding the extent and effects of neglect on the elderly in Oredo LGA is critical for informing policy interventions and improving geriatric healthcare and social support systems in the region.

5.1 Summary of Findings

The study explored the relationship between neglect and health outcomes among 150 older adults in Oredo LGA using both quantitative surveys and qualitative interviews. Key findings include:

a) High prevalence of neglect: Over 50% of participants reported experiencing at least one form of neglect.

b) Health consequences: Common health issues included chronic illnesses (62%), depression/anxiety (48%), mobility difficulties (37%), and poor nutrition (39%).

c) Emotional neglect and social isolation were significantly associated with psychological trauma and mental health decline.

d) Medical and financial neglect were directly linked to untreated illnesses and reduced access to healthcare services.

e) Qualitative interviews revealed deep feelings of abandonment, helplessness, and loss of dignity among the elderly. This study investigated the traumatic effects of neglect on the health status of older adults in Oredo Local Government Area, Edo State, Nigeria. Using a mixed-methods approach, data were collected from 150 older adults and 10 key informants through questionnaires and interviews.

5.2 Key findings include:

i. A significant proportion of older adults experienced various forms of neglect, with emotional (51.3%), medical (43.3%), and social neglect (46.7%) being the most reported.
ii. Many respondents suffered from chronic illnesses (62%), depression (48%), and poor nutrition (39.3%), which were statistically linked to neglect.
iii. Qualitative data revealed that older adults felt abandoned, isolated, and emotionally traumatized, especially due to declining family and community support.
iv. Factors such as low income, living alone, and limited access to healthcare were major contributors to neglect.

The findings highlight the multi-dimensional impact of neglect—spanning physical, emotional, and psychological trauma—which collectively compromise the overall well-being and dignity of older adults in Oredo LGA.

Conclusion

Neglect remains a critical but under-addressed issue affecting the health and quality of life of older adults in Oredo LGA. The study established a strong relationship between neglect and adverse health outcomes, including depression, chronic illness, social

withdrawal, and malnutrition. The erosion of traditional caregiving systems, poverty, and insufficient policy implementation further exacerbate the situation.

Without urgent intervention, the growing elderly population in Oredo and similar communities will continue to face avoidable trauma and preventable health deterioration.

5.3 Recommendations

Based on the findings, the following recommendations are proposed:

1. Community and Family Engagement

a) Strengthen family bonds and intergenerational relationships through awareness campaigns about the importance of caring for the elderly.
b) Encourage community-based elder support groups to reduce isolation and provide psychosocial support.

2. Healthcare System Improvement

a) Establish accessible geriatric care services within primary health centers in Oredo LGA.
b) Provide mobile health outreach programs targeting home-bound or mobility-impaired elderly persons.

3. Policy and Legal Framework

a) Implement and enforce elder rights protection laws at the local government level.
b) Introduce social protection schemes such as stipends, free healthcare, and food support for vulnerable elderly citizens.

4. Education and Sensitization

a) Organize training for caregivers, healthcare workers, and the public on identifying and responding to signs of neglect.
b) Incorporate elder care education into school and community programs to rebuild respect and care for older persons.

5. Further Research

a) Conduct longitudinal studies to track the long-term impact of neglect on elderly health.
b) Explore the role of religious and traditional institutions in elder care.

5.4 Conclusion

The study concludes that neglect has a significant traumatic impact on the health status of older adults in Oredo LGA. The breakdown of traditional care systems, limited income, poor access to healthcare, and weakening family ties all contribute to a cycle of neglect

and deteriorating health. Emotional and medical neglect, in particular, were found to have the most damaging effects on the physical and psychological well-being of the elderly.

Neglect is not only a health issue but also a social and moral crisis. Addressing it requires multi-dimensional strategies that involve families, communities, healthcare systems, and government institutions.

Recommendations

1. Strengthen Community-Based Support Systems

    a) Establish community outreach programs to provide companionship, home visits, and basic care to older adults.
    b) Encourage volunteer networks to check in on isolated elders.

2. Improve Access to Geriatric Healthcare

    a) Integrate geriatric care into primary healthcare services in Oredo LGA.
    b) Offer subsidized or free medical treatment for older adults with chronic illnesses.

3. Government Intervention and Policy Reform

    a) Implement and enforce laws against elder neglect and abuse.
    b) Provide monthly stipends or social welfare support for older adults without pensions.

4. Public Awareness and Education

a) Conduct awareness campaigns to educate families and communities on the rights and needs of older people.
b) Promote the value of intergenerational support and care through media and religious institutions.

5. Establish Elder Care Centers

a) Create local elder care centers offering day care, meals, and health checkups.
b) These centers can serve as safe spaces where older adults can socialize and receive basic services.

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Appendix A: Sample Questionnaire

Section A: Socio-Demographic Information

1. Age:
2. Gender: [ ] Male [ ] Female
3. Marital Status: [ ] Married [ ] Widowed [ ] Divorced/Separated [ ] Never Married
4. Living Arrangement: [ ] Alone [ ] With Family [ ] Others (Specify) ____

Source of Income: [ ] Pension [ ] Family Support [ ] No Stable Income [ ] Others __

Section B: Experience of Neglect

6. Do you receive assistance with your daily needs? [ ] Yes [ ] No
7. Have you been denied medical treatment due to lack of help or funds? [ ] Yes [ ] No
8. Do you feel emotionally supported by family or community? [ ] Yes [ ] No
9. Do you sometimes go without food or medication? [ ] Yes [ ] No
10. Do you feel isolated or lonely? [ ] Yes [ ] No

Section C: Health Status

11. Do you suffer from any chronic illnesses (e.g., hypertension, diabetes)? [ ] Yes [ ] No
12. How often do you visit a hospital or health center? [ ] Regularly [ ] Occasionally [ ] Rarely [ ] Never
13. Do you experience feelings of sadness, hopelessness, or depression? [ ] Yes [ ] No
14. Have you had any falls, injuries, or mobility issues in the past year? [ ] Yes [ ] No

Appendix B: Interview Guide for Key Informants

1. In your view, how common is neglect of older adults in this community?
2. What forms of neglect do you think are most prevalent?
3. How does neglect affect the physical health of older adults?
4. Have you observed any signs of emotional or psychological trauma among the elderly?
5. What barriers do older adults face in accessing healthcare?
6. What support systems are in place (if any) for elderly care in Oredo LGA?
7. What are your recommendations for reducing neglect of the elderly in this area?

Appendix C: Ethical Consent Form (Sample)

Title of Study

The Traumatic Impact of Neglect on the Health Status of Older Adults: A Case Study in Oredo Local Government Area

Researcher:

Purpose:

To explore the effect of neglect on the health and well-being of older adults in Oredo LGA.

Voluntary Participation:

Participation in this study is voluntary. You may withdraw at any time without penalty.

Confidentiality:

All responses will be kept confidential and used strictly for academic purposes.

Consent:

I have read the information above. I voluntarily agree to participate.

Participant's Name: _____

Signature/Thumbprint: _____

Date: _____

Appendix D: Selected SPSS Output (Optional)

(Include sample charts, regression tables, chi-square output summaries, if required in formal academic submission.)

Appendix

Appendix A: Sample Questionnaire

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2. Gender: [ ] Male [ ] Female

3. Marital Status: [ ] Married [ ] Widowed [ ] Divorced/Separated [ ] Never Married

4. Living Arrangement: [ ] Alone [ ] With Family [ ] Others (Specify)

5. Source of Income: [ ] Pension [ ] Family Support [ ] No Stable Income [ ] Others

Section B: Experience of Neglect

6. Do you receive assistance with your daily needs? [ ] Yes [ ] No

7. Have you been denied medical treatment due to lack of help or funds? [ ] Yes

[ ] No

8. Do you feel emotionally supported by family or community? [ ] Yes [ ] No

9. Do you sometimes go without food or medication? [ ] Yes [ ] No

10. Do you feel isolated or lonely? [ ] Yes [ ] No

Section C: Health Status

11. Do you suffer from any chronic illnesses (e.g., hypertension, diabetes)? [ ] Yes [ ] No

12. How often do you visit a hospital or health center? [ ] Regularly [ ] Occasionally [ ] Rarely [ ] Never

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