Determinant of Self-Rated Satisfactory Quality of Life for older women (70+) in South-Eastern Nigeria: Preparing an Early Intervention

Atumah Oscar. N.

Department of Sociology, University of Abuja, FCT Nigeria

Abstract: **- Quality of life for older adults is crucial to successful aging, and has formed a part of global goals, including the Sustainable Development Goals (SDGs). A survey was administered to collect data from 30 women who are 70 years and above. Through multiple regression analysis, using self-rated satisfactory quality of life as the criterion variable, and access to housing, food, and healthcare as the predictor variables, this paper attempted to predict self-rated satisfactory quality of life for women 70 years and above. The intention is to have data backed information that will enable policy makers to plan an intervention for older adults, particularly the women. Findings revealed that access to food was the strongest predictor as it received the greatest weight in the standardized regression equation, and was also highest in terms of squared structured coefficient, accounting for about 86% of the total effect. Access to housing also received a sizeable beta weight, but did not out-perform access to healthcare substantially with respect to the observed effect. Implications include community partnership with universities to boost food production, to enact policies that will oblige government to subsidize the cost of food for adults above 70 years, and to emphasize the multidisciplinary nature of gerontology to aging professionals.**

Keywords: **Care giving, aging, housing, food, healthcare.**

I. INTRODUCTION

Aging in Africa used to be a thing to be proud of, and a period of joy, in part, due to the fact that it was strictly the responsibility of the family to take care of their aging relatives. On the other hand, the family had all that were required to fully meet the obligations inherent to caring for their aged loved ones. Those who lived to be more than 70 years old often expressed their quality of life as satisfactory, knowing very well that they could count on their family for housing, food and healthcare. Unfortunately, women are witnessing a decrease in child production which consequently is reducing mortality rate, and a likelihood that more women will live to be older. Some argue that the increase in the number of older persons will result in an increase in the need for health care, citing dwindling financial resources [1].

My perspective is that human wants and needs across life span are many and accumulates into old age. The need for healthcare and successful agingare crucial issues to contend with at old age. To a large extent, many share the opinion that health in older age factors all the individuals' circumstances and actions across the board [2].Studies suggest that when physical activity and healthy nutrition are added to routine medical check-ups, and if adopted at an early stage, the body benefits immensely through one's life time [3]. Yet others are of the perspective that aging exerts pressure on the pension and health systems [4]. While all these claims and many more about the effects of aging on the society cannot be over-emphasized, current reality depicts the ever-changing norms of family responsibilities [5].As more and more families become incapable to fulfil their obligations towards their aging loved ones, the government may have to inherit the bill, but the question remains whether Nigerian government is prepared to take up the challenges, and if they are not, are there moves to push for population aging friendly policies? In the case Nigeria as a nation decide to step up to her responsibilities on aging, there is need to inform the public about their direction, aims or specific objectives [6]. It has become obvious that the old living arrangements where the young and old cohabited are threatened by demographic transition, as more and more young people migrate to the cities [7]. All hope is not lost and not all persons 70 years and above will be sick.

To bring more life to this article, the author narrates his ordeal with his very old grand-parents. At the tender age of eight, I was withdrawn from a school in the city and sent to live in the village and watch over my grandfather. Shortly after he passed on, my parents took me back to continue schooling in the city. Again, at the age of 11, this time, it was my grandmother who needed help, and as expected, it was time to move back to the village to render the same services that I had provided to my grandfather 3 years earlier. Experiences at a tender age exposed me to the things that weighed the most on older women 70 years and above, particularly in my village. A good number of the women who were 70 years and above in my village were married into polygamous families, reason being that back in the days, agriculture was the major source of livelihood. Men committed to large farms and to be able to handle such projects, many wives appear, as at then, the easiest way out. My grandfather had 2 siblings, and the 3 men were married to14 wives. My grandfather married 5 wives, his immediate younger brother had 2, and their youngest brother

had 7. Part of what moved men to marrying many wives was an African sociological belief that counted all the children born by one woman as one single child, and as such, men were encouraged to marry more women as to have more than one child and such belief resulted into having many wives and many children [8]. Ironically, my uncle with the 7 wives was the most successful of the three brothers. One may be tempted to argue that marrying many wives automatically guaranteed riches, but many still married many wives and yet died as paupers in the same village. So, women were brought in as means to an end, not for love or affection. They did not own properties and to refer to a woman as successful depended on the number of children she was able to give birth to.

Upon the death of the husband, one will think that a woman will inherit part of what ever wealth she and her co-wives accumulated alongside their husband, but that was not the case. The male children ascended to ownership positions, and women who were unlucky to have only female children were out of luck. Having followed the plight of older women in my village with a first-hand information from doing the work of a care-giver from my elementary school years, compelled me to take a closer look at those issues that give rise to the greatest level of concern for women who are 70 years and above in my village. Over the years, their major sources of worry have never departed from housing, healthcare and food.

In the past, it was the responsibility of the immediate family to provide for all the needs of their loved ones, and they all lived together in their respective households, however, with globalization, there has been changes in aspirations, in life style and in means of livelihood. The extended family was threatened because the subsistent farming which was the major source of family income in the villages was substituted with other economic activities. These other activities mainly took place in the cities, and migration became the order of the day. Not only did the younger ones flocked to the cities in search of greener pastures, others embraced western education and attended to the farm, only as a means to an end while in school, and only when time permitted. Despite all the prevailing challenges, young men and women end their life at very tender ages, and transfer the responsibilities of caring for their children to their older parents whose income are insufficient for themselves, but who must cater for their grandchildren, no matter the odds [9]. Much is expected to be done to reduce pressure on old women because "available evidence suggests that mature aged carers are more likely than younger carers to experience high levels of stress and strain" [10, p.342].Despite these many challenges, issues relating to housing, healthcare and food relative to prevailing conditions in my community were retained as the subject of this study, and will serve as background information into understanding which of these were more likely to affect how women who are 70 years and above in my village rated their quality of life as being satisfactory or not.

Again, the author describes incidences in his community, where the study was carried out. No matter the level of accomplishment of a man in my village, he has to make arrangements for a separate housing unit, no matter how small, prior to taking up more wives. The houses, at times were made of natural rafter palms and had to be refurbished periodically. Men took such responsibilities, although women had to do the cooking and served everyone who came to help in refurbishing the house. Sometimes, there were cases where the woman bore the cost of feeding the people who came to do renovation work for her own particular house. Few men were able to accumulate enough wealth to build concrete houses, and they assigned to each wife a portion of the house. As the women go through child bearing, they stayed in their assigned portion of the family house with their younger children until they became adults. The men were expected to marry when they attained some level of maturity, and among other things, which include setting up their own housing arrangements outside the one which the father had assigned to the mother. The girls were expected to be married off at their ripe ages, and as such were considered as temporary members of the family.

As the male children marry and move into their houses with their new wives, and as the female children mature and are given out for marriages, the housing arrangement which was initially assigned to the woman of the house becomes permanently hers. Often times, the woman will age in the same setting, but sometimes, a male child may become successful and build new houses where he will be proud to house his own mother. At other times, the female child may be married to a successful man, and again, the man may decide to build a house for the parent in-laws. But in most polygamous family arrangement, the rivalry among wives are sometimes extended to the children, and the success or failure of the children translates to the success or failure of their mother. Older women in the village, 70 years and above do not expect too much in terms of housing, having lived all their lives in whatever housing arrangement they have known and are used to. All they need is a roof over their heads, and anything else is an addition and not a necessity.

Often times, there exists an erroneous assumption that old age automatically translates to sickness and a high consumption of healthcare. On the contrary, using old women who are 70 years and above provide a clear evidence that chronological aging does not translates to certain and most conditions associated with old age. Some older women well above 70 are still in good health conditions, and may require minimal intervention with respect to healthcare. In most cases, the medical conditions associated with old age tend to be a reflection of the life lived across one's life time. Those who proactively sought to be healthy and active across different life stages have a higher likelihood of remaining healthy and active into the 3rd quarter of their lives. There are natural remedies mostly produced from herbs that has become the where to go for older women 70 years and above in my village when it comes to taking medication. Most older women 70 years and above in my village would rather take

the natural remedies for any ill health condition as did their parents and grandparents.

However, none of the above statement should be mistaken to mean that older women to years and above in my community have no need for healthcare services. All the narrations were meant to say that healthcare services to this segment of the population is important, but only to the few whose conditions demand a heavy reliance on medications and frequent visit to the hospitals. Even at that, majority will make do with just buying drugs prescribed by chemist attendants and are happy as such gest are often considered as enough remedy to the healthcare problems encountered by women 70 years and above in my village.

Food as a daily requirement has proven to be the most important reason to struggle for life, and it is one which must be met for one to continue to live. At the beginning of life, an infant relies solely on the parents/guardians for the steady supply of nutrient which is required to nourish the body. As a teenager, the need for food tend to increase and again, parents understand the need to provide the quantity of food on daily basis that must be consumed to nourish the body. Progressively, we become adults and are able to fend for ourselves. Ultimately, as we progress through different stages of life, and after having gone pass the age where we have the physical ability to toil and to fend for ourselves, we retire and at this time, must depend on what we have saved through the struggles of life, or better in our African society, on what our children have to offer us, or yet, on whatever our relatives or well-wishers can afford to give us.

Houses built at earlier stages in life are resilient enough, and in most cases are able to continue to serve the housing needs through one's life time; suffice to mention that there may be need for other periodic interventions in terms of repairs and maintenance. Healthcare need is a given as we become older, but only to the extent where our habits as young people has culminated into an old age of highly degenerated organs and body systems. Regardless of the situation, the need for proper body nourishing remains constant across all the stages of life. As women live longer to be 70 years or more, their physical ability to continue to fend and toil for food is highly compromised, more especially when the prevailing source of livelihood is farming. The roads to the farms are not motorable, and as such involves long hours of walking and lifting heavy loads. There are many hills and valleys along the way which makes it even more difficult for women when they live to be 70 years and above. As a result, older women who are 70 years and above are more likely to depend on others for the food required to constantly nourish the body. A few women within the age segment discussed in the village could be said to be lucky as few of their children can be said to successful and can afford to make steady meaningful financial contributions towards the upkeep and nourishment of their mother, but the issues of what to purchase, where to purchase, when to purchase, coupled with how to preserve the food until when needed also becomes a thing of great concern.

This paper queried into these known three areas of greatest concerns as indicated by women 70 years and above, and tried to see how the availability or lack thereof of any, can predict a self-rated satisfactory quality of life among women over 70 in Iberenta Oro community in Ikwuano L.G.A. Abia State Nigeria. Three principal variables were analysed, namely: access to healthcare, access to housing and access to food among 30 women who are seventy and above in an attempt to know which variable was more likely to predict self-rated satisfactory quality of life among women who are 70 years and above in my village.

II. METHODS

2.1 Study Population

The population which was targeted by this study are women who are believed to be 70 years and above as suggested by members of different faith-based organization in Iberenta, Oro Autonomous community, in Ikwuano Umuahia local government area of Abia state Nigeria. The village is located at about 402 kilometres south of Abuja which is the capital of Nigeria, and at a distance of 45 kilometres west of the Sam Mbakwe International Airport Owerri. There is no known population estimate for this village, however, it should be noted that Iberenta is one of the 52 villages in Ikwuano LGAwith an estimated population of 137,993 as at 2006 census.

2.2 Sample and instrument

The sample size for the pilot study was thirty (30) respondents. The issue at hand was focusing on women who are said to be more than 70 years old and are residents of the small village. With the criteria defined, purposive sampling method was best suited for the purpose intended and was adopted. Men were excluded from the study and as such a few questions were added to uncover the socio-demographic characteristics of the respondents, followed by a Likert scale questions designed to collect data on the perceived quality of life of women in my village who are 70 years and above based on the three variables under study. Questions include whether having access to housing, food and healthcare as at when needed are possible predictors of self-rated satisfactory quality of life for women 70 years and above.

2.3Design and Measurement

The study used 2 levels of analysis; a univariate analysis to examine the socio-demographic characteristics of the women and a Likert Scale to collect data to ascertain the importance attached by women70 years and above to the three variables under study. The measurement scale ranged from 1 to 4 with (strongly disagree, disagree, agree and strongly agree) as the options. Questions include whether having access to housing, food and healthcare services as at when needed could possibly predict self-rated satisfactory quality of life for women70 years and above. A paid research assistant and I visited the houses of those who were deemed to have met the criteria and administered the questionnaires. As expected, none of the

women invited could read or write, so the surveys were read to them individually and the responses were recorded. Self-rated Satisfactory quality of life at age 70 and above is the dependent (outcome/criterion) variable, while the availability of housing, the availability of food and the availability of healthcare services are the three independent (predictor) variables. The data collected was coded and used to conduct a multiple regression analysis on SPSS version 24.

Research Question: **Does having access to housing, food and healthcare predict a self-rated satisfactory quality of life for women 70 years and above in Iberenta Ibere?**

III. FINDINGS

First, we will discuss the demographic makeup of the women under study, and review some preliminary observations based on the Pearson r relationship between the variables. Next, we will review the bivariate correlation to ascertain the relationship between the predictor and the dependent variables. If there is a relationship, we will examine the beta weights to know which predictor could be said to be the strongest. Finally, we will attempt to provide an interpretation of the result and state the implications for practice**.**

Believed Having a good understanding of members of the community and their propensity to respond to questions, the decision was made to make do without a neutral option.

Table 1: Demographic Characteristics of the Sample

	Mean/Proportion	N
Age	73.07	30
No Education Primary education Secondary Education College Education	93.3% 6.7%	28 2
Married Divorced Widowed Single	13.3% 86.7%	4 26

30 women who were believed to be 70 years and above, or who reported to be around the same age were selected for the study. Though no formal records exit to ascertain the accurate date of birth of the population under study, people in the villages who were born around the same time are grouped under one age grade for easy identification. Every body knows and can identify other members of the village, and as such, parents and relatives keep unofficial and undocumented record of children who belong to the same cohort based on the period when they were born. The mean age of the participants was about 73.07. 93.3% had no formal education whatsoever, and the 6.7% who attempted primary school confessed to have been withdrawn by their mother after the first year, and as such, none of the women interviewed completed more than 1 year of formal education at the primary school level. None of the women was able to read of write which resulted to the questionnaire been read to them verbally. None of the women reported that she was single, and non-was divorced. Further scrutiny revealed that getting married, for a woman, was a status symbol as at the time these women were growing up, and divorce was a defined abomination in their own time as well. Some who could not conceive on time during their first marriage were sent home by their first husband, some later remarried and some confessed having many children with their second husband. Men traditionally marry women who are 15 to 20 years younger than them in my village, and that being the case, 86.7% of the women said that they are widows, and that was expected. However, 13.3 % professed being lucky that they were still married.

Which predictor has the strongest relationship with the dependent variable and which predictor has the weakest relationship? Since multiple regression was of interest, it was nice to take a quick look at a scatter plot to know the relationship among the variables as much as possible, to develop a mental frame about what the variables are and how they relate with each other. Access to food as at when needed has the strongest linear relationship with self-rated satisfactory quality of life for women 70 years and above, though not super clear, the availability of health care and housing are weaker, but at this point, the information contained in the scatter plot is insufficient to determine which one has the weakest relationship. The Pearson r relationship between 2 variables only provided a strong indication of what may happen upon further analysis.

Next, a bivariate correlation between the predictors and dependent variable was examined. As expected, based on information from the scatter plot, the correlation output table 2 revealed that the availability of food as at when needed has the highest relationship with the dependent variable with a correlation coefficient of .641. Access to healthcare and housing were weaker and closer together, but access to housing was weakest with a correlation coefficient of -.211.

Correlations

		Access to Housing	Access to Healthcare	Access to Food	Self rated satisfactory quality of life
Access to Housing	Pearson Correlation	1	-.113	-.632**	-.211
	Sig. (2-tailed)		.552	.000	.264
	N	30	30	30	30
Access to Healthcare	Pearson Correlation	-.113	1	.179	.156
	Sig. (2-tailed)	.552		.345	.411
	N	30	30	30	30
Access to Food	Pearson Correlation	-.632**	.179	1	.641**
	Sig. (2-tailed)	.000	.345		.000
	N	30	30	30	30
Self rated satisfactory quality of life	Pearson Correlation	-.211	.156	.641**	1
	Sig. (2-tailed)	.264	.411	.000	
	N	30	30	30	30

**. Correlation is significant at the 0.01 level (2-tailed).

Table 2.

The effect size is significantly large, which suggest that close to 50% of the variance of self-rated satisfactory quality of life for women who are 70 years and above in Iberenta Ibere can be explained by the predictors. Given the sample size, this effect was different enough from the null hypothesis (H_0: R = 0) to be statistically significant (Pcalc = .001). Having established that we have something, we now need to look at the coefficient table to see where the effects were coming from.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-7.336	2.892		-2.537	.018
	Access to Housing	.800	.452	.324	1.768	.089
	Access to Healthcare	.099	.335	.043	.295	.770
	Access to Food	1.635	.361	.838	4.527	.000

a. Dependent Variable: Self rated satisfactory quality of life

(Table 2)

Unstandardized equation:

Yhat = **-7.336 +.800(acc_housing) +.099(acc_healthcare) +1.635(acc_food)**

Standardized equation:

Yhat = **.324(acc_housing) + .043(acc_healthcare) + .838(acc_food)**

3.1Where does the effect come from?

From the beta weights, there is enough evidence to posit that the prediction is mainly attributable to access to food and access to housing. Access to food was the strongest predictor as it received the greatest weight in the standardized regression equation from table 3. Not much credit is ascribed to access to healthcare**.** There is also enough evidence to suggest that the three predictors are significantly correlated with each other and hence the need for a structure coefficient**.**

Predictor	beta	r_s	r_s^2
Access_Healthcare	.043	.226	0.051 (5%)
Access_Housing	.324	-.306	0.093 (9%)
Access_Food	.838	.929	0.863 (86%)

(Table 3)

In terms of the squared structure coefficient in table 3, it also had the highest. Access to food itself was such a good predictor in that it accounted for about 86% of the total effect. On the other hand, access to housing also received a sizeable beta weight, but it did not out-perform access to healthcare substantially with respect to the observed effect. While access to healthcare was able to account for about 5% of the effect,

its beta weight was very insignificant, largely due to the correlation between this variable and the other predictors. It was observed that the variance that access to healthcare could explain was at the same time explained by the co-predictors.

3.2 Interpretation

From table 4, self-rated satisfactory quality of life for women 70 years and above was predicted in the regression (R^2 =.475), which was a good indication that slightly less than half of the variance in the dependent variable was accounted for by variance in the predictors. The effect was statistically significant, F (3,26) =7.856, p=001. A closer look at the beta weights as well as the squared structure coefficients indicated that access to food as a predictor accounted for most of the variance explained. Access to healthcare and access to housing were weaker in their prediction given a squared structure coefficient of 0.05 and 0.09 each.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.690[a]	.475	.415	.715

a. Predictors: (Constant), Access to Food, Access to Healthcare, Access to Housing

b. Dependent Variable: Self rated satisfactory quality of life

(Table 4)

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.061	3	4.020	7.856	.001[b]
	Residual	13.305	26	.512		
	Total	25.367	29			

a. Dependent Variable: Self rated satisfactory quality of life

b. Predictors: (Constant), Access to Food, Access to Healthcare, Access to Housing

(Table 5)

IV. IMPLICATION FOR PRACTICE

As part of the global effort to increase the quality of life at old age, we have a duty to plan interventions that will rescue the plight of older women in our communities because with demographic changes, older people are becoming largely segregated in rural areas, which in turns increases their poverty level and lead to the deprivation of both social and civil rights [11]. It is worthy to note that the regression equation and scores on the predictors can be used to predict those who will not rate their quality of life as satisfactory after 70 years. Since access to food predicted to a greater extent the likelihood that a woman will rate their quality of life as satisfactory, there may be need to partner with universities in food production and research. One of the possible universities to partner with will be Michael Okpara Federal University of Agriculture Umudike. The university is affiliated with National Root Crop Research Institute Umudike. They can partner with the communities around their location to research on alternative farming systems that does not involve land rotation but relies more on greenhouse operations.

If the older women above 70 who had practiced farming all their life can be exposed to developing home gardens, then dependency will be decreased to a reasonable extent, and the women can still be able to improve their financial conditions and hence afford to buy their own food. Reducing the level of dependency of older women above 70 in the community will go a long way in reducing their stress level because "People may experience stress when they are not able to fulfil role expectations, particularly when the roles assumed by the person conflict" [12, p.468]. There is also need to highlight the multidisciplinary nature of gerontology by inviting practitioners from other fields to join hands and plan an intervention that will at least, to a reasonable extent, ensure that older women are able to have access to food at a later age in life. Naturally, many individuals aspire to be happy at old age, to be healthy, and hope not to be dependent, it is also true that preparing for old age elude a greater number of people who are unable to anticipate and plan for future needs [13].

Ironically, it was noted that access to healthcare and housing were not a strong predictor of self-rated satisfactory quality of life for women after 70 years. These findings raise questions as to whether these women could be said to have maintained a healthy lifestyle as youths, or if they attributed their healthcare challenges to old age, following popular belief. Another interesting issue may be to examine the prevailing housing conditions for these old women. Could it be that they had given up hope of ever living in an improved environment, or that they intentionally decided to ignore the problem of housing in the rural communities? These become areas for further research.

.REFERENCES

[1]. Omotara, B., Yahya, S., Wudiri, Z.,Amodu, M., Bimba, J. and Unyime, J. (2015) Assesment of the Determinants of Healthy Ageing among the Rural Elderly of North Eastern Nigeria. *Health*, *7*, 754-764. doi: 10.4236/health.2015.76090

[2]. Kalache, A. and Kickbusch, I. (1997) A Global Strategy for Healthy Ageing. *World Health*, 4, 4-5

[3]. Pinquart, M., &Sörensen, S. (2011). Spouses, Adult Children, and Children-in-Law as Caregivers of Older Adults: A Meta-Analytic Comparison. *Psychology and Aging*, *26*(1), 1–14. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=EP59831272&scope=site

[4]. Esteban, R. (2015) Thinking about Aging: Experience, Identity and Meaning among an Elderly Population in the Philippines. *Advances in Aging Research*, **4**, 133-153. doi: 10.4236/aar.2015.45015

[5]. Low, G. , Kalfoss, M. and Halvorsrud, L. (2015) Identity Processes, Depression, and the Aging Self—A Norwegian Study. *Advances in Aging Research*, **4**, 212-224. doi: 10.4236/aar.2015.46023.

[6]. Wilson, D. , Osei-Waree, J. , Hewitt, J. and Broad, A. (2012) Canadian provincial, territorial, and federal government aging policies: A systematic review. *Advances in Aging Research*, **1**, 38-46. doi: 10.4236/aar.2012.12005.

[7]. Zhan, H. J. (2013). Population Aging and Long-Term Care in China. *Generations*, *37*(1), 53–58. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=EP86024536&scope=site

[8]. Okharedia, A. A. (1999). Sociological survey of the socioeconomic dilemma of the aged in less developed countries. *Ageing International*, *25*(1), 17–30. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=78562&scope=site

[9]. Kimuna, S. R., &Makiwane, M. (2007). Older people as resources in South Africa: Mpumalanga households. *Journal of Aging and Social Policy*, *19*(1), 97–114. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=119167&scope=site

[10]. O'Loughlin, K., Loh, V., &Kendig, H. (2017). Carer Characteristics and Health, Wellbeing and Employment Outcomes of Older Australian Baby Boomers. Journal of Cross-Cultural Gerontology, 32(3), 339–356. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=EP124620237&scope=site

[11]. Apt, N. A. (2002). Ageing and the changing role of the family and the community: an African perspective. *International Social Security Review*, *55*(1), 39–47. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=88725&scope=site

[12]. Liu, J., Guo, M., & Bern-Klug, M. (2013). Economic Stress Among Adult-Child Caregivers of the Oldest Old in China: The Importance of Contextual Factors. *Journal of Cross-Cultural Gerontology*, *28*(4), 465–479. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=EP91959667&scope=site

[13]. Finkelstein, E. S., Reid, M. C., Kleppinger, A., Pillemer, K., & Robison, J. (2012). Are Baby Boomers Who Care for Their Older Parents Planning for Their Own Future Long-Term Care Needs? *Journal of Aging and Social Policy*, *24*(1), 29–45. Retrieved from https://libproxy.library.unt.edu:9443/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=gnh&AN=EP70284899&scope=site