

Influence of Geriatric and Social Support Care on the Health of Elderly People in Kano Metropolis, Kano State

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Abstract: The study investigated the influence of geriatric and social support care on the health of elderly people in Kano metropolis, Kano State. A descriptive cross-sectional design was used. Simple random sampling technique was used to select 7 old peoples centers out of the 13 centers in Kano metropolis. Due to the size of the population, the researchers made use of all the old people at the 7 selected centers in Kano metropolis totaling 283. Self-structured instrument scrutinized by experts, titled “Geriatric and Social Support Care on Health Questionnaire” was used to collect data from the respondents. The instrument had a reliability coefficient of $r=0.81$. Two research questions formulated were answered using the statistical tools of means and standard deviation, while the hypothesis postulated was tested with z-test at 0.05 level of significance. The results of the study showed that the geriatric services rendered to the elderly positively influenced their health and that the social support care is given to them also impacted positively on their health and well being. The study concluded that geriatric and social support care rendered had a significant influence on the health of elderly people in Kano metropolis. The study, therefore, recommended among others that government and non-governmental organizations should provide, equip and maintain functional old people’s long-term care or nursing facilities in every local government area of the state and nation and that families and community should embrace and carryout daily elder day-care services for their elderly members.

Keywords: Geriatric care, social support care and Elderly people

I. INTRODUCTION

Across the world, the population of elderly people is increasing rapidly without commiserate adequate geriatric and social support care to them, either from their families, community or government. Studies report that the greatest increase in the number of older people is occurring in developing and middle-income countries. This observed increase in the population of the elderly in developing countries is, however, the surprising following prevalence of poor health care and nutrition prevalent in developing countries. Increase in the number of older people has significant health, social and economic implications on families, society governments at all levels. Ezeji (2021) noted that increasing longevity may result in rising medical costs and increasing demands for health services since elderly people are typically more vulnerable to chronic diseases. WHO (2015) envisaged that the demand for long-term care

for the age is expected to rise within the African region, following the increasing prevalence of long-term conditions such as dementia, diabetes and others. In most countries, Nigeria inclusive, the cut-off point for geriatric age is sixty years (Kumar,2012).

Nigeria is the most populated country in Africa, and by 2001 had the highest number of older persons in Africa (Kinsella & Velkoff, 2001). Kinsella and Velkoff further stated that with the largest population in Africa and the ninth in the world, it was estimated that by the year 2025, the population of Nigerians aged sixty years and above will constitute six percent of the entire population, which stands above 200 million persons by 2021, according to a projected population figure of Nigeria by the National Population Commission (NPC). Kano State, according to NPC (2006), had the highest population in the country, followed by Lagos State. And Kano metropolis being one of the most populated cities in Nigeria, equally has a high population of elderly persons, majority of them roam the streets, marketplace, supermarkets, shopping centers and worship centers begging for alms.

According to the United States Bureau of the Census (2000), generally, as the population of the aged swells and as people age, they become more likely to experience increased health problems and require more health and other social support services. The elderly shows a lot of variation in age-related physiological declines and medical disorders, which require special healthcare and social support. Some of the age-related declines include a progressive decline in muscle strength, vision, hearing, memory, locomotion, nutrition, communication and homeostasis (Kiopf & Hutchinson,2000). According to Yeolekar (2005), diseases common among elderly persons include; type II diabetes, coronary heart disease, hypertension, stroke, chronic obstructive pulmonary disease, Alzheimer’s disease/dementia, delirium, osteoarthritis, osteoporosis, prostatic hypertrophy, cataracts, muscular degeneration, cancer, tooth decay, vision and hearing problems, and they are often, vulnerable to infections involving respiratory tract (like tuberculosis) and urinary and digestive tracts.

Despite the increase in old age-associated challenges, geriatric and social support care ought to be rendered to them has

declined. Studies adduced some reasons for the decline in geriatric and social support care for the aged in recent times. Egunyomi (2012) observed that in recent times in Nigeria, the traditional function of the family members is gradually fading away due to economic downturn, migration, and the influence of foreign cultures. Most currently, are false prophecies of dubious and fake prophets and pastors who attribute every bad omen or misfortune of family to the handwork of elderly members of the family, who are, often, accused of acts of witchcraft. These false prophecies have led to many elderly persons, either, being abandoned or killed by their own family and community members.

Inadequate provision of care to the elderly in the families could be attributed to the fact that family members, such as women who are traditionally the main caregivers do engage in employment outside the home. More so, the notion that investment in one's children serves as social security in old age is now disputed as children now find it difficult to secure employment and receive an income sufficient to meet their immediate needs, including taking care of their aged parents (Egunyomi, 2012), and the few employed ones that work lives outside the home or country. The falling supportive care to the growing population of the elderly may be due to several factors, such as; urbanization, migration, changing working patterns, changing family structure, increased divorce rates, and the tendency for children to live separately from their ageing parents. A proffering solution to this development, Laragozoglu et al (2013) and Otokiripinar and Demerid (2016) in Ezeji (2021) recommended that elderly people should be provided with care and support at old people-nursing homes rather than in the house, following poverty, increased rate of migration from country homes to the township, and increased unemployment as these have adversely affected health & social care for the aged. In Nigeria's situation, Egunyomi (2012) observed that the economic situation of most children makes it difficult for them to cater for their parents, coupled with a lack of institutional framework for the care of the aged. Though the federal government of Nigeria in 2021 announced that it has established a centre for the aged, it is not more than a policy statement without visible commitment.

Elderly people have been exposed to different forms of abuse, ranging from physical, psychological, social to economic abuses. Many elderly persons have been abused physically, which consists of intentional acts to cause pain or injury to them. This physical abuse comes in the forms of beating, shoving, tying them to heavy furniture, locking them up or confining them to a room, forcing them to remain in beds/chairs, and forcibly restraining them. Psychological abuse of the aged comes through words, acts and gestures that demean, dehumanize, intimidate or threaten them. Other forms of psycho-social abuse of the elderly include insulting them, socially isolating them, ordering them around and not allowing them to make decisions that they are capable of making. Some are forced to participate in ceremonies or religious activities they do not believe in.

The elderly also are, often, abused economically through financial manipulation and exploitation. This may include theft, forgery, fraud, extortion, or charging the elderly exorbitant fees/prices for cheaper goods/services. Most often, in many villages or towns, their property or asset (like land, buildings etc) are sold by their family members without their informed consent, or forced to change their will. Other forms of economic abuse include forcing them to do work without pay, like caring for children, cajoling them to give money/property away to others, refusing to vacate their homes when asked to vacate, or residing with them without paying a fair share of the expenses. The most common form of abuse of the elderly is neglect by the family members or the society. This may come in form of not providing care for an elder who is incapable of caring for him/herself, such as, not providing medications that are required for chronic and acute problems, failing to provide proper nutrition and clothing, failing to attend to the hygiene of those who may be bed-ridden, failing to provide private bathroom/toilet arrangements, or living incapacitated adults unsupervised for long periods. Unfortunately, in recent times in the African continent, old people's life continued to be characterized by growing poor family support, social exclusion and non-existent social security targeted at the vulnerable, like the aged and the handicapped. In Nigeria, for instance, social security policies for old age are yet to be formulated, leading to the apparent decline in the adequacy of support and rising deprivation, and poverty to which growing numbers of old people are exposed.

Elderly people ought to be treated with honour and respect as procreators, parents, guardians and pillars of the present generation. They used their youth and adult age to cater, develop or work for the growth and development of their families and communities, and nations in different ways. There are special settings or well-being places these elderly people should receive long-term geriatric and social support for their health, welling and wellness. These settings include home, old people's home, or old people's nursing home or long-term care facility for the elderly, or retirement home, and elder-day care facility. Old people's home is a multi-residence housing facility intended for citizens aged sixty years and above. It is a well-structure set up to provide formal long-term care for the old people, either with impairment with daily functioning, or those whose children or family numbers are busy with socio-economic odds of life coupled with family stressors, and could not meet up with the demand of care for their parents (Oyinlola, 2016). However, Okoye (2013) stated that bearing the social affinity that exists in the culture of the developing countries, community-based care for home-bound elderly persons should be recommended.

Geriatric and social support care services are necessary for the health and life of ageing populations. Geriatrics deals with the physiologic characteristics of ageing, and the diagnosis and treatment of diseases affecting the aged. Geriatric care is very necessary because elderly people generally want to live independently as long as possible, which requires them to be able to engage in self-care and other activities of daily living.

Geriatrics focuses on health care of the elderly and aims to promote health by preventing and treating diseases and disabilities in older adults.

Social support refers to interaction and relationship that allows an individual to feel loved, cared for, and provide a feeling of self-worth. Uchino (2004) defines social support as help or assistance that people receive from others. Social support care could be in emotional, instrumental and/or informational forms. Studies have identified some forms of care elderly people need to cope with at old age. These forms of geriatric and social support care include; good and appropriate diets, such as much of intake of minerals, vitamins and free diary products, legumes, poultry, fish, good hydration using water, juices and non-carbonated and alcoholic drinks; stress management, sound sleep, rest and relaxation, regular medical check-up and appropriate medications; avoidance of risk factors and structured moderate-intensity supervised exercise (like walking, running, biking, swimming etc); healthy and good relationship with oneself and others, including family members, friends, strangers, and being comfortable with self, others and surroundings; supportive environments, networks of interaction, physical help or assistance, financial help, good personal hygiene care and proper clothing and accommodation; proper walk-ways bedding, sitting, bathroom and toilet arrangements; psychological help for coping skills development, self-esteem, sense of belonging, feelings of being loved, feeling of security, news and entertainment (through radio and television, programmes, magazines and newspapers, pictures, plays and movies, storytelling, drama, etc). These forms of care are given to elderly people to improve their physical, mental, psychological and social well beings.

Purpose of the Study

The study was to determine the influence of geriatric and social support care on the health of elderly people in Kano Metropolis in Kano State.

Research Questions

1. What is the influence of geriatric care on the health of elderly people in Kano Metropolis?
2. What is the influence of social support care on the health of elderly people in Kano metropolis?

Hypothesis

There is no significant influence of geriatric and social support care on the health of elderly people in Kano Metropolis.

II. METHODOLOGY

A descriptive cross-sectional design was used for the study. The sample size of 283 elderly people within the range of 60 years and above was used for the study. Simple random-sampling technique without replacement was used to select 7 old people's centres out of 13 centers in Kano metropolis: Shahuchi, Dorayi, Tudan-Wada, Kanaye, Danbatta, Dawakin-

Kudu, and Wudil. Due to the small size of the population of the inmates in the 7 selected centers, the entire population of 283 was used as the sample size for the study.

The instrument used for data collection was a 30-item self-constructed questionnaire titled "**Geriatric and Social support care on health**" in a modified 4 point Likert Scale with response options of Strongly Agree (SA) = 4 points, Agree (A) = 3 points, Disagree (D) = 2 points, and Strongly Disagree (SD) = 1 point. The instrument was of two sections. Section A was on the demographic variables, and Section B covered items on influence of geriatric and social support care on health. The instrument was tested by three social work experts. A reliability co-efficient $r = 0.81$ was obtained using Pearson Product Moment correlation. Consent of the management of the 7 selected centers in Kano metropolis was obtained before administration of the instrument on the participants by the researchers. The items of the instrument were explained to the participants in their local language. 'Hausa' for better and informed responses. The analysis of the data was done with the use of mean and standard deviation for research questions, and z-test for the hypotheses.

III. RESULT AND DISCUSSION

Table 1: Frequency and Percentage of Demographic Distribution of the Respondents

Demographic variable	f	%
Age		
60-90	71	25.1
70 years & above	212	74.9
Total	283	100.0
Gender		
Male	198	70.0
Female	85	30.0
Total	283	100.0
Educational level		
Non-formal education	34	12.0
Primary education	98	34.6
Secondary education	104	36.8
Tertiary education	47	16.6
Total	283	100.0

The table showed that 25.1 percent of the participants were within the age range of 60-69 years, while 74.9 percent of them was within 70 years and above. 70 percent of the respondents were males and 30 percent was females. The percentage of the respondents with non-formal education was 12.0, 34.6% for primary education, 36.8% for secondary education, and 16.6% for tertiary education.

Research Question: What is the influence of geriatric care on health of elderly people in Kano Metropolis?

Table 2: Influence of Geriatric care on Health of Elderly People

S/No	Item	SA	A	D	SD	\bar{X}	SD
1	Falls management enables elderly people to move around, reduces falls and injuries in an immediate environment	120 (480)	114 (342)	20 (40)	10 (10)	3.53	.65
2.	Regular medical check-up helps to protect elderly people from health problems and restore their health	208 (832)	36 (108)	-	20 (20)	3.36	.77
3	Long-term medical care rendered to the elderly people helps to improve their health	154 (616)	74 (222)	36 (72)	-	3.45	.62
4	Living on adequate nutrition and healthy diets, such as eating fruits, vegetables, legumes, fat-free and low-fat dietary products, poultry and fish ensures old people's optimal health	112 (448)	127 (381)	15 (30)	10 (10)	3.21	.67
5	Avoidance of use of tobacco, excessive intake of alcohol and unpublished drug abuse, and other unsafe behaviours greatly improve the health of elderly people	89 (356)	167 (501)	6 (12)	2 (2)	3.46	.72
6	Taking part in regular moderate exercise, like walking, running, biking and moderate physical activity make elderly people strong, active, fit, thereby promoting their health	89 (356)	147 (501)	6 (12)	2 (2)	3.36	.77
7	Good personal hygiene care and proper clothing and shelter help the aged to be healthy and well	138 (552)	90 (270)	36 (92)	-	3.36	.77
8.	Psychological help or assistance and counseling help in developing the elderly in the coping skills, feelings of belongingness, security and being loved	154 (616)	74 (222)	36 (72)	-	3.21	.44
9	Rehabilitative services are given to elderly people to restore their health after a protracted illness	108 (432)	109 (327)	3 (6)	44 (44)	3.48	.59
	Total mean (\bar{X})					3.38	.67
	Criterion mean					2.50	

SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree

The findings in table 2 showed that all the items' mean scores were above the criterion mean showing positive influence of geriatric care on health. The table further showed that the mean ($\bar{x} = 3.38$; SD = .67) was greater than the criterion

mean of 2.50, indicating that geriatric care had a positive influence on the health of elderly people in Kano Metropolis.

Research Question 3: What is the influence of social support care in health of elderly people in Kano Metropolis?

Table 3: Influence of Social Support care on Health of Elderly People in Kano Metropolis

S/No	Item	SA	A	D	SD	\bar{X}	SD
1	Strong family bonds, relationships and good cultural practices improve elderly people's social health and well being	124 (496)	98 (294)	23 (46)	19 (19)	3.23	.81
2	Healthy relationship with friends and neighbors boosts old people's self-esteem and feelings of being recognized and accepted	134 (536)	94 (188)	80 (60)	6 (6)	3.54	.64
3	Community recognition of old people's social status and needs improves their health ad prevents feelings of apathy	90 (360)	74 (222)	64 (128)	36 (36)	3.11	.85
4.	Instrumental social support offers elderly people empathy, concerns, affection, acceptance, love, and trust, thereby improving their emotional health	141 (564)	106 (318)	11 (22)	6 (6)	3.78	.41
5.	Listening to or reading news helps the elderly people to be abreast with the happenings in their immediate environment, decrease the rate of depression and anxiety, and offer an effective buffer against negative effects of stress	121 (484)	121 (363)	11 (22)	21 (21)	3.72	.55
6	Social gatherings and entertainment activities organized by the community reduces the rate of anxiety, irritability, loneliness and attention-seeking behaviours	623 (422)	104 (312)	23 (46)	34 (34)	3.26	.81
7	Referral to the community service centers helps elderly people to interact with other people and share their feelings and experience have a feeling of worth and get along well with people around them	112 (448)	119 (357)	14 (28)	12 (12)	3.43	.69
8	Financial help or assistance helps in the treatment of old age-associated health problems, and the promotion of elderly people's health	120 (480)	90 (270)	30 (60)	24 (24)	3.33	.78
	Total mean (\bar{X})					3.43	.69
	Criterion mean					2.50	

SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree

The results in Table 3 revealed that all the items' mean scores were greater than the criterion mean, showing that each item

had a positive impact on the health of the participants. The table also showed that the total mean ($\bar{x} = 3.43$; SD = .69)

was greater than the criterion mean of 2.50, indicating that social support care had a positive influence on the health of elderly people in Kano metropolis.

Hypothesis

There is no significant influence of geriatric and social support care on health of elderly people in Kano Metropolis.

Table 4: Summary of z-test, analysis of influence of geriatric and social support care on the health of elderly people

\bar{X}	SD	Z-cal	Z-crit	Df	Alpha level	P-value	Decision
3.38	.67	2.153	1.960	1	.05	.039	<i>Rejected</i>
3.43	.69						

Table 4 revealed the z-calculated value (2.153) was greater than the z-critical value (1.960) at the degree of difference (1) and .05 level of significance. The P-value of .039 was less than .05 level of significance. Hence, the null hypothesis was rejected, implying that geriatric and social support care had a significant influence on health of elderly people in Kano State

IV. DISCUSSION OF FINDINGS

The summary of findings in Tables 2, 3 and 4 showed that geriatric and social support care rendered to elderly people in Kano Metropolis in Kano State had a significant influence on their health. The findings in the findings in table 2 revealed that geriatric services such as regular medical check-ups, long-term medical care, living on healthy diets, participation in moderate physical activity, advice on avoidance of unsafe behaviours, like tobacco, drug use among others had a positive impact on the health of the elderly. The findings agree with the study reports of Ogunsakun, Shehu and Boba, which stated that geriatric services rendered to elderly people really improved their health and well being. Specifically, Agbanusi, Ikeagha, Ajbare, Emmehara and Emeahara (2015) emphasized the role of physical activity in the health promotion of adults and recommended that adults should be encouraged to partake in aerobic exercise at least 2 to 3 times weekly to improve their overall health and well being. They also agree with an assertion from Asogwa (2019) that physical activity is a veritable antidote to chronic and non-communicable diseases. Daskatopoula et al (2017) stated that higher levels of physical activity increase the goodies of healthy ageing by thirty-nine percent, and the participants live a healthy life at an older age compared to those that are physically less active or inactive. Yeoleka (2005) added that physical activity is associated with a reduction in obesity, weight gain, coronary heart disease (CHDs), type II diabetes mellitus, and age-related disease of dementia and Alzheimer's disease.

Table 3 revealed that social support care given to elderly people influenced their health and well being. This positive impact on the health of the elderly could be due to strong family bonds, community recognition and respect of old

people's social status in society, referral to the community service centers, instrumental social support and financial assistance. These findings confirmed the earlier findings of Ogunsakia, Shehu and Dare (2012) that social support services rendered to early people have much influence on their health and well being.

In many parts of the world, especially in developing countries, it is unsafe, strange and impracticable for elderly persons to leave their homes. In the African continent, due to the existing strong extended family ties and community social bonding, elderly persons are provided for at their homes, instead of informal old people's nursing homes. Traditionally, the main caregivers to the elderly are the family members such as women, children, grandchildren, siblings, uncles, aunts, cousins, nieces, nephews, and close family friends and neighbours. In some Nigerian societies, taking care of the elderly in the family is the sole responsibility of family members, and it is obligatory for them to do so without hesitation. This may attest to the fact that in traditional societies, older people seem to live longer than their age counterparts in urban areas due to this obligatory family role in caring for the aged.

There are lots of geriatric and social support care rendered to the elderly in the traditional society. This care comes in forms of social recognition, respect, reverence and honour accorded the elders; formation of councils of elders with strong powers of decision-making; reservation of special foods, drinking, and seats for elders in the family and social functions; supervisory and advisory roles assigned to the elders in families and other community activities; formation and recognition of associations of the aged or the elderly; the celebration of old age in families and public places such as churches, mosques, social activities and functions. To this effect, it is more appropriate for the elderly in developing countries to be provided with geriatric and social support care in their homes rather than in old people's homes or old people's nursing homes.

V. CONCLUSION

The findings of the study showed that the geriatric services rendered to the elderly positively influenced their health and that the social support care is given to them also impacted positively on their health and well-being. The study concluded that geriatric and social support care rendered had a significant influence on health of the elderly people in Kano metropolis both physically, mentally and emotionally.

RECOMMENDATIONS

Based on the findings, the following recommendations were proffered:

1. Government, non-governmental agencies, and the community should provide functional geriatric and community recreational centers with all the necessary equipment and financial support.

2. There should be an organized home care health system, as the fourth tier, in which trained health workers to visit homes on agreed dates to carry out medical checkups, medical or treatment, and family health education for family members or caregivers on the needed geriatric and social support care for the elderly people.
3. Old age education should be introduced into the educational curriculum in schools and should be taught in schools and community settings for the elderly to be able to handle their own age life, and young participants to know how to handle their elders and to prepare for their coming old-age living.
4. Government and non-governmental agencies should provide income security for the aged, strengthen existing traditional institutions for the care of the aged, discourage the use of old people's homes in developing countries, and in the alternative, promote a community-based support system

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