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Changing Patterns of Intergenerational Support and HIV/AIDS Incidence in Nigeria

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Abstract

The HIV epidemic continues to spread at an alarming rate with over 14,000 new infections per day, while the epidemic is now spreading rapidly in some parts of Asia, Latin America and Caribbean. Sub-Saharan Africa continues to bear the greatest burden of the disease. This paper aims to examine the interface between the incidence of HIV/AIDS and changing patterns of intergenerational support.

Data was collected through individual-based questionnaire and multi-stage sampling procedure was used to select 810 elderly persons. Chi-square and logistic regression were used to determine the effect of the explanatory factors on intergenerational support.

Data revealed that about 15 % respondents have lost their children to HIV/AIDS and that these respondents had expected their deceased children to be their source of old age support. Instead, the elderly persons are caring for the off springs of their deceased children. This further jeopardised the welfare of the elderly.

The study concludes that efforts at taming the virus should be localised and certain cultural beliefs need to be re-visited. The need for government to formulate old people welfare policy was recommended.

Keywords: Intergenerational Support, Old Age, HIV/AIDS, Changing Patterns, Nigeria

Introduction

Nigeria will experience a steep rise in its elderly population in the coming decades. In the 80 years between 1911 and 1991, the elderly population of Nigeria has gone from 1.21 to 4.60 million. By the year 2000, the elderly population was 7.25million and by 2025, the absolute number of the elderly population will be 17.62million (World Bank, 1990).

Literature on the elderly in Nigeria is scarce, although social scientists have started to give increasing attention to the problem. The government has not yet launched any formal programme for the welfare of the elderly. Some recent small-scale surveys show a depressing picture. Findings from recent micro level survey indicate that all is not well for the country's elderly population. So far, they have been supported mainly by their adult children, but owing to deteriorating economic conditions, this support may not be expected to continue for long (United

Nations, 1987). In the wake of urbanization, modernization and the participation of women in economic activity outside the home, the elderly of Nigeria are being exposed to a situation in which they will lose their age long high status in society (Ogunbodede, 1998; Wahab, 2012).

In a study of the elderly in Nigeria, Ogunbodede (1998) contends that boredom experienced during old age might result in the elderly people suffering infirmity. According to him, retired and elderly people should be engaged in some variety of games, learning of crafts among others. He stresses that informal activity with friends and relatives made life more satisfying for the elderly. Adebagbo (1978:150) notes that only a few old people's homes exist in Nigeria, with one in Ibadan, Benin and two in Lagos. Indeed, institutional care of the elderly in Nigeria is a recent phenomenon. And as Adebagbo reports, the majority of the inmates in these institutions are destitutes with no known traceable relations. In sum, the above review reflects the growing number of the elderly population in Nigeria and the lack of adequate care for them.

Housing plays an important role in the care of the elderly. For instance, the impact of disability on elderly people is directly related to the nature and quality of their housing. The importance of adequate housing for the elderly in this regard has been acknowledged by several authorities (Griffiths, 1988; Wagner, 1988; Wahab, 2017). Nyanguru and Peil (1993) writing on Zimbabwe, give a finely detailed description of the housing situation of the elderly population using survey material. They draw on comparisons with other developing countries. At the outset, the authors note that the impact of disability on the elderly is directly related to the nature and quality of housing. They recommend a more appropriate housing policy for the elderly, which makes provision for home maintenance and home help services to assist the elderly to stay in their homes.

Sinclair and Williams (1990) argue that most elderly people want convenient housing, which is within their financial means. Studies in the United Kingdom have shown that most elderly people, particularly those who want to move, consider that a bungalow or a flat would suit their needs best (Gray, 1976; Age concern, 1980); the bungalow or flat should preferably be "central" close to relatives, near shops and amenities, neither so small that no one can come to stay nor so large that it is difficult to manage, safe from vandals, away from noisy children, and easy to keep warm. Living arrangements represent critical choices for the well being of the elderly in society (Hermalin, 1990; Kinsella, 1990; Wahab, 2011). The composition of households, which shelter the elderly, is a crude indication of the availability of informal care for the elderly.

Moller (1992) re-analyzed data collected from a baseline survey of South Africa's elderly to explore the possible benefits for Africa's elderly when they live with adult children. Her comparative case studies are based on the assumption that black elders prefer to live with their sons as traditional custom dictates whereas whites would usually choose to live independently according to western custom. Studies by Hampson (1982); Muchera (1978) on family support for the elderly in Zimbabwe found a number of elderly persons who are homeless, who live in the open or who are tenants.

Living arrangement typically differs around the world. However, the need for love, care and personal space for the parties to these contracts is universal. Family solidarity is a convenient reference concept, which summarized the benefit assessments of family living arrangement. Research into family solidarity (Mangen, 1988; Roberts, 1991; Wahab, 2009) was initiated to examine correlates and consequences of living arrangements in terms of the psychological well being of family members. In western-industrial societies, the trend is for the elderly to live

independently. Industrialization has under-mined the traditional role of the extended family in providing a safety net for its elderly members. There is evidence that independent living for the elderly is socially acceptable and often the preferred living arrangement in western society (Alwin and Martin, 1986; Kendig, 1992, Wahab, 2009). Formal support services are available to complement or if necessary to substitute for family support.

Kobrin and Goldscheider (1982) propose that there are three sets of constraints on residential arrangements for the elderly. These constraints are demographic availability, economic feasibility and normative availability. Conversely, the availability of relatives, monetary costs and the matters of family norms and preference circumscribe the choice of living arrangement. Family solidarity is multi-dimensional and can be described in terms of family structure, contracts, affection, agreements on basic values, interactions and exchanges (Mangen, 1988). When members of the extended family live under the same roof, they are more available for interactions than would otherwise be the case. Although there is evidence of the abuse of older persons in “traditional” societies, family resilience in the face of rapid and often disruptive social change is also noticeable (Cattell, 1997). The conditions under which informal and formal supports are delivered to different segments of society may have a major influence on the way generations perceive one another (Lawton, 1992). Viewed from African perspective, family solidarity is still the hub-nub of care for the elderly.

Peil (1995) summarizes the main findings of various studies co-ordinated by her from 1981 to 1993 on inter-generational relationship and the situation of elderly persons in West Africa. Her most significant findings are that the assumption that the elderly were well looked after in the traditional African society may not be entirely valid, since there is evidence of “destitute persons” who were abandoned by family and friends in times of crises; that both filial responsibility expectations and filial responsibility performance remain strong in West African communities where “the moral support for giving continues and is translated into action by a majority of adults with living parents”; that elderly persons who are economically better off tend to attract and receive a higher level of support from their extended family; that people’s expectation of, and need for support in old age remain important contributions to high fertility; that women are far less likely than men to be house owners, being most disadvantaged in this respect; that nowhere are elderly people’s expectation of their children fully carried out and that many young people still uphold the norm of looking after needing parents. In sum, the living arrangement of the elderly Nigerians is a cause for concern. In Nigeria, the first populous country to have an average national HIV prevalence rate of 75 percent (Nigeria overall National prevalence rate was 5.4 percent in 1999. “Youth” (defined by the Nigeria National Action Committee on AIDS as 20-24 years of age) shows that the highest zero prevalence rate (4.2- 9.7 percent) since 1995. HIV prevalence rate among the youths in most affected states have increased by more than 700 percent. VCT for young people have been recognized as the major priority within the Nigerian HIV prevention program.

Methods and Materials

This study was conducted in Ijebuland. The Ijebus are spread into parts of South-Western, Nigeria. The 2006 census figure put the population of Lagos state at 9,015, 781, out of which about 281,481 were Ijebu. Out of the 2,338,570 people in Ogun State, about 725, 299 were Ijebu. Lagos state had twenty local government areas. Of these, Ikorodu, Ibeju-Lekki and Epe local

government areas are largely inhabited by the Ijebus. Ogun state has twenty local government areas, with eight of them in Ijebuland. The Ijebu therefore are found in eleven local government areas of Lagos and Ogun States. The methods comprise the use of questionnaire, case histories and document analysis. Quantitative method was exhaustively used. Ordinarily, the structured interview helps to generate standardized information from a representative sample of a given population.

In order to ensure conformity to the principles of representativeness, the sample size was determined statistically. The sample size determination formula developed by Frank-Nachmias and Nachmias (1996) is adopted in this regard. It is given as follows:

$$N = S^2 / (S.E)^2$$

Where N = the desired sample size

S = standard deviation of the variables under study

S.E = standard error (error margin)

Two important decisions are necessary in order to use this formula: how large a standard error is acceptable and since the study involves more than one variable, is a sample that is adequate for one variable satisfactory for other variables? (Frankfort-Nachmias and Nachmias, 1996; Moser and Kalton, 1972). For the purpose of this study, a standard deviation of 1.2 was assumed. The assumption is that these variables are likely to possess similar standard deviation and may represent other variables included in the analysis as far as the degree of variability is concerned. Also, because of the desire to obtain a sample size that could produce dependable estimates of the population parameters, the standard error was fixed at 4 percent. This connotes that the risk of error in estimating the population parameters based on the sample data in the present study is four out of a hundred. In other words, the sample estimates of the population parameters are likely to be correct 96 times out of a hundred. This margin is perceived as acceptable in view of the 95-confidence level generally allowed in social science research. So standard deviation =1.2 and standard error =4 percent (0.04). The sample size is therefore computed as follows

$$N = (1.2)^2 / (0.04)^2 = 900$$

So the study sample size is theoretically put at nine hundred elderly in the study population.

A sample of elderly persons was drawn in the following stages

Stage 1: Simple random sampling technique was used to select 5 LGAs of Ijebu ethnic group from 11 LGAs in Lagos and Ogun States. Table 1 below shows the population and size of Ijebu by state. The lottery method of simple random sampling technique was employed here.

The selected LGAs are: Ikorodu LGA and Epe LGA (Lagos State) while Ijebu Ode; Shagamu and Ijebu North LGAs (Ogun State)

Stage two involved the stratification of each of the five selected LGAs into three clusters based on the residential patterns that reflect the socio-economic status of the residents. Each of the LGAs was stratified into an elite cluster, a transitional cluster and a traditional cluster. The elite cluster represented areas where only one family is living in a housing unit and the residents were of relative high income and better education. The transitional cluster was where families

leave in rented apartments. The traditional cluster represented the indigenous areas, where people from the same lineage reside together in a housing unit.

The third stage involved the selection of clusters from the three residential clusters. Lottery method of simple random sampling was employed here.

The fourth stage was the selection of enumeration areas (EAs) in the selected clusters. EAs in the selected clusters are first listed before the selection of final EAs. An Enumeration Area is a statistically delineated geographical area carved out of a locality (or a combination of localities) with 500 people or less. The entire area of study has 1530 EAs (National Population Commission, 1994). Out of these 34 were randomly selected, using lottery method of simple random sampling technique; the 34 EAs represented 2.22 percent of the study areas.

The fifth stage was the selection of household from the selected EAs. Household was selected within each EA through household listing until the required sample of 25 households was obtained. The sampling interval used in selecting household varied from one EA to another because of the variation in the number of households in each EA. The sixth stage was the selection of an elderly person to be interviewed in households with more than one qualified elderly persons. Each elderly person was randomly selected and in all 850 elderly persons were interviewed. The unit of analysis was the individual elderly. The quantitative data was analysed using the statistical package for Social Sciences (SPSS) software. Logistic regression was used to determine the net effect of changing patterns of intergenerational support and HIV/AIDS incidence on the welfare of the elderly. On the other hand, the analysis of the qualitative data involved the use of ethnographic summary and systematic coding through the content analysis.

Socio-Demographic Profile

Information provided by 810 elderly men and women is analyzed in this study. The sample is unequally divided between males and females (roughly two-fifths and three-fifths, respectively). The study decided to have more females than males in the sample because in the elderly group, we have more females due to socio-cultural factors for example more male mortality implies that there are more females. Also, a study conducted by WHO (1996) shows that women through their working life, have limited access to and control of productive resources such as land, credit and technology.

Table 1.1 shows the important socio-demographic characteristics of the respondents. As regards place of residence, the study yielded about three-fifths of the respondents from rural areas and two-fifths from the urban areas. Age distribution reveals that roughly two – fifths of the respondents fall below age 65, another one-fifth above the 70 years of age, while about two-fifths of the respondents are between 65 and 69 years. The mean age for both sexes is 66.9 years, as shown in Table 4.1, 67.4 years among male respondents and 66.5 years among their female counterparts. Considering the crucial implications of age in this study, it is imperative to note that the nature of the distribution may not be unconnected with the fundamental problem associated with age reporting in developing countries. Such problems include people's ignorance of their actual age, because the society does not value the importance of age, and the tendency of some people to report themselves into younger ages.

Therefore, the option taken in most cases, particularly in rural areas, is to estimate the age for respondents on the basis of certain past events or occurrences. This, however, presents a serious epistemological problem. In the rural areas, due to early marriage, poor nutrition, subsistence farming, and lack of adequate medical services, respondents wear out fast, making them look older than their actual age. Despite this, attempts were made at estimating their right ages. Yet the age distribution presented should be taken with some caution bearing in mind the ever-occurring issue of age misreporting in Nigeria. Nevertheless, the age distribution does not reflect any significant difference between male and female respondents; on the average, males are older than the females by about one year.

According to Table 1.1, it is evident that the majority of the respondents have some level of formal education. In fact, nine out of every ten of the males and four-fifths of the females have at least, primary education. The level of literacy is higher among the male respondents than their female counterparts. For example, about two-fifths of the females and only one-tenth of the males are illiterate. Also, the proportion of males who had some secondary education and above (about one-quarter) is higher than that of their female counterparts (about one-tenth). In all, the above educational pattern reflects the national pattern of literacy: It has been reported by the National Population Commission (NPC) that while 66 percent of male population have had some level of education, only 57 percent of their female counterparts are of the same category. The religious affiliation of the respondents indicates that about two-fifths of both sexes are muslims. Half of the respondents were Christians while the remaining one-tenth belongs to traditional Africa religion.

Table 1.1

Percentage Distribution of Respondents by selected socio-demographic characteristics, by sex

Characteristics	Male		Female	
	%	N=330	%	N=480
Study Area				
Ikorodu	24.9	82	26.0	125
Epe	22.1	73	18.3	88
Ijebu Ode	19.1	63	18.3	88
Ijebu North	19.7	65	16.5	79
Shagamu	14.2	47	20.9	100
Place of Residence				
Rural	55.8	184	65.8	316
Urban	42.2	146	34.2	164
Age				
60-64	40.3	133	43.3	208
65-69	33.3	110	38.3	184
70+	26.4	87	18.4	88
Mean	67.4		66.5	
Education				
None	13.9	46	20.0	96
Primary	59.7	197	66.9	321
Secondary	26.4	87	13.1	63
Mean	2.8		2.4	
Religion				
Roman Catholic	17.0	56	14.6	70
Protestants	24.8	82	31.7	152
Islam	43.9	145	39.7	191
Traditionalists	12.4	41	12.3	59
Other (Christians)	1.9	6	1.7	8
Marital Status				
Married	51.5	170	44.0	211
Widowed	20.0	66	21.0	101
Divorced/Separated	10.9	36	16.5	79
Remarried	17.6	58	18.5	89
If Remarried, Why?				
Widowhood	11.8	39	11.0	53
Divorced	6.1	20	7.3	35
Not Applicable	82.1	271	81.7	392
Type of Marriage				
Monogamous	33.3	110	32.1	154
Polygynous	66.7	220	67.9	326
Type of Family				

Nuclear	27.9	92	22.3	154
Extended	72.1	238	77.7	326
Family Size				
One	0.9	3	2.3	11
Two	7.6	25	4.6	22
Three	13.9	46	15.6	75
Four	19.4	64	15.2	73
Five	14.5	48	22.3	107
Six	13.3	44	15.0	72
Seven	9.1	30	5.8	28
Eight	9.7	32	10.0	48
Nine+	11.5	38	9.2	44
Mean	5.3		5.2	
Number of Male Children				
None	3.0	10	4.8	23
One	19.7	65	22.5	108
Two	25.5	84	24.8	119
Three	24.8	82	25.2	121
Four	13.6	45	10.0	48
Five	6.7	22	7.1	34
Six	6.1	20	4.8	23
Seven	0.6	2	0.8	4
Mean	2.7		2.6	
Number of Female Children				
None	1.2	4	2.7	13
One	22.4	74	15.6	75
Two	27.3	90	29.0	139
Three	27.0	89	31.0	149
Four	10.9	36	10.6	51
Five	7.9	26	7.9	38
Six	2.4	8	2.7	13
Seven	0.9	3	0.4	2
Mean	2.6		2.7	
Ever desired for more children				
Yes	34.5	66	30.8	79
No	65.5	264	69.2	401
If staying with Children				
Yes	69.4	229	72.1	346
No	30.6	101	27.9	134

Age at First Marriage				
15-19	33.9	112	42.1	202
20-24	42.7	141	47.1	226
25-29	20.3	67	10.6	51
30+	3.1	10	0.2	1
Mean	22.0		20.9	

The marital status of the respondents is also presented in Table 1.1. More men than women were still in a marital union, about half and two-fifths, respectively. Clearly, elderly people desire to have someone beside them to provide assistance, reduce boredom and its associated health problems. The Table reflects that one out of every five male or female respondents were widowed; more female respondents (16.5%) reported divorce/separation relative to men (about 11%), which may reflect the different effects of polygyny on male and female. About one-fifth of male and female respondents, indicated that they remarried following widowhood or divorce. The level of divorce or separation observed in this study is higher than the national average of 0.9 and 6.2 percent among males and females respectively (NPC, 1998).

Furthermore, the Table shows that the majority of the respondents are in polygynous marriages. About two-thirds of male and female respondents indicated polygynous unions. Those who reported monogamous marriage comprise just about one-third of men and one-fifth of women. The point to note here is that polygyny is more prevalent perhaps because of the spread of Islamic religion in the population, and because an Ijebuman or Yorubaman is polygynous in nature. Kinsella (1990) asserts that members of the extended family live under the same roof, and are more available for interaction than would otherwise be the case.

A related issue is age at marriage. It is apparent in Table 1.1 that women got married earlier than men. While about two-fifths of male respondents got married before or by age 24, about half of their female counterparts got married at the same age. The fact that the average age at first marriage among male respondents is 22.02 years and 20.94 years among female shows that women marry earlier than men. Also, the mean age at first marriage is lower in the rural areas than in the urban areas for both sexes (17.1 and 20.9 years) respectively.

Table 1.1 depicts the respondents' type of family. It is apparent from the Table that about three-quarters of the respondents live in extended family setting. This further corroborates the polygynous type of marriage found earlier in the analysis.

The distribution of the sample by number of surviving children shows that the majority of the elderly Nigerians surveyed in this study have large families, that is, families with more than four children. Indeed, more than three-quarters of respondents have more than 4 children, with one-tenth having nine children or more. The mean number of children for both sexes is 5.3. Caldwell (1976) asserts that one of the major reasons for high fertility in Africa is the need for social and economic security at old age. This corroborates the 2003 Nigerian Demographic and Health Survey, which put the total fertility at 5.7 per woman. This high fertility is one of the factors responsible for lower developmental efforts particularly in human resources sectors of health, education and employment.

The study examined the number of male children among the study population. It was found that only four percent had no male child at all, a quarter of them had two male children and another quarter had three male children. The mean number of male children for male respondents is 2.7 and 2.6 for female respondents. With respect to female children, only two percent had no female child at all. It was revealed that about one-quarter of them had two female children and three-tenths of them had three female children. The mean number of female children for both sexes is 2.7. The mean number of female children for male respondents is 2.6 and 2.7 for female respondents.

Table 1.1 reveals that one-third of the male respondents ever desired to have more children and three out of every ten female respondents ever desired to have more children. As a corollary to the above, about three-quarters of the respondents are staying with their children.

Multivariate Analysis

The study found out that most micro-level factors, including education, number of children, sex showed little impact on the incidence of HIV/AIDS infection whereas place of residence (urban) and intergenerational supports showed a significant impact on the incidence of HIV/AIDS infection. The paper presents one set of model that examines the relationship between intergenerational supports and HIV/AIDS. Regardless of other characteristics in the model, intra-generational households are over five times less likely to receive report incidence of HIV/AIDS infection than intergenerational households. Taken together, the above model indicates that even when we control for sex categories and other micro-characteristics, intergenerational households are more prone to HIV/AIDS. Also, the study found out that the welfare of the elderly was better attained prior to the emergence of HIV/AIDS in the 1980s because of support from children and the extended family. It also found out that urbanization and individualization has led to the balkanization of the family system.

Conclusion

This study was borne out of the fact that no society or government can offer total care for all elderly people – no matter how developed or wealthy the country is. This fact particularly applies to Nigeria, where a large proportion of the population comprises poor or indigent persons. What this means is that a great deal of the responsibility for the care of these persons devolves upon caregivers in the community, usually the family members. Therefore, the paradigm that places elderly's care on the feet of government needs to be thoroughly examined as it is more apparent that family constitutes the core of the elderly care especially in developing countries like Nigeria. Elderly people in Nigeria suffer a large financial care gap because of the lack of a comprehensive and adequate social security system. More fundamentally, Nigeria is passing through a phase of rapid socio-economic transformation and sustained economic development. Thus old people have to count on either financial support from their sons and daughters or seek continued employment in a depressed economy. Further jeopardy still exists in the employment market resulting in fewer employment opportunities and lower wages for those who get a job. In conclusion, the study suggests that there should be improvement in social security system as well as the need to formulate national old peoples policy. There is also the need to involve the extended family in the care of the elderly despite rapid urbanization and economic changes.

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