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Elderly Care by Family Members: Abandonment, Abuse and Neglect

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Abstract: This study first examines the care of the elderly in an home setting in Nigeria. Second, it discusses the lack of quality care resulting in abuse, neglect and abandonment. Existing research on abuse is presented followed by the study that found the prevalence of abandonment and neglect in 100 elderly slum dwellers. Results indicated physical, economic and emotional neglect. Finally, the study presents recommendations for future research and training on the care of the elderly.

Key words: Aging, developing region, developed region, interdependency, abuse, neglect

INTRODUCTION

There is a growing concern regarding the global phenomenon of aging, both in the developed and the developing nations of the world. A decline in the birth as well as death rates has resulted in an increase in the elderly population. As a result, the demographers are now paying more attention to the issues of aging, instead of solely being concerned with lowering the fertility and mortality rates.

A United Nations report (1994) states that the population is getting older at a faster rate (3.4 times increase) in the developing regions than the developed region (1.84). In 1980, 45% of the world's elderly were in the developing region. It is projected that by the year 2025, 56% of the world's elderly will be in African, Asian and Pacific regions (United Nations, 1994).

Given that the elderly population is on the rise, it is of paramount importance to examine the care of the older persons. Therefore, the discussion will focus on the quality of care provided to the elderly by the family members within the context of the Nigerian society.

The purpose of this study is to heighten the reader's awareness regarding issues related to the care of the elderly within families in Nigeria; the quality of the care and research related to it and finally, recommendations for future research and training on the care of the elderly in the family setting. Second, it specifically addresses the lack of quality care for the elderly resulting in abuse, neglect and abandonment. Third, the study concludes by recommending what needs to be included in future research and teaching on the care of the elderly.

Care of elderly in family settings: It is a myth that in developing countries the elderly are solely cared for within the household, while in developed countries they are all institutionlised. In actuality, a combination of both types of assistance is available to the elderly in the developing as well as the developed nations.

Family setting preferred: Both in developing and developed countries, the elderly as well as their caregivers prefer that they be taken care of within the family. Walker (2002) found that in most industrial and pre-industrial societies, the family was the main provider of care to their elderly relatives. For example, he reports that in Britain, the proportion of severely disabled people being cared for in their own or relatives' homes is as much as three times the proportion in all the health and social service institutions put together.

Almost, four-fifth of the confused and demented elderly were cared for in the private households.

Surveys done during the 1980s report that more than half of the elderly in South-East Asian nations have intergenerational living such as 68% in the Philippines, 77% in Thailand and 85% in Singapore (United Nations, 1994). Thus, the elderly's children and grandchildren were living in the homes of the elderly and not the other way around.

This trend of three generations living together is changing all over the world. For example, in China, 80% of the aged parents had co-residence with their children before 1960. It had dropped to 60% by 1985 (Hiroshima, 1992).

Many parents were choosing to live closer to their children rather than co-reside. On the other hand, institutionlization of the aged, 85 years and above, had increased from 5.4% in 1975 to 11.7% in 1985.

Factors determining the settings: The decisions whether they would be cared for by their families, or would live alone, or would be institutionalized is dependent on

factors such as the individual's marital status, health, presence or absence of offspring and economic holdings. Additionally, the family variables that contribute to this decision-making process are whether the family is nuclear or extended, availability of the adults to care of the aged, their financial resource and their social network support systems.

The society in which the family is embedded is also a factor, which influences the decision of whether the elderly lives alone, within a household, or in an institution. All societies do not have the same orientation and values as regards the elderly. In somesocieties, their autonomy is respected and, therefore, it may manifest in them living alone. For example, western societies have a greater emphasis on individualization (even though there is an appreciation of family life). Therefore, it is easier for the elderly and their families to reach a decision of living on their own, voluntarily seeking admission in institutions, or undertaking group living arrangements.

In other societies, interdependency is valued and, therefore, it is expected that the elderly and other household members help each other by living together. For example, African societies view the elderly as an integral part of the family. Even when they become economically unproductive, their wisdom is looked up to. The Africans are, therefore, less likely to institutionalize their elderly or even let them reside alone. Under normal circumstance, the elderly themselves are not likely to opt to live alone.

Finally, we need to examine all the above stated factors influencing the decision of the setting for the care of the elderly from a family systems' theoretical perspective. In other words, all the variables at the individual level, family level and societal level influence each other directly and indirectly. These multiple interactions, at different levels, are determinants whether the elderly will be cared for within the family or elsewhere.

Primary caregiver within the family: Typically, the spouse is the primary in the West, while it is predominantly the son in African countries (Oppong, 2006). In actuality, it is the daughter-in-law who is expected to take over this role.

In many cases, family'is merely a euphemism used for women who shoulder the main burden of caring for the elderly. Women are more engaged than men in the intimate aspects of personal care and are engaged in taking care for longer periods of time (Walker, 2002). Kitazawa (1996) states that women must live through old age three times in her life. She has to take care of her or her husband's parents in their old age, of her husband in his old age and finally of herself in her old age.

With an increase in the employment rate of middle aged women outside their homes, some women have expressed guilt at their inability to adequately cater to the needs of the frail elderly at home. They feel this guilt because they have been socially indoctorinated to carry out the caretaker's role, no matter how stressful it is to them. On the other hand, women may also feel that when they are providing care, they have to forgo work opportunities and feel social isolation and psychological stress (Finch and Grove, 1992).

Sijuwade (1994) states that Nigerian women are rapidly pursuing professional careers for self-fulfillment as well as joining the workforce out of economic necessity. He further adds that with limited help from the men in the family, the care of the elderly adds significantly to her workload. Currently, there is no data to indicate that Nigerian women's employment has influenced the care of the elderly. However, with the passage of time, the potential for abuse, neglect and/or abandonment of the elderly is likely to increase. Hence, abuse, neglect and abandonment are discussed next.

Lack of quality care for the elderly: To abuse, neglect and abandon the elderly are all typologies of poor quality care for the elderly.

Definition of abuse, neglect and abandonment

Abuse: It becomes difficult to comprehend the issue of elderly abuse in the absence of any clear definition, meaning and knowledge of the magnitude of the problem. Hugman (1994) defines it as 'the harming, exploitation or intimidation of an elderly person in which the old age of the victim is a key element of the harm which is perpetrated'. Eastman (1984) defines it as 'the systematic maltreatment, physical, emotional or financial of an elderly person by a care-giving relative'. Kapur (1997) defines it as a kind of harassment or an injustice done to the elderly by the family members themselves.

Neglect: In the case of abuse, the caregiver actively harms the elderly while in the case of neglect the caregiver is passive, insensitive, lacks empathand ignores the care of the elderly.

Abandonment: It is totally abdicating the responsibilities of taking care of the elderly. Abandonment takes place when the elderly are asked to leave the house either because of lack of space, or the younger generation cannot afford or even at times the elderly, themselves, are creating a nuisance in the family (Kapur, 1997).

Neglect and abandonment are inter-related concepts. Abandonment is an extreme form of neglect. When a

caregiver is neglectful, it it means there are lapses in the quality of care and in carrying out the responsibilities. However, when one has abandoned the elderly, there is no care given and no responsibility taken to look after the elderly.

Research on the abuse of the elderly: It is only in the late twentieth century that the topic of elder abuse has gained prominence. It only became an area of research investigation in the last three decades, starting first in the United States, then the United Kingdom and Europe. For example, Steinmetz (1984) states that one of the first studies reported in 1979 was by O'Malley where a mail survey of over 1, 000 medical personnel, social service professionals and paraprofessionals reported 183 cases of abuse. Seventy-five percent of the reported victims lived with the abuser and in over 80% of the reports, the abuser was a relative.

Elder abuse is yet to be recognized as an area of concern in the developing countries. Currently, little research has been done on this topic in the developing nations. One of the reasons for limited awareness of this topic could be because the elderly in the developing countries are still cared for more in their homes than in institutions where abuse is easily identified.

A second reason could be that because looking after one's own elderly is highly valued, it becomes doubly difficult for the family members to forthrightly state that the elderly are a burden to them and thereby imply the possibility of abusing them. The elderly, on the other hand, may be equally reluctant to state that they may be a burden to the family, for it would be an acknowledgement of rejection. Thus, both the victim and the persecutor may veil their actual relationship due to the social stigma.

Factors contributing to the abuse: Stress is one of the major factors contributing to the abuse of the elderly. One of the major stressors is when the elderly is highly dependent on the child for emotional, financial, physical and mental support resulting in what is referred to as 'generationally inverse families' (Steinmetz, 1984). Here, not only are the roles reversed, but a complex set of generationally invoked rights, responsibilities, obligations and ways of viewing oneself and others are also reversed. The change in the role from being cared for by the parent, to that of being the caregiver of one's parent, may build feelings of resentment and anxiety in both generations. At times conflicts between parents and children remain unresolved throughout the life cycle resulting in affecting the quality of care received by the elderly parent. The elderly may be cared for out of a sense of duty, obligation, responsibility of abuse (Hugman, 1994). This is especially true, if an extensive amount of direct physical and mental effort is demanded in providing care for the elderly. The quality of care-giving is also affected by factors such as the nature of relationship between the elderly and his/hercaregiver, before the need for care-giving arose. The personalities and coping styles of the caregiver and the elderly are equally important. Care-giving strain increases as the length of care-giving increases (Johnson and Catalano, 1993). Even in normal circumstances, many caregivers find care-giving burdensome, but it gets more stressful if the elderly is uncooperative.

The research: The aim of this study is to provide empirical data to dispel the myth that, in Nigerian conditions, the elderly are taken good care of because they are typically not institutionalized. Second, to dispel the myth that because the elderly are respected in Nigerian society, therefore they are well taken care of within the family.

Third, to dispel the myth that the family members from lower socioeconomic level, do take care of their elders.

MATERIALS AND METHODS

Participants: To empirically examine this myth, it was decided to choose all the subjects from low socioeconomic level. There were 100 participants (70 females, 30 males) interviewed. between June and July 2007. All of them were over 70 years old, poor and living in the urban slum of Mushin and Ajegunleof Lagos, Nigeria. Eighty nine percent participants were between the ages of 70-80 years. Ten percent partipants were between the ages of 81-90 years. Only one percent participant was 91 years old.

Eighty eight percent of these participants were illiterate. The remaining 12% participants had studied up to primary levels. Seventy percent participants were widows, while 26% were married. Two percent were widowers and 2% divorcees (2%).

Thirty two percent participants were still working, due to economic necessity, despite being 70 years or older. They worked as labourers, maids, midwives, petty-traders. Since, they primarily worked in the unorganized labor (informal sectors) market, their income fluctuated and they had not accrued any work benefits.

Ninety eight of them had no savings and only two participants had savings for purchasing medicine.

Almost, half of the participants were in good health (48 repsondents; 48%), that is, not suffering from any illness. The remaining 52% participants had had illness

ranging from backaches, breathlessness and cataract to more serious health problems such as diabetes, hypertension and paralysis.

All the elderly were interviewed using a structured interview schedule as a guideline. It had 65 items. The items focused on the physical, economic and emotional aspects of their lives.

RESULTS AND DISCUSSION

The results of this study did indicate that the elderly in the studied area of Lagos did experience some neglect and abandonment. Fourteen participants were abandoned by their families. Ten out of fourteen had a spouse, but their children had abandoned them.

There were three types of neglect. Physical neglect was operationally defined as not attending to the aged family members' daily physical ailments (for example, headaches, backaches and colds); not taking the elderly to the doctor when sick; not serving meals to the elderly and not helping the elderly with their personal chores in spite of the elderly assisting in the family chores (for example, cleaning, sweeping, cooking and taking care of the children). If each of these behaviors were performed by the caregiver occasionally, then perhaps one may not view the caregiver as being neglectful. It may then be viewed as an an inadvertent oversight.

However, if all these physical needs are taken together and repeatedly and systematically overlooked over a long period of time, then it does conjure up an image of neglect. It then suggests that the caregiver is not valuing the physical well-being of the elderly.

Regarding physical neglect, almost half of the respondents (48 out of 100) reported that their family did not take them for a medical checkup even when they complained about ailments because it cost money. This physical neglect may be due to the extreme poverty faced by these families. Another interpretation could be that they did not cherish or value the elderly. Since the quality of life of the elderly was not a serious concern of other family members, spending money on their health was a low priority. Twenty-four percent out of 100 reported that their family members did not offer any help when they complained that they were physically tired.

Second, there was the economic neglect. Economic neglect was operationally defined as lack of sustained financial support to address all the needs of the elderly. The elderly had to work in spite of being 70 years or older, because the family members did not provide them with any economic support on a regular basis and at times even during their sickness. The family members also refused to loan them any money. The elderly had no money for their health care. Additionally, 20% out of 100 reported that their advice and opinions regarding money matters and other decisions were never taken into consideration. Conflicts regarding money matters arose between the elderly and other family members.

Third, there was emotionally neglect. Emotional neglect was operationally defined as not addressing the psychological needs of the elderly. The elderly experienced a sense of loneliness even though they lived in a joint family, because there was a lack of social interactions between the elderly members and

other family members. They felt unloved because the family did not inquire into their health, nor did they offer any financial assistance during health emergencies.

The elderly who were unable to work were constantly taunted about the unavailability of additional income.

FUTURE RESEARCH IMPLICATIONS

Given this body of empirical research, it becomes imperative for scholars to examine beyond the apparent care given. Future researchers need to develop detailed ethnographic case studies, highlighting the interactions between the family members and the elderly, during care-giving and non-care-giving activities. These qualitative studies could then report on the subtle nuances of care, ranging from benign neglect to total abandonment and abuse.

This line of research could could also identify the specific circumstances that contribute to indifference towards the elderly, merely tolerating the elderly and/or simply ignoring their existence. This type of qualitative approach should give equal emphasis to the caregivers by actively seeking their perspectives and documenting 'their voices'.

The unit of analysis, therefore, should not be just the elderly, but the dyadic relationship between the elderly and the caregiver. Both the elderly and the caregivers influence each other. Therefore, these studies should not only report on the impact of the caregiver on the elderly, but also report the influence of the elderly on the caregiver's life.

In order to, fully understand the factors that contribute to the care of the elderly within the family, case studies need to be developed that compare and contrast various situations. For example, a situational analysis of a male elderly versus female elderly; or elderly care of rural poor versus urban poor; or care of the elderly within different subcultures and social classes.

Similarly, to fully understand the role of the caregivers within the family, researchers need to gather data contrasting the social context of care, for example,

case studies comparing caregivers who are daughters versus daughter-in-laws; or relatives as caregivers versus hired help as care-givers within the home; working women versus non-working women as caregivers within an institution. Society at the macro-level influencing care-giving within the household at the micro-level could also be studied.

Therefore, these case studies should highlight the social context such as the society's values, belief systems and perceptions of the elderly. By systematically investigating the above stated multiple variables that would be reported in the case studies, we can develop a full understanding of how to give optimum care to the elderly family members.

FUTURE EDUCATIONAL IMPLICATIONS

Having established the need for quality care that the elderly should receive, we need to make sure that the future service providers are sensitized to the issue. This is best achieved by introducing it in the curriculum of schools of social work.

Based on the research that has been examined and the concerns that have been discussed in this article, the following are some of the issues that need to be included in the social work curriculum.

- Students need to understand the subtle difference between abuse, neglect and abandonment, theoretically as well as operationally. In the case of neglect, the students need to further identify physical neglect, economic neglect and emotional neglect. The students should eventually be able to identify these typologies of poor quality of care the elders may be receiving. Then only can they provide suitable social interventions to ameliorate inappropriate care.
- Students need to be made aware of the shifts in the demographics across the globe, which is resulting in a sizeable increase in the elderly population. They would then understand significance of this topic and the need for social support and services for the elderly.
- Students need to reflect on the factors that contribute to the final decisions as to whether the elderly family member should be cared for at home or instead be institutionalized. If the factors identified earlier are further elaborated with actual case studies, then the students would realize how heart wrenching it is to make this decision. Hopefully, they would then be more accepting and less judgmental of other's decisions to care for the elderly, either at home or in an institution.
- Students need to be fully aware of the challenges a primary caregiver faces. It is a demanding task, especially if she has to juggle elderly care-giving along with taking care of her dependent children, household chores and pursuing employment outside her home. This awareness may facilitate the students to come up with innovative ways to assist caregivers to be effective and competent. For example, they could develop community support services for these caregivers, offer family counseling and assist caregivers to form self-help groups.
- Students need to understand the interpersonal dynamics of care-giving mentioned earlier. For example, they need to be aware of the value placed on the dependency and inter-dependency in care-giving; role reversals in care-giving; and how unresolved emotions between the elderly and the care-giver influences the care-giving process.

The references cited in this study address the above content and may be considered suitable readings for heightening student's awareness on the issues above.

Besides the above stated content, professional social work training has to depend heavily on reality based field experiences. Since the Nigerian society is not yet ready to acknowledge the existence of abuse and neglect within its family fold, identification of cases becomes difficult. In the absence of such cases for direct handling, students can undertake many micro as well as macro level studies of care-giving in different contexts, as suggested in the section on future research implications. These indigenous studies would provide valuable information, which in turn could be fed back into theory, thus making the theory more empirically grounded and comprehensible.

Thus, these recommendations to offer sound theory, rich practical field experiences and ground breaking research, when triangulated, would prepare the social work students to successfully face the challenges of working with the elderly in the twenty-first century.

REFERENCES

Eastman, M., 1984. Old Age Abuse. London: Age Concern.

Finch, J. and D. Groves, 1992. By Women for Women: The Care of the Frail Elderly. Women's Studies Int. Forum, 5 (5): 427-438.

Hiroshima, K., 1992. The Living Arrangements and Familial Contacts of the Elderly in Japan. In: Krishnan, P. and K. Mahdevan (Eds.), The Elderly Population inDeveloped and Developing World: Policies, Problems and Perspectives, Delhi: B.R. Publishing Co., pp: 68-86.

Hugman, R., 1994. Ageing and the Care of Older People in Europe. New York: St. Martin's Press.

Johnson, C.R. and D. Catalano, 1993. A Longitudinal Study Of Family's Supports to Impaired Elderly. The Gerontogist, 23 (6): 612-618.

Kapur, P., 1997. Elderly Abuse: Some Counseling Tips: Res. Dev. J., 3 (3): 13-23.

Kitazawa, Y., 1986. An Ageing Society: Who Will Bear the Burden?AMPO Japan: Asia Quarterly Rev., 18 (2-3): 55-64.

Oppong, C., 2006. Familial Roles and Social Transformations: Older Men and Women in Sub-Saharan Africa. Res. Aging, 28 (6): 654-668.

Sijuwade, P., 1994. Sex Differences in Perception of Aging Among The Nigerian Elderly. Social Behavior and Personality, 23 (3): 247-251.

Steinmetz, S., 1984. Family Violence Towards Elders. In: Saunders, S., C. Hart and G. Rubenstein (Eds.), Violent Individuals and Families: A Handbook for Practitioners; Springfield: Charles C. Thomas, pp: 139-163.

Walker, A., 2002. The Care of the Elderly People in Industrial Society: A Conflict between the Family and the State. In: Krishnan, P. and K. Mahadevan, (Eds.). The elderly Population in Developing World: policies, Problems and Perspectives; Delhi; B.R. Publishing Co., pp: 3-28.

United Nations, 1994. The Elderly and the Family in Developing Countries, Occasional Papers Series, No. 13, Vienna.