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FAMILY SUPPORT SYSTEM AS A PREDICTOR OF PSYCHOLOGICAL WELL-BEING OF THE ELDERLY IN IBADAN METROPOLIS, OYO STATE

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Abstract

The study examined the family support system as a predictor of psychological well-being among the elderly in Ibadan Metropolis. Descriptive research design of the ex-post-facto type was used. A multi-stage sampling technique was used to select 180 aged respondents from 60 years and above from five local government areas in Ibadan Metropolis. Two research hypotheses were tested at 0.05 level of significance. Data were analyzed using t-test. Results indicated that aged people with low family support experienced higher anxiety level than their counterparts that received high family support. ($t = 2.61, df = 178$). Furthermore, aged people with low family support experienced higher depression level than their contemporaries with high family support ($t = 3.89, df = 178$). It was recommended that government should provide free monthly medical check-up for the aged with particular focus on their mental and psychological health status.

Keywords: *Elderly, Family Support, Psychological Well-being*

Introduction

The contributions of the aged and the elderly people to the development of a society cannot be overemphasized (Oluwabamide & Eghafona, 2012). In some instances, the socio-economic contributions of the aged population to societal advancement even have some historical antecedents and legacies. From the ontological perspective of many Africans, there has been this deep-rooted belief that the aged are the custodians and repositories of cultural knowledge and wisdom. They are also perceived as mediating between the current world and that of the ancestors (Eboiyehi, 2015). Socio-economically, the population of the aged and the elderly can be used partly as a measurable index for comparing levels of

human and societal developments across the world. Yet, many people usually think about the aged with reference to the social and economic costs of caregiving that are required. This is an aspect of the "social fact" that produces anxiety and fear associated with ageing process in life when there are no requisite social and family supports.

Interestingly, there has been a rapid increase in the population of the aged across the world in the recent times. This may not be unconnected with improved standard of living coupled with the effective and efficient health care systems. It has been noted that those aged between 60 years and above accounts for 12.3% of the total global

population. However, the sub-Saharan Africa is said to have the smallest proportion of the elderly across the world. In Nigeria, the demographic configuration shows that there has been a rapid increase in the population of the aged, accounting for 3.1% or 5.9% of the total population of about 191 million people (Adebowale, Atte & Ayeni, 2012; Tanyi, Eboiyehi, 2015; André & Peter Mbah, 2018). It is worrisome that rapid increase in the population of the aged without the corresponding, societal, institutional and governmental supports comes with some disturbing consequences in the political, economic and social realms.

Nowadays, there is a proliferation of many aged or old people begging on the streets as a means of livelihood. This is reinforced by grinding poverty as many aged and elderly people are found at bus stops, restaurants, hotels, car parks, market places and other public places soliciting alms as a coping strategy for survival (Ogunkan & Fawole, 2009; Shofoyeke & Amosun, 2014). Moreover, the elderly windows are the more neglected and dejected in this situation due to certain socio-cultural practices that tend to work against them, thereby accentuating their poverty-stricken status as noted by Eboiyehi (2013). This pathetic sight casts blight on the image of Nigeria and portrays her as being societally ill. The seemingly neglect of the aged people in the society may have negative psychological implications that weigh heavily on their mental, social, psychological and physical health status domains. It is, therefore, common to see many aged, poverty-stricken and pauperised old people suffering from anxiety, depression and stress. Some of the challenges confronting the aged people have a sort of psychosomatic undertones, while others include isolation, loneliness, loss of respect, starvation, witchcraft accusation,

and housing problem among others. Bereft of the ideal psychosocial family supports, these people tend to have lost their hold on sanity (Oluwabamide & Eghafona, 2012).

Aging as it stands in Nigeria today comes with great fear, anxiety and depression due to the observation of little or no care being given to the aged by the family institution and the society at large. As an irreversible physiological and biological process, Amiri (2018) averred that the major problems of the aged people include lack of economic provisions, poor health conditions, lack of emotional support and other post-retirement health afflictions. The challenges of the old people are reinforced by inadequate post-retirement income, spousal bereavement and social isolation. In the light of the foregoing, getting old in Nigeria has become a source of great fear for the youths of today since they also see how their families treat the aged people. Too many at times, one is regaled with stories about how some old people live in poverty while alive but whose children spent millions of naira during their burial ceremonies.

This mentality, which is found in certain parts of Nigeria, is quite pathetic and seems to contribute negatively to the psychological well-being of the aged or old people in the country. Also, the plethora of problems militating against the family system usually work together to seriously undermine the psychological well-being of old people in Nigeria. It is against this background that this study was conceived to examine the influence of family support system on the psychological well-being of the old people in Ibadan Metropolis, Oyo State.

The specific objectives are to:

- (i) investigate the difference in the anxiety level of aged people with high and low family support;
- (ii) examine the difference in the depression level of elderly people with high and low family support.

Review of Related Literature

Anxiety disorder is one of the major challenges of the aged people around the world. Anxiety itself could be defined as one's adaptive emotional reaction to threats or harmful situations which involves the power of resilience and strength to either avoid or cope with the situation or object of the perceived threat. Anxiety is inherently a normal occurrence with most human beings, depending on the prevailing social environment. It is also a very potent predictor of psychological well-being of a people. However, it depends on the side that the anxiety pendulum swings; either high or low. As a matter of fact, normal anxiety can be functional, motivational and instrumental to the achievement of some lofty goals in life (Bernal-Morales, Rodríguez-Landa & Pulido-Criollo, 2015). It manifests in the forms of worries and social fears, including thinking of health frailty and poverty among the aged and ageing population (Lauderdale & Sheikh, 2003).

In the view of Bernal-Morales et al (2015), anxiety is an adaptive response produced by environmental stressful conditions that activate alarm mechanisms in the person to assure survival. This feeling has biochemical and physiological undertones that put the heart under pressure. However, a situation of anxiety that is not properly and sufficiently addressed can consequently lead to a disorder in the long-term (Bernal-Morales et al., 2015). A scholar has noted that depression, anxiety disorders, and psychosis are more prevalent among the aged without dementia. However, it is not apparent

whether the frequency of these disorders increases or decreases with age (Skoog, 2011).

Similarly, anxiety as a symptom of mental health can be accentuated or ameliorated among the aged people by the individual financial condition. In other words, anxiety and depressive symptoms can be predicted by the prevailing financial strain over time (Wilkinson, 2016). There are a couple of associated risk factors that can trigger the likelihood of having anxiety disorders among the old people and they include gender, chronic comorbidities, marital status, educational level, impaired health condition and stressful life (Wolitzky-Taylor, Castriotta, Lenze, Stanley & Craske, 2010). Other factors that can cause the development of anxiety are biological make-up, personality traits and life-threatening events.

The role of a functional family system in providing the necessary social support for the management of anxiety among the aged people has been empirically documented in some literature (Ibitoye, Sanuade, Adebowale & Ayeni, 2016; Harandi, Taghinasab & Nayeri, 2017; Ebrahimi, Hosseini & Rashedi, 2018). In this context, Chen, Hicks & Alison (2014) have opined that the family institution was the vital source of social support capable of enhancing the subjective well-being and mental health of the aged people. Also, Santini, Jose, Cornwell, Koyanagi, Nielsen, Hinrichsen, Meilstrup, Madsen & Koushede (2020) explored the pathways through which social disconnectedness and perceptions of social isolation contribute to anxiety and depression symptom severity in older adults. The scholars discovered from their study that social disconnectedness was a predictor of perceived isolation which was predicated on higher depressive and anxiety symptoms.

Furthermore, Wang, Mann, Lloyd-Evans, Ma and Johnson (2018) noted with evidence associations between perceived social support and outcomes in schizophrenia, bipolar disorder and anxiety disorders. The finding asserted that social support from the family and the significant others could help in the management of anxiety disorders. Besides, the role of the family towards the elderly and the aged also reflects in their psychological well-being. Ibitoye, Sanuade, Adebowale & Ayeni (2016) have particularly identified financial support from children as boosting the aged people's psychological well-being. In addition, Harandi, Taghinasab & Nayeri (2017) opined that the giving of social support to the old people during sickness can reduce their anxiety and discomfort level. In a study, Ebrahimi, Hosseini & Rashedi (2018) reported that death anxiety has a correlation with increased social support among the old people. Some scholars have also associated strong social support with lower symptoms of anxiety and depression among the aged (Tajvar, Grundy & Fletcher, 2017). Life could be very traumatizing and depressing to some aged people with low socio-economic background and status, especially when they lack adequate social support from their families and friends. The immediate outcome of such could be symptoms of depressive disorders ranging from constant sadness, anxiety, mood swings, emotion of hopelessness, feeling of helplessness, constant feeling of self-guilt, worthlessness, insomnia, restlessness, irritability, thought of and suicide attempt to loss of interest or pleasure in mundane hobbies and activities. However, it is noteworthy to state that depression and anxiety overlap to the extent that each reinforces the other.

Lee and Holm (2011) conducted a study and suggested that family support and a close-knit tie with their adult children was instrumental to adjusting to a new life and in preventing or reducing depression in the aged Korean immigrants. Rodríguez-Tovar, Medrano-Martínez, Castro-García & Rivera - Vázquez (2018) reaffirmed that there was a relationship between depression and family cohesion. In another study, Wang et al. (2018) found that people with depression who perceive their social support as poorer have worse outcomes in terms of symptoms, recovery and social functioning. It is further documented that loneliness coupled with perceived low social support could predict depression outcome. According to Oluwagbemiga (2016), it can be implied that social support has significant effect on the psychosocial well-being of the elderly. In other words, social support in the forms of emotional attachment, information access, companionship, financial support towards the elderly and the aged could reduce the tendency for depression. Clinically, it has been discovered that stressful life events, low social support, low religiosity among others were independently associated with current major depression among the aged (Richardson, Friedman, Podgorski, Knox, Fisher, He & Conwell, 2012). Liu, Dupre, Gu, Mair & Chen (2012) further emphasised the importance of family support system for the psychological health of the institutionalised aged population in a society. A couple of studies bordering on the psychological and mental health of the old people were reviewed and synthesised by Garipey, Honkaniemi & Quesnel-Vallee (2016). One of the major highlights of the study findings was that poor financial support from family members was associated with depression in older men, while poor emotion acted otherwise. It can also be

deduced from Tajvar, Grundy, and Fletcher's (2017) study that a direct association exists between perceived and received social support and mental health. Relying on the reviews of Souza, Pelegrini, Ribeiro, Pereira & Mendes (2015), low family support results in declining psychological health of the aged. Moreover, deficient family network and support could result in moodiness and some depressive symptoms (Dhara & Jogsan, 2013).

Hypotheses

Hypothesis 1: There is no significant difference in the anxiety level of aged people getting high family support and low family support in Ibadan metropolis.

Hypothesis 2: There is no significant difference in the depression level of aged people with high and low family support in Ibadan metropolis.

Methodology

The study adopted the *ex-post-facto* research design because the extant variables of the study were not actively manipulated. The study population comprised all the old people in five local government areas in Ibadan metropolis. These individuals were all above 60 years, while the local government areas selected for the study included Ibadan-North, Ibadan-North-East, Ibadan North-West, Ibadan South-East and Ibadan South-West respectively. The sample size for the study was 180 aged and elderly respondents. The selection of the respondents was done using the multistage sampling technique.

The process of the sampling first commenced with the clustering of retirees into their various points of social gathering such as Agbowo, Monatan, Iwo-Road,

Ekotedo and the Accountant-General's office. This was further followed by clustering into political wards in the selected local governments under Ibadan metropolis. Subsequently, a random sample of one ward from each local government area was taken from each selected local government. In addition, 20 participants were proportionally and randomly selected, thereby giving 100 respondents. Again, 20 respondents were randomly selected from each of the five meeting venues earlier mentioned, thus giving a total of 100 respondents. However, the total respondents used for the study was 180, reflecting relevant socio-demographic variables like sex, educational background, socio-economic and marital status.

The research instrument for the collection of the data from the respondents was a self-administered, semi-structured questionnaire. The questionnaire was tagged the "Family Support and Psychological Well-being Questionnaire (FSPWAQ)". The questionnaire consisted of three sections: Section A measured the socio-demographics of the participants while B addressed anxiety level of the participants. It consisted of 20 items adapted from that developed by Spielberg (1972) to measure state of anxiety. Similarly, section C measured the depression level of participants. This comprised 13 items adapted from Beck's (1967) to measure depression. The instrument was given to professional colleagues in Department of Social Work for validation. It has a test retest reliability of 0.87. Analysis of the data was done, using frequency counts and percentages. Similarly, the hypotheses were tested using the t-test statistics at 0.05 level of significance.

Results

Hypothesis 1: There is no significant difference in the anxiety level of aged people getting high family support and low family support in Ibadan metropolis.

Table 2: T-Test Showing the Difference in the Anxiety Level of Aged People with Family Support

Source of variation	N	\bar{x}	S.D	SE	t-cal	t-critical	Df	Sig.	Remark
LOW	66	26.50	6.12	.753	2.61	1.96	178	.05	Sig.
HIGH	114	24.18	5.56	.521	2.61	1.96	178	.05	sig.
Total	180								

$t = 2.61$, $df = 178$, $P < 0.05$, Sig. = Significant

The mean value and standard deviation of anxiety level of aged people who received high and low family support are clearly presented in Table 2 above. The aged people with low family support recorded a mean value of 26.50 and a Standard Deviation of 6.12 while those with high family support recorded a mean of 24.18 and a corresponding standard deviation of 5.56. The t-test result computed was 2.61, which is

greater than the critical t-value (1.96) at the significant level of 0.05. Arising from this result, therefore, the null hypothesis one is hereby rejected. In other words, there is a significant difference in the level of anxiety of aged people with high and low family support. This indicates that aged people with low family support expressed higher anxiety level than their counterparts that received high family support.

Hypothesis 2: There is no significant difference in the depression level of aged people with high and low family support in the study area.

Table 3: T-test showing the Difference in the Depression Level of Aged People with Family Support

Source of variation	N	\bar{x}	S.D	SE	t-cal	t-critical	Df	Sig.	Remark
LOW	78	26.90	6.01	.680					
HIGH	102	23.60	5.35	.529	3.89	1.96	178	.05	Sig.
Total	180								

$t = 3.89$, $df = 178$, $P < 0.05$, Sig. = Significant

The above table shows the mean value and standard deviation of depression level of aged people who had high and low family support. Aged people with low family support recorded a mean value of 26.90 and a Standard deviation of 6.01, while aged people with high family support recorded a mean of 23.60. The obtained t-test value computed was 3.89, which is greater than

the critical t-value (1.96) at 0.05 level of significance. Based on this result, the null hypothesis which earlier stated that there was no significant difference in the depression level of the aged people with high and low family support is hereby rejected. This shows that there is a significant difference in the level of depression of aged people with high and low family support.

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