

PSYCHOSOCIAL EFFECT OF FAMILY NEGLIGENCE OF THE ELDERLY: A CASE STUDY OF IBADAN NORTH LGA, OYO STATE, NIGERIA

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Abstract

The negative effect of family neglect has been a terrible issue in psychosocial lives of the elderly in low and middle income countries most especially where resources are limited and socio-economy is challenging. In Ibadan North Local Government Area of Oyo State, this study focused on the psychological effects of family neglect on the elderly. The study made use of a descriptive survey research approach, with the target group being older people over the age of 60 who are members of the Nigerian Union of Pensioners in Ibadan North Local Government Area, Oyo State, Nigeria. The 198 elderly people who were members of the Nigerian Union of Pensioners were chosen using a simple random sample method. "Psychosocial Effects of Family Neglect on Elderly Questionnaire," a self-created questionnaire. Four study hypotheses were developed and tested using Analysis of Variance (ANOVA) at a significance level of 0.05. The result showed that, there is a significant negative effect of family negligence on depression of the elderly ($F=71.5$, $df=2/194$, $-crit=2.60$). In addition, there is a negative effect of family negligence on low self-esteem of the elderly ($F=44.5$, $df=3/194$, $f-crit=2.60$). Furthermore, there is a negative effect of family negligence on grieving experience among the elderly ($F=22.6$, $df=3/194$, $f-crit=2.60$), and finally there is a negative effect of feelings of isolation experienced by the elderly as a result of family negligence on their wellbeing ($F=19.7$, $df=3/194$, $f-crit=2.60$). According to the findings, societal mobilization is needed to raise awareness about the harmful effects of prejudice on older people's psychological well-being. There is also a need for a long-term policy framework for older people aimed at decreasing the psychological effects of ageing, particularly for those with multiple morbidities. Thus, family members in Nigeria should show greater love, care, and empathy towards the elderly.

Key Words: Psychological, Social, Effect, Family, Negligence, Elderly

Introduction

According to World Health Organization, 2017 older people are the fastest growing segment of the world population and it is observed that the number will continue increasing to between 12-22% by 2050. There is absolute assurance that adults get physically frail, lose their mental capacity for sensory perception, and develop cognitive disorders such as dementia and other health problems as they age and as the population of elderly people rises, there is no safety net in place for the elderly who already live in undeveloped nations. Globalization, industrialisation, urbanization, and modernization, on the other hand, have obliterated traditional family and community support systems for the elderly (Oyinlola, 2017).

In Nigerian culture and traditional values have been weakening, hurting the aged bringing setback into their traditional position and dignity and this makes many older people feel abandoned and viewed themselves as burdens to societies causing physical pain and psychological disturbances.

Many developing nations, on the other hand, still lack concrete and genuine policies and services to address issues affecting the elderly people in their populations. In Nigeria, for instance, there is no old-age Social Security Scheme in policy provision. Only workers in the formal sector are affected by the Contributory Pension Scheme. Except for individuals with private investments in the form of shares, stocks, or bonds, artisans, farmers, fishermen, commercial drivers, and others who are not covered by any set up and organized social security in old age (Ajomale 200). There are fewer carers accessible to see to well-being of the elderly due to present economic situation and this makes it overly impossible for the aged to help themselves economically, because of this many elderly parents rely largely on their families for whatever care calls for economic assistance. When an older person who is frail or has physical or any form of health challenges moves into a family member's home, the lifestyle modifications, accommodations or even environmental adjustment can be difficult, and the stress involved usually leads to elder abuse. Multi-generational homes' financial problems or living in crowded quarters can lead to stress, which can lead to elder abuse. Elderly people are also prone to abuse from family members who try to achieve a balance between caring for them and effort to attend to other life endeavour and undertakings (Lowenstein, 2018).

Elder abuse and neglect can also be caused by poor intergenerational relationships and caregiver stress (Lowenstein, 2019). Furthermore, taking on the role of caretaker can be difficult, as certain ailments affecting the elderly are chronic and progressive, potentially leading to family elder abuse and neglect. Many older individuals now live alone as a result of these changes, and they are less likely to consume a well-balanced meal which deteriorate their health condition. Some older people plead for arms and also become scavengers, while others go about their daily lives on their own with fear of why should I end my life like this. Thus, in the case of the elderly social security in general for sustainable financial security in particular, as well as improved health-care facilities, are all issues that deserve special attention so that the aged can also contribute their quota to national growth for world at large. (Aboderin, 2016; Harven, 2016).

Psychological and Social Problems of the Elderly

Older folks have a lower ability for regeneration than younger people and this makes them to be more vulnerable to sicknesses, disorders, and illnesses (Pew Research Centre, 2014). Gerontologists have discovered a wide range of problems that people suffer as they age during the years classified as old age. In developed nations, most individuals in their 60s and early 70s are capable and active to care for themselves (Laura, 2012). After the age of 75, however, they become more frail, with significant mental and physical debilitation (Help Age International, 2018). Old-age reliance, on the other hand, generates feelings of incompetence and worthlessness in a minority of people (Laura, 2012).

Furthermore, among the elderly, depression is the most frequent mental health problem. It's associated with pain and suffering, and it can lead to physical, emotional, and social problems. Social challenges, such as losses, difficulties in socialization, which lead to isolation and, in some cases, boredom after retirement, are common causes of depression in older people (Balwin, Chiu & Blazer, 2018). Suicide risk is quite common and high among senior citizens in almost all civilizations (WHO, 2017). Anxiety is a kind of panic condition, and phobias afflict 10% of the elderly (WHO, 2017) which is also a typical sign of melancholy in older people, and it can amplify the physical manifestations of depression (Vasiliadis, 2018). Fear of crime in old age, particularly among the feeble, can weigh more than financial or health worries, limiting what they can do.

Memory loss and other cognitive disability that are good enough to interfere with everyday life resulting into what is called dementia. Its prevalence increases with age, rising from roughly 10% at age 65 to over 50% at age 85. (2018, Susan) The aforementioned mental health condition is responsible for 50 to 80 percent among them. Demented behaviour includes wandering, physical aggression, verbal outbursts, sadness, and psychosis (George, 2019). The onset of old age is a period of social and psychological estrangement. By the time he retires at 60 or 65 years old, most, if not all, of the individual's kids would have dispersed in search of socio-economic opportunities or to create their own homes. The loss of a spouse, which occurs most commonly in the seventh and eighth decades of life and is associated with the onset of loneliness, sorrow, and melancholy, the intensity of which is reduced in certain cultures by the existence of a substitute spouse, might worsen the situation.

Considering the financial buoyancy, wages received by the elders are nothing to write home about to cover his basic necessities unless he has an alternative and enjoyable work or certain assets, such as savings, company shares, insurance, endowment, e.t.c. revenues from which he might augment his pension. If he does not have these sources of money, he may get frustrated and depressed, unless he is lucky enough to have someone financially to rely on. Retirement, loneliness, the death of loved ones, finding someone to do errands for him and aid with household duties, and other age-related concerns are among the social obstacles that the elderly face.

Family Negligence of the Elderly

It is termed family carelessness when the elderly are denied food, housing, heat, clothes, comfort, critical medicine, or protection without considering the negative impact on their health. Emotional neglect occurs when elderly people are denied their emotional needs for warmth and caring. Due to cultural, social, and economic links, as well as the cohabitation of demographic transition, social neglect of the elderly is prevalent. The vulnerability of the elderly is mostly reflected in the size and structure of their households (Harven, 2016). It is considered to be inappropriate when a person is denied vital assistance because of lack of information or resource which is needed in an atmosphere that gives for coercion. This deprivation can be deliberate (active neglect) or inadvertent (passive neglect) (Ajomale, 2017).

According to Age Concern, senior neglect, or the failure to fulfil a caretaking obligation, accounts for more than half of all reported cases of elder abuse (2018). It might be purposeful or inadvertent, depending on factors such as ignorance or denial that an old charge deserves the same level of care as he or she does. This kind of elder abuse is characterized by unusual weight loss, malnutrition, dehydration, untreated health concerns such as bedsores, and unclean living circumstances (dirt, bugs, filthy bedding, and clothing). Being left unclean or not bathed, wearing inappropriate clothing for protection during hard weather, living in unsafe conditions (no heat or running water; defective electrical wiring, other fire dangers), and desertion of the elderly in a public area are all examples of desertion of the elderly (Age Concern, 2018).

Neglect not only creates medical problems for the elderly, but it also has an emotional trauma on them, resulting in strained family relationship which reflect in their behaviours due to their self-perception about lives leading to poor self-esteem and a feeling of being undesired. When it comes to psychological consequences, elderly people are more vulnerable. The closeness and attachment of an older people to their off-springs might be harmed by family estrangement. Problem-solving and coping with difficult situations, and social connections can all be affected by a lack of support for the elderly, according to Gureje (2017). Neglected adults are more likely to experience grief, hopelessness and anger which can metamorphose into suicidal attempt and if urgent action is not taken.

Theories of Family Negligence

Attachment Theory

It is a hypothesis proposed by John Bowlby (1907-1990), a British psychoanalyst, to describe the psychodynamics of long-term and short-term effects of interpersonal relationships between people, with a focus on attachment as it affects many aspects of human endeavours (Chen et al. 2011). This theory allows us to study an individual's proclivity to create friendly ties with others, as well as the method in which an individual's psychosocial behavior influences attachment relationships. In infants, attachment directs the child to seek proximity with a familiar caregiver when they are alarmed, with the expectation that they will receive protection and emotional support. John Bowlby believed that the tendency for primate infants to develop attachments to familiar caregivers was the result of evolutionary pressures, since attachment behaviour would facilitate the infant's survival in the face of dangers such as predation or exposure to the elements.

Although Bowlby was primarily focused on understanding the nature of the infant-caregiver relationship, he believed that attachment characterized human experience from "the cradle to the grave." In the mid-1980, however, researchers began to take seriously the possibility that attachment processes play out in adulthood. Fraley & Shaver (2018) explored Bowlby's ideas in the context of romantic relationships, noting that the emotional bond that develops between adult romantic partners is partly a function of the same attachment that gives rise to the emotional bond between infants and their caregivers.

Attachment, parenting, and early hardship are all aspects of this research study that are unique. The two parents (Mother and Father) have significant roles and duties on how their children

develop social bonds with them during childhood and subsequently in life. This is accomplished through fostering social emotional attachments that are reflected in their interpersonal relationships, allowing for social interaction within the family sociocultural context. Failure of parents to fulfil their social roles in the area of socialization as an important part of child upbringing creates opportunities for childhood adversity, which is the result of maladaptive family functioning, which begins with neglect and progresses to emotional, physical, and even sexual abuse.

The long-term impact of these traumatic childhood experiences on the affected family members, who were once dependants but are now self-sufficient, reflects their failure and negligence in fulfilling their social responsibilities of caring for and catering for the elderly, particularly when parents require parenting (Fraleyr 2018). As enshrined within the scope of this research study, a lack of connection in the family might be one of the reasons of derangement from social value on social institutions, with negative consequences on society, leading to increased mobility and mortality rates among the elderly.

Empirical Study

Ola and Adeyemi, (2012) examined the impact of discrimination on the social well-being of the elderly, concluding that discrimination from family members deprives the elderly of their right to live and separates them from receiving necessary care and assistance for successful functioning. Ann & Eleanor (2018), discovered that neglect is the exclusion of the elderly from what is required for fuller functioning; like living alone with no living children, suffering from poor physical/mental health (especially depression), lacking access to a private car, and never using public transportation. Furthermore, their offspring entrust their care to a low-budget institution dedicated to well-being of the elderly while the digital revolution may have been considered as a method for elderly people to remain in touch with one another, it has sadly left many of them behind in terms of physical neglect, according to Mikala (2018). Physical neglect manifests itself in daily physical ailments such as headaches, backaches, and colds, as well as failure to help them seek for medical help when they are sick as an outcome of not allowing them to have access to nutritious food and also interact with their age mates who they can share their interest and life experiences with any time they feel like. In his study, Oyinlola (2016) found that 488 out of a hundred thousand recorded cases of elderly people not being transported to the doctor when they are unwell. Twenty-four percent said their relatives do little to help them when they complain of physical fatigue. Furthermore, because family members refuse to lend him money, the elderly have to at 70 years old or above owing to financial carelessness. Last but not least, there was a dearth of emotional support. The elderly, even if they lived in a mixed home, experience loneliness.

Social support from family, friends, and community resources, according to Mojuyinola and Ayangunna (2012), can help the elderly adapt and cope better, increase self-esteem and self-control, avoid hospital admissions and readmissions, and encourage rehabilitation at home. In their research on the psychosocial health challenges of the elderly in Nigeria, Animashaun and Chapman (2019) discovered that four primary factors influence the psychosocial health status

of the elderly: changes in family dynamics, increased demand for healthcare services, increased economic stress, and decreased functional independence.

In a cross-sectional study conducted in Barcelona and Spain on caregivers and their dependent care receivers who live in the same household, Orfila et al. (2018) revealed that the risk of abuse is significant among family caregivers. Furthermore, their research discovered that several risk factors among family caregivers, such as anxiety and feelings of load, may be avoided to some extent. To intervene and aid primary and secondary prevention, it is critical to become aware of these risk factors and their causes. Ayalon (2014) used a sample of 686 family members, 388 older persons, and 523 home care professionals to conduct a cross-sectional study on Reports of Elder Neglect by Older Adults, Their Family Caregivers, and Their Home Care Workers. His findings advocate for the use of the 5-item neglect scale across different groups of informants and call for the evaluation of elder neglect within the constellation of the care giving unit.

Methods

Research Design

The study adopted a descriptive survey research design of ex-post-facto type. This method was selected for the study due to the fact that the variables involved could not be manipulated. What the researcher did was to observe the manifestation of the independent variables; Psychosocial effects (financial lack, depression, low self-esteem and grieving experiences) on the dependent variable; (family negligence).

Sample

The target population for this study were retired civil servants (ages ranging from 60 years and above) residing in Ibadan North Local Government Area and are members of Nigerian Union Pensioners. A Purposive sampling technique was used to select 200 respondents.

Research Instruments

The study employed a thirty-nine self-developed questionnaire called the "Psychosocial Effect of Family Neglect on Elderly Scale" (PEFNES). The test uses a 5-point rating scale with Strongly Agree, Agree, Undecided, Disagree, and Strongly Agree as the first four options. A test-retest was undertaken with a group of 20 retired old pensioners in Lagos who were not part of the sample to determine the instrument's reliability. The reliability co-efficiency (r) of 0.81 was calculated using Cronbach's coefficient of alpha. As a result, the instrument was rated very dependable and suitable for use in the current investigation.

Procedure:

After obtaining approval from higher authorities, the researchers and some administrative personnel of the Nigerian Union of Pensioners personally administered the instrument to the respondents. They were given explanations in both English and Yoruba, and they were permitted to ask questions about any item on the questionnaire. The research instrument was

given out in 200 copies, with 198 being returned. As a result, 98 percent of the questionnaires were returned.

Data Analysis:

In order to facilitate the analysis of the statistics generated from the data, this study employed descriptive analysis (percentages and frequency counts) and inferential statistics of Analysis of Variance and multiple regression was used to test the magnitude of effect of the psychosocial properties. All the results were tested at 0.05 level of confidence.

Ethical Consideration

The Nigerian Union of Pensioners' Office received consent to guarantee that the study was carried out in accordance with the ethical code of conduct in the social work profession. Participants in the research were also asked to give their verbal agreement. Respondents were guaranteed of the confidentiality and anonymity of the information elicited if they choose to participate.

Results

Table 1: Participant's demographic results **N=198**

Variables	Categories	Frequency	Percentage
Age	60-65years	49	24.7
	66-70years	15	7.6
	71-75years	17	8.6
	76-84years	64	32.3
	85years and above	53	26.8
Gender	Male	79	39.9
	Female	119	60.1
Religion	Christianity	106	53.5
	Islam	82	41.4
	Others	10	5.1
Marital Status	Married	125	63.1
	Separated	53	26.8
	Widowed	20	10.1
Level of Education	No formal education	21	10.6
	Primary education	78	39.4
	secondary school education	49	24.7
	tertiary education	50	25.3
Number of Children	1	47	23.7
	2	67	33.8
	3	63	31.8
	Others	21	10.6

Table 2: Analysis of Variance (ANOVA) showing the effect of financial lack on the elderly in Ibadan North Local Government Area.

	Sum of Squares	Df	Mean Square	F-cal	f-crit	P
Between Groups	190.937	3	19.094	-71.5	2.60	<0.05
Within Groups	1888.729	194	19.471			
Total	2079.667	197				

F=-71.5,df=2/194,-crit=2.60

Table 2 showed that, there was a negative effect of financial lack as a result of family negligence on the elderly. The result indicated that F-calculated (-71.5) is greater than f-critical value (2.60) at 0.05 level of significance. Thus, the hypothesis was rejected.

Table 3: Analysis of Variance (ANOVA) showing the effect of family negligence on depression of the elderly in Ibadan North Local Government Area.

	Sum of Squares	Df	Mean Square	F-cal	f-crit	P
Between Groups	116.229	3	11.623	-44.5	2.60	<0.05
Within Groups	1536.067	194	15.836			
Total	1652.296	197				

F=-44.5,df=3/194,f-crit=2.60

Table 3 showed that, there was a negative effect of family negligence on depression of the elderly in Ibadan North Local Government Area. The result indicated that F-calculated (-44.5) is greater than f-critical value (2.60) at 0.05 level of significance. Thus, the hypothesis was rejected.

Table 4: Analysis of Variance (ANOVA) showing the effect of family negligence on low-self-esteem of the elderly in Ibadan North Local Government Area.

	Sum of Squares	Df	Mean Square	F-cal	f-crit	P
Between Groups	54.200	3	5.420	-22.6	2.60	<0.05
Within Groups	928.541	194	9.573			
Total	982.741	197				

F=-22.6,df=3/194,f-crit=2.60

Table 4: shows that, there was a negative effect of family negligence on low-self-esteem of the elderly in Ibadan North Local Government Area. The result indicated that F-calculated (-22.6) is greater than f-critical value (2.60) at 0.05 level of significance. Thus, the hypothesis was rejected.

Table 5: Analysis of Variance (ANOVA) showing the effect of family negligence on grieving experience among the elderly in Ibadan North Local Government Area.

	Sum of Squares	Df	Mean Square	F-cal	f-crit	P
Between Groups	1850.156	3	616.719	- 19.7	2.60	<0.05
Within Groups	8406.648	194	34.173			
Total	10256.804	197				

$F = -19.7, df = 3/194, f\text{-crit} = 2.60$

Table 5 shows that, there was a negative effect effect of family negligence on grieving experience among the elderly in Ibadan North Local Government Area. The result indicated that F-calculated (-19.7) is greater than f-critical value (2.60) at 0.05 level of significance. Thus, the hypothesis was rejected.

Discussion of Findings

Result of hypothesis one showed that there was a negative effect of financial lack as a result family negligence of the elderly in Ibadan North Local Government Area. The result is consistent with that of Ajomale, (2017) that, financial lack often leads to depression among older persons. The result is similar to that of Oyinlola & Folaranmi, (2016) that financial constraints had negative influence on psychological and wellbeing of the aged in Ibadan. The study also regarded the act as an abuse of the elderly. Adekomaya, (2017) founds a negative effect of financial lack on the depressive symptoms among the aged residing in a sub-urban environment, while Okoye, (2013) observed the negative effect of financial lack on the psychological outcome of the elderly.

The result of hypothesis two indicated that there is a significant effect of depression resulting from family negligence affects the elderly in Ibadan North Local Government Area. The result corroborates the findings of Okoye, (2013), that, most children of the elderly have migrated from their homes in search of greener pastures and have being known to totally neglect their parents at home leading to those parents having low esteem. Others have accused their parents of practicing witchcraft, driven them out of their homes, leaving them to wander around with feeling of low esteem and eventually die out of lack and neglect. Similarly, Ann & Eleanor, (2013) said that physical neglect such as discrimination of the elderly from what is needed for fuller functioning, living alone with no living children, suffering from poor physical/mental health (especially depression), lacking access to a private care and never using public transport all leads to the feeling of low self-esteem of the elderly. Similar findings by Ola & Adeyemi, (2016), supports that, physical neglect of the elderly has negative impact on the self-esteem of the elderly in developing African countries where there is paucity of resources.

The result of hypothesis three showed that there is a significant effect of low self-esteem resulting from family negligence affects the elderly in Ibadan North Local Government Area. This corroborates the findings of Benedicts, Jaffe and Segal (2017) that low-esteem had significant effect on the elderly. The study described neglect which was described a form of

confinement, isolation, or denial of essential services. Additionally, Bayeiwu, Bella, Adeyemi, Bamgboye, Jegede (2017) corroborated that, neglect of the elderly could be as a result of the burden of care attached to the treatment of some mental illness of an elderly patient from their children or caregivers. Furthermore Okoye, (2013), observed that, most children of the elderly have migrated from their homes in search of greener pastures and have being known to totally neglect their parents at home, others have accused their parents of been a witchcraft, driven them out of their homes, leaving them to wander around and eventually die out of lack and neglect.

Hypothesis four reported that there was negative effect of grieving by the elderly as a result of family negligence of the elderly in Ibadan North Local Government Area. The result corroborates the findings of Kinsella & Velkoff, (2016) that, isolation have negative impact on general of the elderly. On the contrary. Yan and Tang (2017), observed in their study on seniors from Korea that they developed feelings of isolation as a result of discrimination from participating in activities of daily living leads to psychological/neurological problems including amnesias, dementias and other neurological problems.

Conclusion

According to publications from the United Nations Department of Economics and the Population Division of the United Nations in New York, Nigerians aged 60 and up are on the rise. According to this magazine, there were five million Nigerians aged 60 and up in 2005, and the number would continue to rise. By 2025, it is expected that 6% of our population will be above the age of 60. This growth should be accompanied by an understanding that an increase in the proportion of the elderly in any society signifies an increase in the unique challenges that the elderly face. This does not appear to be the case, since there have been few, if any, programs dedicated to the senior population to treat their psychological issues. As a result, suitable care and family support systems should be accessible in response to the expanding population of the elderly. The findings demonstrated that neglect has a major impact on the mental well-being of the elderly in Ibadan North, Oyo State, Nigeria.

Recommendations

Society should be enlightened, that there is no need to discriminate the elderly and they should be supportive of the aged. Government should ensure that the pension of the aged is paid regularly to improve their wellbeing. Policies should be developed and implemented on the care for the aged

Government should create neighbourhood adult centers where the aged can meet during the day which will be managed by trained and qualified social workers and other health professionals. Family members should show more love, care and understanding to their aged ones, bearing in mind that they themselves will eventually attain that stage of life as well. Social workers need to be more grounded and updated in the care for the elderly and improve their relationship skills with the client system.

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