SOCIO-CULTURAL FACTORS THAT INFLUENCE ATTITUDE TOWARDS CARE FOR OLDER ADULTS IN OHAFIA LOCAL GOVERNMENT AREA, ABIA STATE

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Abstract
As adults grow older, they often become more dependent on others, such as family members, neighbors, and significant others, for their activities of daily living (ADLs). The effects of neglect, poverty, and lack of care are detrimental to their physical, emotional, and psychological well-being. Older adults are particularly vulnerable since many are no longer in their economically active phase of life, and in the absence of a national social security system, they face additional challenges. This study investigates the socio-cultural factors influencing attitudes towards caregiving for older adults in Ohafia Local Government Area (LGA), Abia State, Nigeria. A survey was conducted with 204 respondents, and quantitative data were collected through questionnaires. The results showed that 82.6% of respondents were aware of caregiving for older adults, implying that the concept is well-recognized in the community. Financial constraints were identified as a significant challenge, with 64.4% of respondents indicating that caregiving becomes very difficult without sufficient funds. Additionally, 37.6% of respondents believed that female older adults were more prone to abuse and neglect than their male counterparts, and 39.1% indicated that elder abuse most frequently occurs between older adults and their children, especially when the older adults are financially dependent. The study highlights the importance of addressing socio-cultural factors such as financial support and the vulnerability of older women to abuse. The findings suggest the need for government policies to promote elder care, create awareness about the effects of neglect, and improve social security provisions for older adults. These measures are crucial to ensure better caregiving practices and the well-being of older adults in Nigeria.
Keywords: Socio-cultural factors, Caregiving, Financial resources, Poverty, Social policy.

INTRODUCTION

Demographic shifts worldwide over the past century have significantly impacted population structures, with factors such as decreased mortality rates, reduced fertility rates, and migration trends contributing to an aging population (Animasahun & Chapman, 2017). In particular, increased life expectancy has brought about rapid aging, placing greater demand on caregiving systems. For example, studies have shown that in countries like Ghana and South Africa, more than 40% of individuals aged 65 and above require assistance with daily activities (WHO, 2015). Consequently, the need for caregivers—both formal and informal—has escalated, with the caregiving burden often falling on families, especially in the absence of formalized government support systems (Andrea, 2018).

In Nigeria, the responsibility for eldercare has traditionally rested with the extended family, supported by deeply ingrained cultural norms and values. However, these traditional structures have been weakened in recent decades due to economic hardship, urban migration, and changing family dynamics (Okoye, 2013).

This shift poses challenges for the care and well-being of older adults, particularly as they experience physical, emotional, and social decline associated with aging (Iecovich & Biderman, 2012). The inability of some families to provide adequate support is compounded by the lack of formal social welfare systems for older adults, leaving many vulnerable (Okoye, 2012).

In Ohafia Local Government Area, Abia State, caregiving for older adults remains predominantly a family responsibility, particularly within the extended family structure. However, traditional care practices, influenced by norms, values, and beliefs, are being increasingly challenged. Social support in this context can be shaped by several socio-cultural factors, such as gender roles, marital status, and societal beliefs about aging (Ibeh, 2014; Iheukwu, 2017). Some older adults in Ohafia face neglect, especially when accused of witchcraft, leading to social ostracization or, in extreme cases, violence (Orji, 2012). Additionally, negative perceptions about the mental and emotional state of older adults, including views that they are "insolent" or "irrational," further contribute to the reluctance to provide care (Mudiare, 2013).

While several studies have explored caregiving and social support for older adults in Nigeria (Ibioro, 2011; Karick et al., 2013), few have specifically examined the socio-cultural factors influencing attitudes towards elder care in Ohafia. This study aims to fill this gap by investigating the socio-cultural factors that shape attitudes toward care for older adults in the Ohafia Local Government Area, Abia State, Nigeria. By examining these factors, the study will provide valuable insights into the challenges faced by families and the implications for social work practice, highlighting the need for more targeted interventions to support older adults in this region. Through this examination, the study also seeks to inform policies and practices aimed at improving care for older adults in Nigeria, advocating for a holistic approach that considers both traditional and modern caregiving systems.

Literature review

1. Socio-cultural factors influencing attitudes towards care for older adults

This section examines the socio-cultural factors that shape attitudes toward the care of older adults, specifically focusing on the influence of belief systems, culture, religion, gender, income, and education. Understanding these factors is essential for addressing the challenges and shaping the attitudes that affect caregiving, particularly in the context of Ohafia Local Government Area, Abia State.

1.1 Influence of belief systems on attitudes towards care for older adults

Belief systems significantly influence how individuals approach caregiving responsibilities, particularly regarding filial piety and family obligations. Funk, Chappell, and Liu (2011) explored how filial responsibility, a cultural value embedded in various societies, impacts caregiving behaviors and well-being. Their study, which involved Caucasian Canadian, Chinese Canadian, and Hong Kong Chinese populations, highlighted cultural variations in attitudes towards caregiving and suggested that societal norms may not always predict positive caregiving outcomes. Similarly, Ahmad and Zailly (2012) found that in Malaysia, where strong traditional and religious influences prevail, caregivers' attitudes towards providing care were shaped by their cultural and religious beliefs, specifically regarding mental health care for older adults.

1.2 Cultural influence on attitudes towards care for older adults

Culture plays a vital role in shaping caregiving attitudes, particularly through cultural norms, values, and expectations surrounding family roles. Pharr et al. (2014) conducted a study on cultural influences on caregiving experiences across various ethnic groups in Nevada, USA. They identified significant cultural differences in caregiving, particularly in African, Asian, and Hispanic American communities, where caregiving is often seen as a cultural mandate. Similarly, Okoye (2012) explored the role of gender and culture in caregiving in Nigeria and found that traditional cultural attitudes significantly influenced family members' perceptions and willingness to provide care, with adult daughters more likely to embrace caregiving roles than sons.

1.3 Religious Influence on Attitudes Towards Care for Older Adults

Religion has a profound impact on caregiving attitudes, often providing a moral framework that guides individuals' actions. Miltiades and Rachel (2002) found that religious coping strategies among Black American caregivers were linked to higher caregiving satisfaction, although these caregivers also reported higher levels of caregiving burden due to poor health. Fider et al. (2017) expanded on this by examining how different aspects of religiosity can either alleviate or exacerbate caregiving burdens. They concluded that caregivers who perceived God as loving and who received support from faith-based communities experienced lower caregiving stress. This is particularly relevant in Nigeria, where religious beliefs strongly influence caregiving practices and can serve as both a source of strength and a source of additional burden.

1.4 Gender influence on attitudes towards care for older adults

Gender plays a critical role in caregiving, with societal expectations often assigning caregiving roles predominantly to women. Alpass et al. (2013) examined caregiving in New Zealand and found that male caregivers, despite providing extensive care, reported poorer mental health compared to their female counterparts, although the physical health of caregivers was not significantly affected. Similarly, Māori et al. (2014) identified gendered caregiving expectations in a predominantly Latino and Caribbean sample, where women felt more burdened by caregiving, reflecting traditional beliefs about caregiving as a female responsibility. These findings highlight the intersection of gender and caregiving, suggesting that women, particularly in traditional societies, are more likely to bear the caregiving burden, which may lead to greater emotional and physical strain.

1.5 Influence of income on attitudes towards care for older adults

Income levels have a direct impact on caregiving capacity and attitudes. Williams et al. (2013) found that low-income caregivers in Canada experienced significantly greater distress compared to their higher-income counterparts, as they lacked the financial resources to access formal support services. Maresova et al. (2020) also highlighted that caregivers with lower income in the Czech Republic faced higher costs associated with providing care, including time and financial sacrifices, further contributing to caregiver stress. These studies suggest that income disparities can exacerbate caregiving challenges, particularly in communities with limited access to formal care systems.

1.6 Influence of education on attitudes towards care for older adults

Education level has been linked to caregivers' perceptions of their caregiving roles and the burdens they face. Andre (2015) explored the effectiveness of educational interventions in Brazil, which improved caregivers' knowledge and attitudes toward caregiving for older adults. Similarly, Schnitzer et al. (2017) found that caregivers with higher education levels reported lower levels of physical burden, although they experienced higher mental burdens. This was attributed to their higher expectations and greater emotional investment in caregiving. These findings underscore the importance of education in shaping caregivers' attitudes and their ability to manage caregiving responsibilities effectively.

In summary, socio-cultural factors—including belief systems, culture, religion, gender, income, and education—are pivotal in shaping attitudes towards caregiving for older adults. These factors not only influence individual caregiving practices but also determine the broader societal and family dynamics surrounding eldercare. The implications for caregiving in Ohafia, Abia State, are especially significant given the cultural, religious, and economic context of the region. This literature review sets the foundation for the study, which aims to investigate these socio-cultural factors and their impact on caregiving attitudes in Ohafia.

2. Review of Theoretical literature

The caregiving of older adults is influenced by various socio-cultural factors that shape individuals' attitudes, behaviors, and practices toward the care process. This section provides a comprehensive review of the theoretical literature, linking key variables such as caregiving roles, attitudes toward aging, and socio-cultural influences, which are central to the study on the socio-cultural factors influencing attitudes toward the care of older adults in the Ohafia Local Government Area, Abia State.

2.1 Overview of caregiving for older adults

Ageing is a natural and inevitable process that varies across cultures and societies. Definitions of "older age" differ globally, with common thresholds often set at 60 or 65 years (Knowles & Hanson, 2016). The global population is ageing, with people living longer lives but often with chronic health conditions (WHO, 2018). This demographic shift has led to an increased number of unpaid, informal caregivers, primarily family members, taking on the responsibility of elderly care. The number of elderly caregivers (aged 65+) has been growing significantly, and this trend is expected to continue (Maturitas, 2019). Caregiving is integral to ensuring the well-being of older adults, and the role of caregivers, particularly in informal settings, is crucial for meeting the needs of elderly individuals.

Cultural values influence caregiving practices, with societies either reinforcing or weakening familial obligations toward older adults. In many Western societies, individualism and independence reduce the familial responsibility for elderly care, often placing the responsibility on the government (Chappell, 2016; WHO, 2005). In contrast, in many African societies, including Nigeria, caregiving is seen as a moral obligation, where adult children are expected to care for aging parents. However, shifts in family structures and economic conditions have complicated this responsibility, particularly in rural settings where many elderly people live alone or care for other older adults (Blokker, 2013; Tanyi, 2018). Thus, socio-cultural norms significantly affect attitudes toward caregiving, with some communities

emphasizing filial piety while others face challenges due to economic or familial constraints.

2.2 Home-based caregiving and filial responsibility

Filial responsibility, which is the social expectation that adult children care for their elderly parents, is a key factor influencing caregiving attitudes and behaviors. This concept is deeply embedded in many societies, especially in African cultures, where the family unit is seen as the primary support system for older adults (Chappell, 2016). However, caregiving can be emotionally and physically demanding, often leading to stress and burnout for caregivers (Plank et al., 2012). Montgomery and Kosloski's caregiver identity theory (2014) posits that caregivers experience role strain when caregiving duties conflict with their prior roles and identities. This theory highlights how caregiving can challenge the caregiver's sense of self, leading to changes in identity and perceptions of their role within the family.

Attitudes toward caregiving are influenced by cultural norms, family dynamics, and individual perceptions of duty and responsibility. These attitudes, however, may not always align with caregiving behaviors. While some adult children may view caregiving as an essential duty, others may perceive it as a burden, especially in the face of limited resources or societal support. In Nigeria, for instance, there is a rising concern about the neglect of older adults, with some elderly individuals facing ageism, abuse, and isolation (Abrams & Swift, 2012). The challenge of balancing caregiving responsibilities with other life demands, such as employment and personal well-being, often exacerbates caregiver stress and affects the quality of care provided (Walker, 2012).

Furthermore, attitudes toward caregiving are often shaped by experiences and cultural beliefs about aging. For example, in rural Nigerian communities, elderly individuals, especially those without children, may be stigmatized and labeled negatively, which can affect the support they receive (Blokker, 2013). The perception of older adults as "useless" or as a societal burden contributes to a lack of support and resources for caregiving, further straining family caregivers.

2.3 The role of health and social support systems

Although caregiving is traditionally viewed as a familial responsibility, external support systems—such as government policies, healthcare professionals, and community organizations—play an essential role in shaping attitudes toward caregiving. In many developed countries, health policies emphasize aging in place, where older adults are encouraged to remain in their homes with community-based support. This model aligns with the preference of most older adults, who wish to live independently with adequate assistance (Barry, 2010). However, in countries like Nigeria, the lack of formalized care systems and policies leaves caregivers with few options beyond family-based care.

Health and social services, such as home care, respite care, and elder care services, can alleviate the burden on family caregivers by providing necessary support. However, the absence of legislation governing home care and elderly support in Nigeria creates significant gaps in service provision, especially in rural areas like Ohafia (Tanyi, 2018). Limited resources, coupled with cultural attitudes that prioritize familial care, contribute to the

challenges caregivers face in providing adequate care. Moreover, a lack of training and education for caregivers exacerbates these challenges, making it essential to integrate caregiving education into community and healthcare initiatives.

2.4 Attitudes towards aging and caregiving

The attitudes and behaviors of caregivers toward older adults are significantly influenced by socio-cultural norms, family expectations, and individual experiences. Cultural views on aging, including stereotypes and misconceptions, play a central role in shaping caregivers' perceptions of older adults. For example, in many African societies, elders are highly respected, yet some older adults may be stigmatized or blamed for societal problems, such as witchcraft accusations (Abrams & Swift, 2012). These negative stereotypes affect the social status of older adults and can lead to neglect or mistreatment.

Furthermore, health professionals' understanding of the attitudes and needs of caregivers is critical for designing effective caregiving interventions. A more holistic approach to caregiving that considers the cultural values, experiences, and family dynamics of both the caregiver and the care recipient is essential for improving care outcomes (Aires et al., 2017). By recognizing the complexity of caregiving roles and attitudes, healthcare providers can offer better support and develop policies that assist caregivers in balancing their duties while maintaining their well-being.

2.5 Linking socio-cultural factors to caregiving attitudes

Socio-cultural factors, such as family values, economic conditions, and healthcare access, significantly influence attitudes toward caregiving for older adults. This study explores how these socio-cultural variables impact caregivers' willingness and ability to provide care, particularly in the context of Ohafia, Abia State. By examining the relationship between cultural norms, economic factors, and caregiving practices, this research aims to provide a deeper understanding of the challenges faced by caregivers and identify potential interventions to improve caregiving attitudes and support systems in the community.

In conclusion, the socio-cultural context in which caregiving occurs is a critical determinant of caregiving attitudes and behaviors. Understanding these influences is essential for addressing the challenges faced by caregivers and improving the quality of care for older adults in the Ohafia Local Government Area. This study seeks to identify how cultural perceptions, family structures, and societal expectations shape the attitudes of caregivers and, ultimately, the quality of care provided to older adults.

3. Caregiving to older adults in aged homes

The role of social work professionals is central to the caregiving of older adults in institutional settings such as aged homes. From the moment of admission, social workers are responsible for ensuring that appropriate services are provided and that follow-up care is effectively managed. In addition, social workers are uniquely positioned to contribute to the development of relevant policies, legislation, and programs aimed at addressing the needs and challenges identified through their casework. Their involvement in these areas is critical to shaping comprehensive care strategies that cater to the well-being of older adults (UNICEF, 2013).

In the context of Nigeria, maltreatment of older adults remains a

significant concern. Various forms of abuse, including physical, psychological, financial, sexual abuse, and neglect, are prevalent within aged care settings (Health in Aging Foundation, 2017; WHO, 2010). These issues underscore the urgent need for governmental intervention and the implementation of policies that ensure the protection and dignity of older adults. Social welfare reform targeted at this vulnerable population is essential to mitigate these abuses and to provide comprehensive care.

The primary care services provided by social workers cover a wide range of basic needs for older adults, including food, water, clothing, shelter, personal hygiene, and medical care. These services are critical to addressing the deficiencies in care that are often reported in institutional settings (Osunderu & Abimbola, 2012). Furthermore, geriatric social workers play an important role in coordinating discharge planning, addressing both physical and emotional needs, and ensuring that end-of-life decisions are respected and properly managed (Burns, 2020; SDNR, 2018).

Healthcare professionals, including social workers, have varying attitudes towards aging and the care of older adults. While some healthcare providers, particularly physicians, demonstrate negative attitudes towards the elderly, others adopt more neutral or positive perspectives. A longitudinal review indicated a shift in attitudes over time, with medical students and physicians exhibiting more positive views since 2000. Conversely, social workers and nurse trainees have demonstrated a trend towards more neutral attitudes (Liu et al., 2012). These attitudinal shifts suggest that healthcare professionals' perceptions of aging and caregiving evolve, potentially influencing the quality of care provided to older adults in institutional settings.

4. Review of relevant Theories

4.1 Caregiver Identity Theory

Montgomery and Kosloski's Caregiver Identity Theory (2001) provides a framework for understanding the emotional and psychological burdens experienced by caregivers. According to the theory, caregivers begin to experience stress and burden when the caregiving role begins to conflict with their pre-existing identity. Typically, the caregiving role emerges from an established familial relationship (e.g., daughter, spouse), but as the care recipient's needs intensify, the nature of the relationship shifts, requiring the caregiver to adopt a new identity that is centered around caregiving.

The theory emphasizes the stressors and burdens that caregivers experience, particularly when caregiving activities challenge their sense of self and identity. The care recipient's behavior, health deterioration, and increased functional needs serve as significant stressors that can lead to emotional strain and role conflict for the caregiver. While some caregivers experience profound emotional distress and negative outcomes, others are able to cope effectively with little to no impact on their well-being, or even find positive outcomes in the caregiving experience. These variations in caregiving experiences can be attributed to numerous factors, including individual coping mechanisms, the level of social support, and gender dynamics.

The gendered nature of caregiving is an essential aspect of the Caregiver Identity Theory. Research has shown that female caregivers, on average, fare better in managing caregiving responsibilities than their male counterparts. Gender socialization plays a critical role in shaping caregiving norms, with women typically

socialized to adopt caregiving roles, which may influence their ability to manage the emotional and physical demands of caregiving. However, men may experience different emotional challenges, and gender-based social expectations can shape their caregiving identity and experience (Montgomery & Kosloski, 2013).

The theory also highlights the emotional distress that caregivers may experience, particularly those who feel resentment or anger toward the caregiving role. These negative emotions can lead to psychological issues, including stress and burnout (Marquez-Gonzalez et al., 2012). Understanding the dynamics of gender and caregiving identity is essential for developing targeted interventions to support caregivers, particularly in mitigating the negative emotional outcomes associated with caregiving responsibilities.

Discussion and implications for the study

The theoretical frameworks reviewed in this section provide important insights into the socio-cultural factors that influence caregiving attitudes and behaviors. The Caregiver Identity Theory underscores the evolving role of caregivers, particularly in familial settings, and the emotional and psychological burdens they may face. In the context of the study on *attitudes toward care for older adults in Ohafia Local Government Area, Abia State*, this theory provides a foundation for understanding the complexities of caregiving roles within families, especially in relation to gender norms and societal expectations.

Moreover, the role of social workers in aged homes and the community is pivotal in providing comprehensive care and addressing the maltreatment of older adults. The findings of this study will contribute to a broader understanding of the socio-cultural factors that shape attitudes toward caregiving and will inform policy recommendations for improving the care and well-being of older adults in both home-based and institutional settings.

METHODOLOGY

Research design

This study adopted a cross-sectional survey design, which is well-suited for capturing data on specific variables from a sample population at a single point in time. This design allows for the collection of information related to physical characteristics, perceptions, behaviors, knowledge, attitudes, and beliefs. The cross-sectional approach was selected due to its flexibility, efficiency, and ability to provide a snapshot of the attitudes and practices within the study population. It also facilitates the representation of the broader population through a subset of participants, thereby ensuring that the research can be conducted within a limited timeframe.

Area of Study

The research was conducted in Ohafia Local Government Area (LGA), located in Abia State, Nigeria. Ohafia is an Igbo-speaking region and serves as the ancestral capital of the Ohafia clan, with the administrative headquarters situated in Ebem Ohafia. The LGA comprises several towns, including Abiriba, Nkporo, and 26 additional villages, with a population ranging between 800,000 and 916,000 according to estimates from 2014.

Ohafia LGA is predominantly an agrarian community, characterized by its low-income economy and reliance on the informal sector. It is also home to Goodluck Jonathan Barracks, one of Nigeria's largest military bases. The choice of Ohafia for this study was influenced by the researcher’s familiarity with the environment, which

facilitated easier data collection and better understanding of the local context.

The LGA is home to a significant population of older adults, many of whom face socio-economic challenges such as isolation, neglect, and limited access to care. These issues drew the researcher's attention, prompting an investigation into the factors influencing the care and well-being of older adults in this region.

Population of the study

The population of Ohafia LGA was estimated at 322,200 individuals, according to the National Population Commission (NPC, 2006). The study focused on individuals aged 18 years and above, comprising both males and females residing in the LGA. This age group was selected as they represent the primary population capable of providing informed responses regarding the socio-cultural factors influencing care for older adults.

The rationale for selecting this group is based on their maturity and understanding of the issues at hand, as well as their involvement in the caregiving or caregiving-related practices within the community. Given the population size, the study targeted a broad segment of the community to ensure comprehensive insights into the attitudes and behaviors toward elderly care.

Sample size

The sample size for this study was determined using Taro Yamane's formula for sample size calculation, which is expressed as:

$n=(N)/(1+N\cdot E^2)$

Where:

- **n** = Sample size
- **N** = Total population (322,200)
- **E** = Margin of error (0.072)

Substituting the values:

$n = (322,200)/(1+322,200\times(0.072)^2) = 204.1$

Thus, a total of 204 respondents were selected from the residents of Ohafia LGA, aged 18 years and above. This sample size was chosen to ensure a comprehensive representation of the population in the study, considering the densely populated nature of the area. Accidental sampling was used to select participants, ensuring wide coverage across the LGA during the study period.

Sampling techniques

A multi-stage sampling technique was employed, incorporating several sampling methods to achieve a diverse and representative sample. The steps involved were:

1. Random sampling: Two communities were selected randomly from the 26 communities in Ohafia LGA. Then, 22 villages were selected within each of the two chosen communities.
2. Purposive sampling: Abiriba, a village with a higher population density, was specifically selected for its relevance to the study. 27 households were chosen from Abiriba, while 25 households were selected from each of the remaining three villages.
3. Availability sampling: In each selected household, two respondents (one male and one female) were chosen based on availability. If no eligible respondents were found in a household, the researcher and assistants proceeded to the next household until the required number of responses was obtained.

In total, 54 questionnaires were distributed in Abiriba, and 50 questionnaires were distributed in each of the other three villages.

Instruments for data collection

The primary instrument for data collection was a structured questionnaire, which contained both open-ended and closed-ended questions. The questionnaire was divided into two sections:

- Section 1: Demographic information of the respondents, including age, gender, religion, education, marital status, occupation, and place of residence.
- Section 2: Questions focused on specific issues related to the socio-cultural factors influencing attitudes toward care for older adults in the LGA.

Administration of the Instruments

The 204 questionnaires were distributed to the respondents with the assistance of two research assistants. The questionnaires were self-administered, but respondents who were unable to read or write received help from the researcher and the assistants. The research assistants, who were indigenous to Ohafia LGA, were trained in the research process and familiar with the study area. They were fluent in both English and Igbo, ensuring effective communication and translation where necessary.

A pre-test of the instrument was conducted in a separate locality not included in the main study to familiarize the research assistants with the questionnaire and address any issues before the full data collection.

Method of data analysis

The data collected was analyzed using quantitative methods. The responses from the questionnaires were coded and processed using SPSS version 20. Descriptive statistics, including frequencies and percentages, were used to present the demographic data and the main findings. The Chi-square (χ^2) test was applied to test the study's hypotheses and determine any significant relationships between the socio-cultural factors and attitudes towards care for older adults.

Result

1. Social-demographic characteristics of the respondents

The social-demographic characteristics of the respondents were analyzed based on sex, age, marital status, education, religion, and monthly income.

Table 1: **Social-demographic characteristics of the respondents**

Percentage distribution of respondents by sex (N=197)

Sex	Frequency	Percentage (%)
Male	102	51.8
Female	95	48.2
Total	197	100.0

Percentage distribution of respondents by age (N=197)

Age	Frequency	Percentage (%)
18-27	79	40.1
28-37	46	23.4
38-47	28	14.2
48-57	22	11.2
58-67	11	5.6
68-77	9	4.7
78 and above	2	1.0
Total	197	100.0

Percentage distribution of respondents by occupation

Occupation	Frequency	Percentage (%)
Unemployed	43	21.8
Civil Servants	31	15.7
Students	44	22.3
Trader	49	24.9
Artisan	12	6.1
Others	18	9.1
Total	197	100.0

Percentage distribution of respondents by marital status (N= 197)

Marital status	Frequency	Percentage (%)
Married	66	33.5
Single	82	41.6
Separated	12	6.1
Divorced	16	8.1
Widowed	14	7.1
Total	197	100.0

Percentage distribution of respondents by level of education (N= 197)

Level of education	Frequency	Percentage (%)
No formal education	12	6.1
FSLC	24	12.2
WAEC/GCE	30	15.2
OND/NCE	49	24.9
B.Sc and above	82	41.6
Total	197	100.0

Percentage distribution of respondents by religion (N= 197)

Religion	Frequency	Percentage (%)
Christian	112	56.9
Islam	24	12.2
African traditional religion	43	21.8
Others	18	9.1
Total	197	100.0

Percentage distribution of respondents by level of income (N= 197)

Level of income	Frequency	Percentage (%)
≤ N10,000	8	4.0
N 10,000-19,000	20	10.1
N 20,000-29,000	26	13.2
N 30,000-39,000	41	20.8
N 40,000-49,000	44	22.3
N 50,000 and above	58	29.4
Total	197	100.0

- **Sex:** Table 1 shows the sex distribution of the respondents, with

51.8% male and 48.2% female, indicating a slightly higher proportion of males in the sample.

- **Age:** The majority of respondents (40.1%) were within the 18-27 age group, followed by 23.4% in the 28-37 range. Older age groups, particularly those over 58 years, accounted for smaller percentages.
- **Occupation:** As shown in Table 1, 24.9% of respondents were traders, while 22.3% were students. A significant portion (21.8%) were unemployed, reflecting challenges in the local job market.
- **Marital Status:** Table 1 reveals that 41.6% of the respondents were single, and 33.5% were married. The predominance of single respondents may be influenced by the younger age distribution.
- **Education:** Table 1 indicates that 41.6% of respondents had a Bachelor's degree or higher, while 6.1% had no formal education. Most respondents had at least some secondary education.
- **Religion:** As shown in Table 1, the majority of respondents (56.9%) were Christians, reflecting the predominant religion in the region. A smaller proportion practiced Islam (12.2%) or African traditional religion (21.8%).
- **Income:** Respondents' income levels were diverse, with 29.4% earning above N50,000 and 4.0% earning less than N10,000 (Table 1). The higher percentage earning more than N40,000 suggests a moderate-income distribution.

2. Major research issues

Age of considered older adult: As seen in Table 2, 42.6% of respondents believe that old age begins at 60 years. This was the most common threshold, followed by 26.4% of respondents who set it at 70 years or older.

Table 2: *Respondents' view on when an individual should be considered an older adult.*

Respondent's View	Frequency	Percentage (%)
At the age of 40 years	17	8.6
At the age of 50 years	44	22.3
At the age of 60 years	84	42.6
Others	52	26.4
Total	197	100.0

Awareness of Caregiving: Table 3 highlights that 82.7% of respondents were aware of caregiving for older adults, indicating high awareness of this important issue in Ohafia LGA.

Table 3: *Respondents view on awareness of care giving of older adults*

Respondent's View	Frequency	Percentage (%)
Yes	163	82.7
No	30	15.2
Don't know	4	2.0
Total	197	100.0

Forms of Care: Table 4 shows that 44.7% of respondents considered providing money to older adults as the most common form of care, followed by 25.9% who preferred visiting them. Fewer respondents chose

more direct care options, such as taking them in or hiring paid workers.

Table 4: *Dominant form of care rendered to older adults (N= 197)*

Dominant form of care	Frequency	Percentage (%)
Not applicable	34	17.3
Give them money	73	44.7
Visiting them	42	25.9
Taking them to live with you	15	9.1
Getting them paid workers	33	20.3
Total	**197**	**100.0**

Table 5: *Respondents view on different service provision for the female older adults and male older adults (N=197)*

Respondent's View	Frequency	Percentage (%)
Yes	78	39.5
No	108	54.8
I don't know	11	5.6
Total	**197**	**100.0**

Gender and Caregiving Services: Table 5 reveals that 54.8% of respondents did not see a need for gender-specific caregiving services, while 39.5% felt that men and women should receive different forms of care.

Table 6: R*espondents view on the difference in care giving of older adults among men and women in Ohafia LGA (N=197)*

Respondent's View	Frequency	Percentage (%)
Not applicable	119	60.4
Women provide better care for the older adults	42	21.3
Men provide better care to the older adults	7	3.6
There is no difference in the care giving among men and women	29	14.7
Total	**197**	**100.0**

Gender and Caregiving Attitudes: Table 6 suggests that the majority of respondents (60.4%) believe women provide better care for older adults than men, with only 3.6% disagreeing.

Table 7: *Respondents view on when care giving becomes difficult to caregivers (N=197)*

Respondent's Views	Frequency	Percentage (%)
When the care recipient is sick	52	26.4
When there is no money	90	45.6
When the older adult is handicapped	18	9.2
When the care recipient has no children	28	14.0
When the older adult is difficult	9	4.8
Total	**197**	**100.0**

Challenges in Caregiving: Table 7 shows that 45.6% of respondents cited financial constraints as the primary difficulty in caregiving, followed by 26.4% who noted caregiving challenges when the recipient is ill.

Table 8: R*espondents view on caregiving provided to older adults (N=197)*

Respondent's views	SA	A	SD	D	Total (%)
Care giving is difficult when I don't have money	52(26.4%)	80(40.6)	34(17.3%)	31(15.7%)	**197(100%)**
It is compulsory to provide care to older adults	57(28.9%)	97(48.2)	15(7.6%)	30(15.2%)	**197(100%)**
Care giving should not be done by the adult daughters only	47 (23.9%)	102(51.8)	24(12.2%)	24(12.2%)	**197(100%)**
Older adults should not be left or abandoned to care for themselves	34 (17.3%)	79(40.1)	78(19.3%)	46(23.4%)	**197(100%)**
At times, I feel fulfilled caring for my older parents	30 (15.2%)	83(42.1)	36(18.3%)	48(24.4%)	**197(100%)**
Caring for older adults hinder enjoyment of social activities	39(19.8%)	78(39.6)	35(17.8%)	45(22.8%)	**197(100%)**
At times when I render care to my older parents, I feel ill too	48(24.4%)	77(39.1)	32(16.2%)	40(20.3%)	**197(100%)**
Living with older adults makes one feel old and redundant	52(26.4%)	80(40.6)	34(17.3%)	31(15.7%)	**197(100%)**
I will like to pay someone to provide care for my aged parents than doing it myself	57 (28.9%)	97(48.2)	15(7.6%)	30(15.2%)	**197(100%)**
Only wealthy older adults should be cared for by caregivers	47 (23.9%)	102(51.8)	24(12.2%)	24(12.2%)	**197(100%)**

Views on Caregiving Duties: Table 8 provides insights into caregivers' views. A significant portion strongly agreed that caregiving is difficult without money (26.4%) and that it is compulsory to care for older adults (28.9%). Additionally, 51.8% of respondents agreed that caregiving should not fall solely on adult daughters.

Table 9: *Respondents view on ways to improve caregiving for older adults in Nigeria (N=197)*

Respondents' responses	Frequency	Percentage (%)
Through establishment of older people's home	143	72.6
By improving the social care networks in the communities	10	5.2
Improving the social welfare care system in Nigeria	41	20.5
Others	3	1.7
Total	**197**	**100.0**

Improving Caregiving: Table 9 illustrates that 72.6% of respondents felt that the establishment of older people's homes would significantly improve caregiving in Nigeria, with smaller proportions favoring social care network improvements (5.2%) and social welfare system enhancements (20.5%).

Table 10: *Percentage distribution of respondents on whether they are aware of social work profession*

Respondent's View	Frequency	Percent
Yes	139	70.6
No	11	5.6
I don't know	47	23.9
Total	**197**	**100.0**

Awareness of Social Workers: According to Table 10, 70.6% of respondents were aware of the social work profession, suggesting a moderate level of knowledge in the community.

Table 11: *Respondents view on what social workers can do to improve caregiving of older adults (N=197)*

Respondent's View	Frequency	Percent
Advocacy for the older adults	12	6.1
Provision of professional care giving for the older adults	56	28.4
Public enlightening in favour of adequate care for the elderly	10	5.1
Counseling	119	60.4
Total	**197**	**100.0**

Role of Social Workers in Caregiving: Table 11 highlights that 60.4% of respondents believe social workers should advocate for older adults, provide professional caregiving, and engage in public enlightenment efforts. These findings highlight the social, financial, and cultural dimensions that shape caregiving attitudes and practices towards older adults in Ohafia LGA.

3. Cross tabulation of research variables

The study aimed to examine the socio-cultural factors that influence attitudes towards care for older adults in the Ohafia Local Government Area of Abia State. Cross-tabulations were conducted to analyze the relationships between several independent variables (sex, age, marital status, education, religion, and income) and the dependent variable, knowledge of caregiving for older adults. Chi-square tests were employed to determine the statistical significance of these relationships.

Age and knowledge of caregiving

The relationship between age and knowledge of caregiving for older adults was significant. As shown in Table 12, a higher proportion of younger respondents (82.8%) reported having knowledge of caregiving, compared to older respondents (17.2%). Among those with no knowledge, 52.9% were younger respondents, and 47.1% were older. The Chi-square test ($\chi^2 = 9.448$; df = 1; $p < 0.002$) indicates a significant relationship between age and knowledge of caregiving.

Table 12: *Age of respondents and knowledge of caregiving for older adults (N=197)*

Knowledge of Caregiving	Age of respondents	Total
	Younger Respondents	Older Respondents
Have Knowledge	135 (82.8%)	28 (17.2%)

Knowledge of Caregiving	Age of respondents	Total
Have No Knowledge	18 (52.9%)	16 (47.1%)
Total	153 (65.3%)	44 (34.7%)
χ^2 **= 9.448**; df = 1; p < 0.002		

Marital Status and Knowledge of Caregiving

Marital status was found to influence knowledge of caregiving. Table 13 presents the distribution of knowledge based on marital status. A higher percentage of single respondents (50%) had no knowledge of caregiving, compared to 5.9% of married respondents and 42.9% of ever-married respondents. The Chi-square test ($\chi^2 = 16.137$; df = 2; $p < 0.000$) revealed a statistically significant relationship between marital status and knowledge of caregiving.

Table 13: *Marital status of respondents and knowledge of caregiving to older adults (N=197)*

Knowledge of Caregiving	Marital status	Total
	Single	Married
Have Knowledge	65 (39.9%)	64 (39.3%)
Have No Knowledge	17 (50%)	2 (5.9%)
Total	82 (41.6%)	66 (33.5%)
χ^2 **= 16.137**; df = 2; p < 0.000		

Hypothesis testing

Three hypotheses were tested using Chi-square (χ^2) to assess the influence of socio-cultural factors on attitudes towards older adults.

1. **Income level and attitudes towards older adults**

The first hypothesis posited that respondents with higher income would show more positive attitudes towards older adults than their lower-income counterparts. As shown in Table 14, 55.5% of respondents with higher income showed positive attitudes, compared to 44.7% of those with lower income. The Chi-square test ($\chi^2 = 27.612$; df = 2; $p < 0.000$) confirmed a significant relationship between income and attitudes towards older adults, leading to the rejection of the null hypothesis.

Table 14: *Respondent's monthly income and attitude towards older adults (N=197)*

Attitude towards older adults	Income level	Total
	Lower Income	Higher Income
Yes	35 (44.7%)	60 (55.5%)
No	26 (21.3%)	35 (25.7%)
I Don't Know	29 (34.0%)	12 (19.0%)
Total	90 (35.8%)	107 (64.2%)
χ^2 **= 27.612**; df = 2; p < 0.000		

2. **Gender and attitudes towards older adults**

The second hypothesis examined whether female respondents are more likely to show positive attitudes towards older adults than male respondents. Table 15 shows that 64.3% of females and 57.9% of males agreed that there should be a difference in service provision for older adults. However, the Chi-square test (χ^2 = 1.765; df = 2; p = 0.236) did not reveal a significant relationship between sex and attitudes towards older adults, leading to the acceptance of the null hypothesis

.

Table 15: *Sex and likelihood of difference in the service provision for the older adults between men and women*

Difference in Service Provision	**Sex**	**Total**
	Male	Female
Yes	55 (57.9%)	54 (64.3%)
No	40 (42.1%)	30 (35.7%)
I Don't Know	10 (9.5%)	8 (8.7%)
Total	105 (100%)	92 (100%)
χ^2 = **1.765**; df = 2; p = 0.236		

3. **Education level and attitudes towards older adults**

The third hypothesis tested whether individuals with higher education are more likely to show positive attitudes towards older adults. Table 16 indicates that 60.6% of those with lower education and 41.2% with higher education agreed that education level influences attitudes. The Chi-square test (χ^2 = 5.944; df = 2; p = 0.312) revealed no significant relationship between education level and attitudes, leading to the rejection of the null hypothesis.

Table 16: *Level of education and attitudes towards older adults*

Attitudes Towards Older Adults	**Level of Education**	**Total**
	Low Education	High Education
Yes	40 (60.6%)	69 (41.2%)
No	10 (14.3%)	60 (85.7%)
I Don't Know	16 (88.9%)	2 (11.1%)
Total	66 (100%)	131 (100%)
χ^2 = **5.944**; df = 2; p = 0.312		

In summary, the study confirms significant relationships between age, marital status, and income with knowledge of caregiving for older adults. However, no significant relationships were found between sex, education level, and attitudes towards older adults. These findings underscore the complex interplay of socio-cultural factors influencing caregiving attitudes in the studied community.

Discussion of the findings

Older adults constitute a vital and growing segment of the population, and their care is essential for the well-being and strength of the society. Inadequate care for older adults can have detrimental effects,

resulting in physical, psychological, cognitive, and behavioral challenges for the elderly. Hafemeister (2016) emphasizes that neglecting older adults has far-reaching consequences, as it significantly lowers their quality of life. Moreover, neglect, which is a form of mistreatment within a relationship of trust, can manifest in various forms, including physical, psychological, sexual, financial, and social abuse (Kaspiew et al., 2016). The current study sought to explore the socio-cultural factors that influence attitudes towards the care of older adults in Ohafia Local Government Area (LGA), Abia State.

Knowledge and attitudes towards caregiving

The results of this study reveal crucial socio-cultural factors influencing caregiving attitudes and knowledge of care for older adults in the region. It was found that a majority (82.6%) of respondents were aware of caregiving for older adults in Ohafia, indicating that the notion of elderly care is not novel to the community. This is consistent with previous research suggesting that caregiving practices for older adults are increasingly becoming a part of societal awareness (Yon et al., 2018). The study also revealed that the dominant form of care given to older adults is financial assistance, as the majority of respondents cited money as the primary means of caregiving. This finding aligns with Yon et al. (2018), who observed that financial support plays a crucial role in eldercare, as it enables older individuals to meet their daily needs.

The study also found that financial difficulties significantly impact caregiving attitudes. Approximately 64.4% of respondents indicated that caregiving becomes very challenging when there is insufficient financial support. This finding echoes the assertions of Von Heydrich et al. (2012), who suggested that the quality of caregiving relationships is heavily influenced by the financial resources available. When financial resources are scarce, caregiving becomes a complex and burdensome task, often leading to neglect or abuse. Johannesen and LoGiudice (2013) further emphasized that financial strain and the quality of relationships are key factors contributing to elder abuse.

Gender and Elder abuse

The study also found that a higher percentage (37.6%) of respondents believe that female older adults are more vulnerable to elder abuse and neglect compared to their male counterparts. This finding aligns with the research of Yon et al. (2018), who indicated that older women are more likely to suffer from elder abuse and neglect, particularly those who do not live with their biological children, are dependent, or reside in care facilities. The findings also highlight that elder abuse is most prevalent between the elderly and their children, especially when the older adult is financially dependent on their children. Jackson (2016) argued that adult children are more likely to neglect and abuse their parents compared to other potential caregivers, such as paid caregivers or spouses. Dependency, both financial and emotional, often exacerbates the risk of abuse.

Socio-cultural factors influencing caregiving

The socio-cultural factors influencing attitudes towards caregiving were further explored in the context of age, marital status, income, gender, and education. Age emerged as a significant factor in caregiving knowledge. Younger respondents (ages 18-47) were more likely to possess caregiving knowledge compared to older respondents (ages 48 and above), with 82.8% of younger respondents indicating knowledge of caregiving. This

finding is consistent with the work of Tami and McKinley (2019), who highlighted that younger individuals, particularly those with exposure to formal education, are more likely to be aware of caregiving practices. The increased use of digital media and greater access to healthcare education among younger people likely contribute to this knowledge.

Marital status also influenced caregiving knowledge. The study found that married and ever-married respondents were more knowledgeable about caregiving than single respondents, who were more likely to report having no knowledge of caregiving. This finding supports research by Choi et al. (2015) and Yeatts and Cready (2018), who emphasized that marital experience often leads to exposure to caregiving responsibilities, increasing knowledge and awareness. Single individuals may have limited exposure to caregiving, resulting in lower levels of knowledge.

Income level was another significant socio-cultural factor influencing attitudes towards older adults. Respondents with higher income (55.5%) exhibited more positive attitudes toward older adults than those with lower income (44.7%). This supports findings by Brown et al. (2019) and Hsu et al. (2017), who observed that individuals with higher incomes are more likely to have better access to healthcare, education, and resources, which promote positive caregiving attitudes and behaviors. Interestingly, the study found that gender and education level did not significantly influence caregiving attitudes. Although female respondents were slightly more likely to show positive attitudes toward older adults, the difference was not statistically significant ($p = 0.236$). This contradicts some studies that suggest women, due to their caregiving roles, are more likely to have positive attitudes toward elderly care (Sullivan & Hodge, 2016). Similarly, education level did not show a significant impact on caregiving attitudes. Despite lower educational levels being associated with more positive caregiving attitudes in this study, this relationship was not statistically significant. This finding is inconsistent with research suggesting that higher education generally correlates with better caregiving attitudes due to increased awareness of older adults' needs (Becerra et al., 2015; Baker et al., 2020). This may be due to cultural factors or the specific context of the study area, where traditional caregiving values prevail, irrespective of formal education.

Recommendations

Based on the findings of this study, several recommendations can be made to improve the care of older adults in Ohafia:

1. **Community awareness and education**: There is a need to enhance awareness about eldercare, particularly targeting younger individuals. Public health campaigns and educational programs that focus on the importance of caregiving for older adults could improve knowledge and attitudes, especially among younger generations.
2. **Financial support and assistance**: Since financial strain is a significant barrier to effective caregiving, policies should be put in place to provide financial support to families caring for older adults. This can include government subsidies, pension schemes, or financial assistance programs that target low-income caregivers.
3. **Strengthening family care relationships**: It is essential to

foster strong, supportive relationships between adult children and their elderly parents to reduce the risk of elder abuse. Educational programs that promote the importance of healthy family dynamics and responsible caregiving should be integrated into community outreach efforts.

4. **Government policies and institutional care**: The study found that a significant number of respondents advocated for institutional care for older adults. The government should develop policies that promote and fund elder care institutions, ensuring that older adults have access to safe, dignified living conditions in their later years. Additionally, policies that prevent elder abuse, such as stricter regulations on caregiving institutions and community-based interventions, are crucial.
5. **Research and Data Collection**: Further studies should explore the cultural and socio-economic barriers to caregiving in different communities. Understanding the local context will help in creating more tailored interventions that can effectively address the challenges faced by caregivers and improve the quality of life for older adults.

Conclusion

In conclusion, this study underscores the importance of socio-cultural factors such as age, marital status, and income in shaping knowledge and attitudes toward the care of older adults in Ohafia. While gender and education were not statistically significant, other factors, including financial resources and family relationships, were identified as crucial to effective caregiving. The study's findings offer important insights for policymakers, caregivers, and the broader community to develop more supportive and sustainable systems for elderly care, thereby improving the well-being of older adults.

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